



## Health Select Committee

**Wednesday, 17 February 2010 at 7.00 pm**  
Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

### Membership:

#### Members

Councillors:

Leaman (Chair)  
Crane (Vice-Chair)  
Baker  
Clues  
Mrs Fernandes  
Jackson  
R Moher

#### first alternates

Councillors:

Castle  
Jones  
Mendoza  
Tancred  
Mistry  
Ms Shaw  
Mrs Bacchus

#### Second alternates

Councillors:

Hashmi  
J Moher  
HB Patel  
CJ Patel  
HM Patel  
Dunn  
Ahmed

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**The press and public are welcome to attend this meeting**

# Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
<b>1 Declarations of personal and prejudicial interests</b>	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
<b>2 Minutes of the previous meetings - 9 December 2009 and 7 January 2010</b>	1 - 10
<b>3 Matters arising (if any)</b>	
<b>4 Deputations (if any)</b>	
<b>5 Access to Health Sites Scrutiny Review Recommendation Follow Up</b>	11 - 30
This report updates the Health Select Committee on the progress made in implementing the recommendations from the Access to Health Sites Task Group.	
<b>6 Brent's Childhood Obesity Treatment Programme</b>	31 - 36
This report, as requested by the Health Select Committee in December 2009, provides information on the MEND Childhood Obesity Programme and the progress which has been made in reducing childhood obesity.	
<b>7 Improving GP Access Update</b>	37 - 42
The Health Select Committee has asked to be kept informed on the work that NHS Brent is doing to improve access to GP services in the borough. NHS Brent has provided a report on this, which includes the results of the 1st and 2nd quarter GP access survey results for 2009/10. As of this year, satisfaction with GP access will be surveyed quarterly rather than annually.	
<b>8 Smoking Cessation Service Performance Update</b>	43 - 48
The Health Select Committee has asked NHS Brent to provide a quarterly update on the performance of the smoking cessation service. The update is attached at appendix 1.	

**9 Stag Lane Clinic** 49 - 52

The Health Select Committee had asked for an update on GP services in Kingsbury following discussions on the Stag Lane Clinic. NHS Brent has provided a brief statement setting out the latest position with Stag Lane (see appendix 1).

**10 Public Consultation on Paediatric Services Update** 53 - 58

The Health Select Committee has asked for an update on the consultation taking place on paediatric services provided by North West London NHS Hospitals Trust. Members will recall that at the special meeting of the Health Select Committee held on the 7<sup>th</sup> January 2010, Members made a number of recommendations relating to the public consultation. Following that meeting Councillor Chris Leaman wrote to NHS Brent and North West London NHS Hospitals setting out those recommendations (see appendix 1).

David Cheeseman, Director of Strategy at North West London NHS Hospitals, has responded to the letter (see appendix 2). As the committee asked for an update on the progress of the consultation, it has been agreed with the chair that this will be done verbally at the meeting. This is so the latest position with regards to this work can be reported on the day of the meeting.

**11 Health Select Committee Work Programme** 59 - 72

This report sets out a list of items for inclusion in the Health Select Committee work programme in 2009/10.

**12 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.

**13 Date of Next Meeting**

The next meeting of the Health Select Committee is scheduled for Wednesday 24 March 2010.



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.
- Toilets are available on the second floor.
- Catering facilities can be found on the first floor near the Grand Hall.
- A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge

## LONDON BOROUGH OF BRENT

### MINUTES OF THE HEALTH SELECT COMMITTEE

Wednesday 9 December 2009 at 7.00 pm

PRESENT: Councillor Crane (Vice-Chair in the Chair) and Councillors Baker, Jackson, R Moher and Castle

Apologies were received from Councillor Leaman

1. **Declarations of personal and prejudicial interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:

that the minutes of the previous meeting, held on Tuesday 20 October 2009, be approved as an accurate record of the meeting.

3. **Matters arising**

*Item 9 – Major Trauma and Stroke Services – update on final report of the Joint Overview and Scrutiny Committee and decisions from the Joint Committee of PCTs*

Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) reported that the first stage of assessment relating to the proposed stroke unit had taken place, and the trust had passed with flying colours.

*Item 10 – Implementing Healthcare for London – Strategic Commissioning Plan and Primary Care Strategy Update*

Mark Easton (Chief Executive, NHS Brent) informed the Committee that one side of the Stag Lane Clinic in Kingsbury – the side containing the GP practice – was stable and there was no requirement to relocate the GP services. However, services in the other side of the building needed to be relocated, and NHS Brent was trying to find a way of bringing services back to Kingsbury. Longer-term options would be considered over the next few months.

4. **Deputations**

None received.

5. **Brent Mental Health Service Section 75 Partnership Review**

Martin Cheeseman (Director of Housing and Community Care) introduced the report and answered questions from members on the creation of a partnership agreement between Brent Council and the Central and North West London NHS Foundation Trust in line with Section 75 of the National Health Service Act 2006. This would replace the current agreement, which was based on Section 31 of the Health Act 1999, now repealed. The current arrangements had worked well, but

there were limitations arising from the existence of one management structure and two employers, the local authority and the trust. The local authority and the trust were seeking to take integration a step further towards ensuring a single organisation, which would be managed as such. However, there were statutory functions which the local authority could not transfer to the trust. For example, the local authority officer would have to continue to employ a mental health social worker to fulfil legal requirements. The issue had been solved by other councils, and it was hoped to put the revised Section 75 agreement before the executives of the Council and the Central and North West London NHS Foundation Trust by 31 March 2010, with a view to its being operational by the end of June 2010. Consultation needed to take place with staff and trade unions, and financial details needed to be worked out, but the project was moving towards a successful conclusion.

Answering questions from members, Martin Cheeseman clarified the role of the lead social worker employed by the local authority, which would be to offer independent advice with a duty to the individual, rather than the trust. This function could not be delegated. David Dunkley (Head of Brent Mental Health Services) added that this post-holder did not manage staff, and reported directly to him, and that this situation would not change. Martin Cheeseman reported that there were no cost implications of unifying the two sets of conditions of service for staff.

Martin Cheeseman agreed to provide the Committee with the report to the Council's Executive, once this was available.

RESOLVED:

that the report be noted.

## 6. **North West London Hospitals Patient Experience Improvement Programme (We Care)**

Elizabeth Robb (Director of Nursing, North West London NHS Hospitals Trust) introduced the report and answered questions from members on the trust's patient experience improvement programme, entitled *We Care*. She reported that this was a total programme designed to improve the experience of patients in the trust. Despite demonstrating improvements in clinical care over the past few years, the trust – along with other trusts on the periphery of London – had remained in the bottom 20% in terms of measures of patients' satisfaction. After the 2008 in-patient survey, the trust had organised focus groups, which had told the trust that they wanted three things in particular – compassion, consistency and reliability, and improved communication, particularly as many patients did not speak English at home. These formed the core of the 3Cs training which 700 staff had already undergone. The programme had proved very popular, and a range of action plans had been produced by the 18 wards involved in the programme over the previous six months. Communication cards had been developed and were in use at pre-assessment clinics. A bereavement co-ordinator had been appointed to help guide patients' relatives, and real-time impact scanners were being used to analyse patients' answers to five questions. This immediate feedback was very useful. A staff survey was also being carried out. By putting in place a whole raft of measures to achieve sustained improvement, the trust was already able to show that nursing care complaints had gone down by 25% - a significant improvement, with a similar increase in written compliments. There had also been a 50% reduction in complaints to the Ombudsman from bereaved relatives. The aim now was to get

patients more involved in their own care, and to achieve sustained improvement over time. However, it was early days and it was unlikely that the full impact of the improvements made would be reflected in the results of the patients' survey, due in May 2010.

Answering questions from members, Elizabeth Robb informed the Committee that the 3Cs approach also formed part of the induction programme for all new staff. Asked how compassion could be measured, she replied that one way was through monitoring complaints. The trust was also using values as a more important factor in recruitment of staff. While the total number of staff was 4,000, in addition to contractors, Elizabeth Robb took the view that there would come a tipping point of change in the culture of the organisation, even if all staff did not directly receive the training.

Asked about the work of mystery shoppers, Elizabeth Robb reported that they had helped the trust by, for example, observing hand hygiene. They had been particularly impressed by the fact that 70% of the general public complied, which was higher than in many trusts. They had reported on signage, and were about to start an audit of reception staff, to assess how welcoming they were. Some mystery shoppers were also monitoring responses to letters of complaint, and this information was included in the relevant report to the trust board.

The Committee welcomed this initiative and looked forward to receiving a further report in the autumn of 2010.

RESOLVED:

that the report be noted.

#### 7. **Local Area Agreement Performance Review - Quarter 2, 2009/10**

Phil Newby (Director of Policy and Regeneration) introduced the report and answered questions from members on performance against the health-related Local Area Agreement (LAA) targets. These were considered by the Committee every six months. Phil Newby pointed out that there was nothing unexpected in the report, but that the Council and its partners needed to become better at recording and reporting data. This was particularly important in demonstrating progress and qualifying for government funding.

Answering questions, Phil Newby informed the Committee that the targets reflected the health and well-being strategy.

Asked about performance on reducing substance misuse, Martin Cheeseman (Director of Housing and Community Care) reported that several contractors had responsibility for this, but that – partly in view of underperformance in this area – there was likely to be consolidation and possibly a move to have only one contractor.

In response to a question about TB, Mark Easton (Chief Executive, NHS Brent) informed the Committee that targets were proportional to the incidence of the disease.

Asked about MEND (Mind, Exercise, Nutrition...Do it!), Mark Easton reported that this was a programme of physical activities and health education for children and families, measured by the proportion of overweight children in particular year groups and the number of families attending the programme. Thirza Sawtell

(Director of Strategic Commissioning, NHS Brent) added that the Director of Public Health took the view that this was the only evidence-based programme tackling obesity in children. The Committee was interested to hear more about this programme, and agreed to request a briefing to the next meeting. Phil Newby added that behaviour could be changed through prevention, education and better sports provision, rather than the use of force or punitive measures.

Answering a question about support for carers, Martin Cheeseman acknowledged that there had been some under-recording in this area, which it was hoped to rectify for the next quarter's report. He assured the Committee that performance was better than indicated, and he pointed out that a large number of carer breaks had not been recorded.

The Committee commended the improved performance in the target relating to reducing delayed discharges from hospital and increasing hospital admission avoidance.

RESOLVED:

- (i) that the report be noted;
- (ii) that a briefing report on MEND (Mind, Exercise, Nutrition...Do it!) be prepared for the Committee's meeting on 17 February 2010.

## 8. **NHS Brent Commissioning Strategy Plan**

Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) introduced the report and answered questions from members on NHS Brent's revised commissioning strategy plan. The plan now looked at full implementation of the Healthcare for London pathways and how to deliver the trust's vision, goal and outcomes in the current economic environment. Three financial scenarios were being planned for – a worst case, a most likely scenario and a best case scenario. The eight Healthcare for London pathways meant a major transformational change, with decommissioning in acute hospitals and re-commissioning in locality settings and the home. A major shift of activity was anticipated, with 200,000 appointments expected to move away from acute hospital settings. The trust had worked with stakeholders, especially local clinicians, and the final part of the strategy would be to look at options for buildings and their use to allow the planned shifts in activity. The trust's plan would link into the integrated strategic plan of the eight PCTs of north-west London around implementing the Healthcare for London proposals. The final version of the plan would be available on 25 January 2010, after feedback from NHS London.

Asked about possible amalgamations of smaller GP practices, Thirza Sawtell informed the Committee that one of the main drivers was access to consistent high-quality care, and that this was more important than the size of the practice. The trust was aware that there was a number of GP practices with small lists, and that these lists might decrease and no longer be economically viable. Bearing in mind the general expansion of opening hours, the quality of accommodation and the number of GPs approaching retirement, the trust would be encouraging some practices to look at their accommodation and consider the possibility of merging. Such discussions were happening already, and all the indications were that the likely progression from 71 to 50 small practices would merely bring the trust into line with the rest of London.



Thirza Sawtell acknowledged that the report was not overt in addressing the issue of reducing health inequalities, but she pointed out that some initiatives contained in it would in fact reduce inequalities. She added that there were opportunities to do things differently, which could also have the effect of reducing inequalities.

Commenting on the lack of understanding around the polysystem proposals, Mark Easton reported that the alternative title of neighbourhood health system had been suggested and could be useful in explaining the proposals.

Responding to a suggestion by the Chair, Mark Easton reported that the trust had already held a meeting with the Council on opportunities arising out of the rebuilding of special schools very near a site owned by the trust and only 100m from the Stag Lane clinic.

The Committee agreed to consider NHS Brent's final commissioning strategy plan at its meeting on 17 February 2010.

RESOLVED:

- (i) that the report be noted;
- (ii) that copies of the final plan be sent to members once it had been approved by NHS London and the Department of Health in January 2010.

#### 9. **Acute Services Review - Public Consultation on Children's Services Update**

Mark Easton (Chief Executive, NHS Brent) reported that it had not yet been possible to present the Committee with an update on the Acute Services Review and the results of the pre-consultation campaign on the proposed changes to children's services in Brent and Harrow, mainly because the review by the National Clinical Advisory Team (NCAT) and the Department of Health Gateway Review would not be completed until 18 December 2009. Mark Easton was able to inform the Committee that the NCAT visit had now taken place, and all the indications were that the proposal would be supported. However, public consultation was due to start on 11 January 2010, and it would be helpful to hold a special meeting of the Committee to consider the draft consultation document and proposals for paediatric services in Brent and Harrow before consultation began.

RESOLVED:

that a special meeting of the Health Select Committee be held on 7 January 2010 to consider the draft consultation document on changes to acute children's services in Brent and Harrow.

#### 10. **Health Select Committee Work Programme**

The Chair drew the Committee's attention to its work programme. He encouraged members to join him on a visit to St Luke's hospice, and it was agreed that this visit be added to the work programme.

11. **Date of Next Meeting**

The Committee noted that:

- (i) a special meeting would be held on Thursday 7 January 2010 to discuss the draft consultation document on changes to acute children's services in Brent and Harrow;
- (ii) the next scheduled meeting would be on Wednesday 17 February 2010.

The meeting closed at 8.25 pm

G CRANE  
Vice-Chair in the Chair



## **LONDON BOROUGH OF BRENT**

### **MINUTES OF THE HEALTH SELECT COMMITTEE Thursday 7 January 2010 at 7.00 pm**

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Jackson and R Moher

Apologies were received from: Councillors Baker, Clues and Mrs Fernandes

#### **1. Declarations of Personal and Prejudicial Interests**

None declared.

#### **2. Deputations (if any)**

None received.

#### **3. Acute Services Review - Paediatric Services in Brent and Harrow**

The Chair explained that this was a special meeting of the Health Select Committee which had been convened to discuss the Acute Services Review – Paediatric Services in Brent and Harrow. Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) thanked the Committee for arranging the meeting. She advised that it was proposed to introduce two Paediatric Assessment Units (PAUs) in Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH), and that these proposals were supported by clinicians and members of the public who had been briefed on the proposals at two pre-consultation events. Fiona Wise went on to explain that the proposals had also been assessed by the National Clinical Advisory Team and the Department of Health's Gateway Team, both of which had approved them in principle.

David Cheesman (Director of Strategy, North West London NHS Hospitals Trust) advised that, assuming that the Health Select Committee approved the consultation request, a detailed consultation programme would begin on 11 January. This would incorporate two public meetings to be held on 11 February 2010 in Brent and 24 February 2010 in Harrow, and a publicity drive including advertisements and letters to stakeholders. David Cheesman went on to explain that a micro-website had been set up, through which interested parties could respond to the proposals.

Councillor R Moher noted that the report mentioned the development of polyclinics but only those in Harrow. Mark Easton (Chief Executive, NHS Brent) replied that supplementary information would be issued to reassure residents in Brent of the impact of the proposals on their health services. Fiona Wise added that lessons learned from the pre-consultation exercises would be used to inform the formal

consultation, and Thirza Sawtell (NHS Brent) suggested that shorter pamphlets could be produced, specific to each borough.

The Chair then asked for the response of the Hospital Trust and the PCTs to the main issues highlighted by the review undertaken by the Department of Health Gateway Team. David Cheesman advised that it was acknowledged that the scope of the consultation should be limited to the closure of six beds at CMH and the introduction of two PAUs. Mark Easton then explained that future material on the proposals would stress the fact that it was intended to retain a full Accident and Emergency service at CMH for adults as well as children.

On the subject of engagement with families of patients with sickle-cell anaemia, David Cheesman advised that there was a group of relatives of children with sickle-cell anaemia who had been consulted on the proposals, and that this group's views would continue to be sought. Regarding the transporting of children between the two hospitals when the PAU at CMH closed at 10.00 pm, David Cheesman explained that it was currently being examined whether it would be possible to extend the current staff shuttle bus service to include patients and to run seven days a week. Councillor Mote (London Borough of Harrow) asked whether larger buses would be introduced for the service; David Cheesman replied that he did not anticipate that larger buses would be needed. Fiona Wise added that the Hospitals Trust had been working with the Council to lobby for the introduction of a better public bus service between the two hospitals.

Councillor Mote asked how long children could expect to wait for an ambulance to transfer them between CMH and NPH after 10.00 pm. Fiona Wise replied that the urgency of the transfer would be decided by clinicians and the London Ambulance Service on a case by case basis, while Doctor Sarah Crowther (Chief Executive, NHS Harrow) explained that clinicians could decide to ask the child to return to hospital the following day, depending on the situation.

The Chair noted that, on page six of the report before the Committee, it was stated that CMH would retain its Accident and Emergency service for children. He added that it would be preferable for the statement to make clear that a full Accident and Emergency service would be retained at CMH. Mark Easton acknowledged this, and Fiona Wise agreed that the statement in question could be amended.

Noting that the report listed the varying services which would be available at NPH, Councillor Mote asked whether the electroencephalography (EEG) service would remain at CMH. Mark Easton replied that he was not aware of any current plans to change the location of the EEG service. Councillor Mote then asked about staffing arrangements when the services are reconfigured. David Cheesman explained that it was not envisaged that additional staff would be needed, given that staff at the two hospitals currently worked annualised hours, meaning that they could work fewer hours at times of lower demand, and more hours at times of increased demand.

Councillor Mithani (London Borough of Harrow) asked whether NPH would continue to be capable of managing the outbreak of a disease, given that it had a fixed number of beds. Fiona Wise explained that the number of beds at NPH was currently lower than it had been when the hospital opened, which reflected changes in the nature of clinical practice. Councillor Mote asked whether NPH would be able

to accommodate two parents staying overnight with a child. Fiona Wise replied that it was usual that one parent or carer stayed overnight with a child in hospital, although this depended on the clinical situation. She added that additional accommodation for families of patients was available at Ronald McDonald House.

The Chair noted that the report stated on page seven that the proposals had the support of local doctors, and he asked whether this included GPs based in Brent. Mark Easton explained that the proposals had the support of GPs and consultants based in both boroughs.

The Chair then asked where the Brent consultation meeting was due to be held. Fiona Wise explained that it was planned for it to be held in Patidar House in Wembley. The Chair questioned whether an alternative location could be found in addition to the meeting in Wembley which would be more convenient for people living in the vicinity of CMH. Fiona Wise replied that the meeting was one part of the whole consultation exercise which would reach as many parts of the affected population as possible.

The Chair explained that he would write on behalf of the Committee to Dr Sarah Crowther, Mark Easton and Fiona Wise to give formal approval to the consultation process and to the twelve-week consultation period. He added that the Committee would decide later how to respond to the consultation results, and he asked for an update report to be brought to the Committee in February to explain how the consultation was progressing. Fiona Wise explained that members of the Harrow Council Health Select Committee would be attending a challenge session at NPH, and it was agreed to make this a joint session with members of the Brent Council Health Select Committee.

#### RESOLVED:

- (i) that the Health Select Committee hold a joint challenge session with members of the Harrow Overview and Scrutiny Committee to prepare a response to the consultation; and
- (ii) that the Chair of the Health Select Committee write formally to NHS Brent, NHS Harrow and North West London NHS Hospitals Trust to approve the consultation process and twelve-week consultation period and to recommend that the following issues raised by the Committee be incorporated into the consultation:
  - a) the position of Central Middlesex Hospital;
  - b) an additional location for a public meeting within Brent;
  - c) specific engagement with patients with sickle-cell anaemia;
  - d) explicit reference to primary care developments in Brent; and
  - e) the retention of a full Accident and Emergency service at CMH.

#### 4. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Wednesday 17 February 2010.

The meeting closed at 7.45 pm

C LEAMAN  
Chair



## Health Select Committee

17 February 2010

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Access to Health Sites Scrutiny Review Recommendation Follow Up

### 1.0 Summary

- 1.1 This report updates the Health Select Committee on the progress made in implementing the recommendations from the Access to Health Sites Task Group. Members will recall that the report was considered at the Health Select Committee in December 2008 and subsequently by the organisations to which the recommendations applied – Brent Council, NHS Brent, North West London NHS Hospitals Trust and Transport for London. Appendix 1 sets out the task group's recommendations, the original response from the organisations affected by the recommendations and an update on their implementation. It should be noted that NHS Brent intends to provide a verbal update on its recommendations at the committee meeting.
- 1.2 Officers from the four organisations have been invited to attend the Health Select Committee to update members on how the recommendations have been taken forward. It will also be an opportunity to consider other transport developments affecting health services in Brent that have occurred in the past 12 months.
- 1.3 Members should take the opportunity to question officers on progress. If the Health Select Committee is not satisfied with progress it is possible to make further recommendations on this issue. It will also be possible to carry out further follow up in 12 months time if the committee thinks this is needed.

### 2.0 Recommendations

- 2.1 The Health Select Committee is recommended to:
- (i). Consider the progress in implementing the recommendations from the Access to Health Sites Task Group report and question representatives from Brent Council, NHS Brent, North West London NHS Hospitals Trust and Transport for London on issues of concern.

(ii). Make further recommendations if members are not satisfied with progress over the last 12 months.

(iii). Consider whether further follow up is needed on the task group report in 12 months time or earlier if necessary.

### 3.0 Detail

3.1 This report updates the Health Select Committee on the progress made in implementing the recommendations from the Access to Health Sites Task Group. Members will recall that the report was considered at the Health Select Committee in December 2008 and subsequently by the organisations to which the recommendations applied – Brent Council, NHS Brent, North West London NHS Hospitals Trust and Transport for London. Appendix 1 sets out the task group's recommendations, the original response from the organisations affected by the recommendations and an update on their implementation.

3.2 It is good practice to follow up overview and scrutiny recommendations to ensure they are being implemented as intended and to hear if there have been any further developments, in this case relating to public transport access to health services. Each organisation has provided an update on progress relating to the recommendations made to them. The main issues that the Health Select Committee should be aware of are:

**Recommendation 12** – London Buses continue to work with the Northwick Park Public Transport Liaison Group to see if a case can be made to divert the northbound and southbound 182 buses into the hospital site.

**Update** – TfL has taken a corporate decision to work with boroughs through their Public Transport Liaison meetings and no longer attend the Northwick Park Public Transport Liaison Group. This is a regressive step which will be of concern to members. The hospital trust and the council will still work with TfL on public transport matters, but this group is a useful forum for considering ideas (short term and long term) to improve access to the hospital site and TfL were a crucial partner in this.

**Recommendation 13** – If the northbound 182 bus cannot be diverted into the hospital grounds, then the task group hopes that an alternative solution can be found to improve access to the hospital. Ideally, the northbound bus stop should be moved closer to the hospital, next to the controlled crossing opposite the hospital entrance.

**Update** – An additional bus stop has been put in place on Watford Road opposite the entrance to Northwick Park Hospital for northbound 182 buses. This is a welcome development which will improve access for people using the hospital. The stop will be used from March 2010, once the speed limit on the Watford Road has been reduced from 40mph to 30mph.

**Recommendation 15** – Because of the small number of buses from Brent to Northwick Park Hospital, London Buses reconsiders extending the 18 from Sudbury Town to terminate at Northwick Park Hospital. Additional buses may be required if the hospital attracts more services as a result of *Healthcare for London*.

**Update** – Since the review was completed there no additional bus services have been extended or introduced to serve Northwick Park Hospital. The council has also changed the way it lobbies for service changes. It will no longer suggest specific route extensions or changes unless the contract for that service is up for review. Instead it will highlight areas that aren't well served by buses and work with TfL on



solutions to area based issues. TfL has reported that they prefer this approach from local authorities.

**Recommendation 16** – London Underground adds Northwick Park Underground Station to its development programme to make access to the station step free. As the station serves a major hospital and university campus and has over 3.5 million users each year, it should be given a higher priority.

**Update** – This recommendation has not been progressed. Nearby Harrow on-the-Hill Station has been removed from the list of stations that are a priority for step free access, suggesting that Northwick Park Station has slipped further down the list for these improvements.

**Recommendation 20** - London Buses change the displays and announcements for buses stopping close to the Wembley Centre for Health and Care on Ealing and Harrow Road, so people are aware that they should alight for the GP led health centre.

**Update** – London Buses has tried the “alight her for...” approach on three routes, including information for NHS hospitals. Feedback from passengers have been positive and the trial is being extended to a further 20 routes.

- 3.3 The committee is very likely to have other issues that it wishes to pick up on, but these are important developments that members should consider and ask questions about. If members are not satisfied with the actions that have been taken to implement the recommendations they are able to follow up with a further recommendation to the organisation concerned. It is also possible to check on progress in the future if the committee wishes. This can be added into the work programme for the Health Select Committee in 2010/11.

#### **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**

### **Contact Officers**

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## Access to Health Sites Scrutiny Review

### Recommendation Follow Up

Recommendation	Initial Response	Progress to Date
<p><b>a). Strengthening Working Relationships</b></p> <p>1. NHS Brent takes steps to improve engagement with Transport for London and Brent Council's Transportation Unit during the early stages of service planning. The Health Select Committee should follow this up with Transport for London and the Transportation Unit in 12 months to check whether this is happening.</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit welcomes this recommendation and has many contacts within TfL, including London Underground Limited and more importantly for this task London Buses. The unit will be pleased to look at NHS proposals at an early stage and offer constructive advice if required, at the same time acting as a 'broker' with the various units in TfL.</p> <p><b>NHS Brent</b> - NHS Brent will take steps to improve engagement with TFL and Brent Council's Transportation Unit during the early stages of planning.</p>	<p><b>LBB Transportation Unit</b> – Since the review has been completed there has been no contact between the Brent Transportation Unit and NHS Brent as far as the Director of Transportation is aware. There have been attempts to make contact with NHS Brent, but other issues have taken priority such as preparing for swine flu. The department hopes that following up the recommendations can kick-start a dialogue with NHS Brent.</p> <p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>
<p>2. NHS Brent nominates a senior officer to be responsible for ensuring public transport considerations are included in the commissioning</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit supports this recommendation, noting that in the case of the (North West London) Hospitals Trust, Philip Sutcliffe, services director, already takes an active interest in transport matters and is supportive of travel plans and public and sustainable transport initiatives in</p>	<p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>

<p>process. The task group suggests the nominated officer is a director, to reflect the importance of this issue.</p>	<p>general.</p> <p><b>NHS Brent</b> - Jo Ohlson and Jim Connelly will be responsible for ensuring public transport considerations are included in the commissioning process.</p>	
<p>3. Brent Council holds a Public Transport Liaison meeting on a quarterly basis with representatives from Transport for London. As an interim measure representative from NHS Brent and North West London NHS Hospitals Trust should be invited to attend these meetings, to help develop working relationships with Transport for London and Brent Council and to raise the profile of public transport issues within the health sector in Brent.</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit accepts this as an interim measure, but believes the scope of the Public Transport Liaison Meeting extends into many other issues and ultimately separate meetings would be more useful.</p>	<p><b>LBB Transportation Unit</b> – The Public Transport Liaison meetings continue to take place, although NHS Brent has not sent a representative to date. However, the items on the agenda maybe of marginal interest to the PCT and so regular attendance probably isn't necessary. However, as engagement with TfL is now to be done through the borough Public Transport Liaison meetings, there may be issues affecting the NHS on future agendas that would benefit from their attendance.</p> <p><b>North West London NHS Hospitals</b> – Philip Sutcliffe, Director of Corporate Services has attended one Public Transport Liaison meeting since the review was completed and the trust will be represented at a second meeting in May 2010. The focus of the meetings is public transport across Brent, so there will be occasions where the hospital trust is not affected by the issues being discussed on the agenda. As TfL have decided to only attend borough liaison meetings (see recommendation 12 below), the Public Transport Liaison meeting will be an important forum for the NHS in Brent to engage with TfL.</p>
<p><b>b). Healthcare for London</b></p> <p>4. NHS Brent work with Transport for London and Brent Council's Transportation Unit to</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit welcomes this proposal and, as indicated above, will be pleased to work with the Primary Care Trust on these proposals.</p> <p><b>NHS Brent</b> - NHS Brent will work with</p>	<p><b>LBB Transportation Unit</b> – NHS Brent has not discussed plans for polyclinic developments at Central Middlesex Hospital or Willesden Centre for Health and Care with the Brent Transportation Department.</p> <p><b>Transport for London</b> - Whilst TfL have not been required to respond directly to Recommendation 4, it should be noted that we would wish to receive at the earliest opportunity any information concerning the proposed polyclinic</p>

<p>consider the transport implications of the proposed polyclinic developments at Willesden Centre for Health and Care and Central Middlesex Hospital. This is linked to recommendation 1, that engagement should be early on in the service planning process.</p>	<p>Transport for London and Brent Council's Transportation Unit to consider the transport implications of the proposed polyclinic developments at Willesden Centre for Health and Care. This is linked to recommendation 1, that engagement should be early on in the service planning process.</p>	<p>developments at Willesden Centre for Health and Care in order that any future public transport implications can be considered.</p> <p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>
<p>5. NHS Brent asks the service provider at the GP led health centre in Wembley to develop a travel plan for the centre, to identify ways to improve accessibility and promote use of the service.</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit welcomes this initiative and can give advice on preparing a Travel Plan.</p> <p><b>NHS Brent</b> - NHS Brent will ask the service provider at the GP led health centre in Wembley to develop a travel plan for the centre, to identify ways to improve accessibility and promote use of the service.</p>	<p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>
<p>6. NHS trusts in Brent should consider using the H-stat transport modelling tool when planning service developments. The tool has been developed by Transport for London and NHS London specifically for health service commissioners</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit agrees in principle with this recommendation, subject to H-Stat being confirmed as a reliable transport modelling tool, and can liaise with TfL.</p> <p><b>North West London NHS Hospitals</b> - The H-Stat transport modelling tool is already available to the Trust and will be used in future projects.</p>	<p><b>North West London NHS Hospitals</b> - The North West London Acute Commissioning Partnership is negotiating with TfL on behalf of acute trusts in the area to make the use of H-stat more affordable. Currently it costs NHS trusts around £3,000 each time it is used, and in many cases this cost is prohibitive. Negotiations on an agreement with TfL will continue and the trust is hopeful that an arrangement can be agreed.</p> <p>H-stat has not been used to model the transport implications of the changes to paediatric services in Brent and Harrow. This is because the number of patients involved is relatively small and the cost of doing the modelling outweighs the benefits.</p>

and providers and will help build working relationships.		
7. An analysis of transport needs is written into the terms of reference for the joint acute commissioning strategy, so that transport is given a higher profile in service planning from the beginning of this work.	<p><b>LBB Transportation Unit</b> - The Transportation supports this recommendation.</p> <p><b>North West London NHS Hospitals</b> - We agree that an analysis of transport needs should be written into the terms of reference for the joint acute commissioning strategy so that transport is given a higher profile.</p>	
8. NHS Brent raises the issue of eligibility criteria for ambulance transport with NHS London and lobby for the rules to be changed. The task group believes that eligibility criteria should be changed so that those who currently receive ambulance transport to hospital outpatient appointments should continue to receive the service if the location of their appointment moves from a hospital to a primary care facility. Lord Darzi believes that "funding	<p><b>NHS Brent</b> - NHS Brent will consider the issue of eligibility criteria for ambulance transport so that those who currently receive ambulance transport to hospital outpatient appointments should continue to receive the service if the location of their appointment moves from a hospital to a primary care facility. Current arrangements do not allow the use of ambulance transport to a primary care facility.</p>	<p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>

<p>should follow the patient”, but at present patients are not allowed to use ambulance transport to get to a primary care facility.</p>		
<p><b>c). Service Planning</b></p> <p>9. If service provision from existing buildings change, then health commissioners or providers should still consider the transport implications for patients, staff and visitors, including the production of a travel plan if the service change is significant.</p>	<p><b>LBB Transportation Unit</b> - The transportation supports this and, as mentioned previously, can offer help and advice with Travel Planning.</p> <p><b>North West London NHS Hospitals</b> - The Trust will consult with the Council’s Transportation Unit when planning service developments or changes.</p> <p><b>NHS Brent</b> - If service provision from existing buildings change then commissioners or providers should consider the travel implications for patients, staff and visitors.</p>	<p><b>LBB Transportation Unit</b> – The Northwick Park Public Transport Liaison group is a useful forum that keeps the unit informed of long term plans for the hospital. A similar group planned for Central Middlesex Hospital should do the same for that site.</p> <p><b>North West London NHS Hospitals</b> – The planned changes to paediatric services have involved consideration of the transport impacts on patients and their families. As the Health Select Committee has been informed, the trust is investigating the use of its shuttle bus between Central Middlesex and Northwick Park to transport parents between sites if necessary. At present the number of trips between the sites, and the times of these trips are being reviewed, but if necessary the trust will consider replacing the existing vehicle with a bigger shuttle bus. Taxis can also be used when it is essential and there is no alternative. Apart from paediatrics, there have been no other significant changes to take place since the scrutiny review was finished, although the sector wide acute services review will have transport implications that will need careful consideration. Consultation on this is likely in the autumn.</p>
<p>10. Brent Council should not grant planning permission for a new hospital or healthcare facility in the borough, unless a travel plan is produced demonstrating how it will serve its catchment area for patients, staff and visitors.</p>	<p><b>LBB Transportation Unit</b> - There are existing criteria for producing a Travel Plan, which should encompass any hospital and larger healthcare facilities. These are available from Transportation on request.</p> <p><b>North West London NHS Hospitals</b> - Planning permission and travel plans are a ‘given’ but both the Trust’s sites have them and they are being actively</p>	<p><b>LBB Transportation Unit</b> – The criteria for planning applications in Brent haven’t changed since the review was completed. However, any new health development would in all likelihood require a travel plan due to its size and the number of people using the facility. The council is not aware of any forthcoming applications for new health service buildings.</p>

	<p>developed. The CMH travel plan (a development control condition of the new hospital planning approval) is being incorporated into an area travel plan covering the redevelopment of adjacent sites by private developers.</p> <p>At Northwick Park/St Mark's Hospitals a new voluntary travel plan will be produced (with funding support from TfL) to allow integration with the University of Westminster travel plan, forming an area travel plan for the Northwick Park campus. Area Travel Plans will strengthen the synergies between both hospitals and their neighbouring developments as far as travel planning is concerned.</p>	
<p><b>d). Service Location</b> 11. NHS Brent considers public transport access assessments when it is planning the location of new services. This is to ensure that people who live in areas with poor public transport access are still able to get to essential services.</p>	<p><b>LBB Transportation Unit</b> - The Transportation unit fully supports this recommendation and wishes to assist as much as possible by using its existing contacts.</p> <p><b>NHS Brent</b> - NHS Brent will consider public transport access assessments when planning the location of new services.</p>	<p><b>LBB Transportation Unit</b> – See comment on recommendation 1 above.</p> <p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>
<p><b>e). Northwick Park Hospital</b> 12. London Buses continue to work with</p>	<p><b>LBB Transportation Unit</b> - This matter is continually raised at Group meetings. An experimental northbound stop is planned on the western (Harrow) side of Watford</p>	<p><b>North West London NHS Hospitals</b> – The trust is disappointed that TfL no longer send a representative to attend the Northwick Park Public Transport Liaison Group meetings. This decision has been taken at a corporate level, rather than locally. TfL will work with boroughs via Public Transport Liaison meetings (see recommendation 3, above). This is a regressive step and the</p>



<p>the Northwick Park Public Transport Liaison Group to see if a case can be made to divert the northbound and southbound 182 buses into the hospital site.</p>	<p>Road, before the controlled pedestrian crossing, in addition to the stop near Northwick Park roundabout.</p> <p><b>Transport for London</b> - We have investigated this request in the recent past. The diversion would result in significantly-increased journey time for approximately 3000 through passengers per day. Therefore, we have no current plans to divert route 182 into the hospital site. However, please see our response to recommendation 13.</p>	<p>trust hopes that TfL will reconsider this decision.</p> <p>In terms of diverting buses into the grounds of Northwick Park Hospital, the southbound 182 service still does not enter the hospital bus station, but stops on Watford Road. This is because TfL, having modelled the route, concluded that this adversely penalises those who do not wish to alight at the hospital.</p> <p>The northbound 182 bus does not call into the hospital grounds (this would be a significantly longer diversion than for southbound buses), but an additional bus stop has been put in place on Watford Road opposite the hospital entrance. The stop will be used from March 2010 when the reduced speed limit on Watford Road will be in place (it is changing from 40mph to 30mph). This is a welcome development that will benefit hospital patients and staff.</p> <p><b>LBB Transportation Unit</b> – The Council’s Transportation Unit is pleased with the location of the additional bus stop to serve Northwick Park Hospital. However, at this time we do not think that TfL will approve any more of the requests that have been made in relation to Northwick Park (i.e. diverting southbound 182 buses into the site) and won’t be actively lobbying on these issues any longer.</p> <p><b>Transport for London</b> – The initial response remains the current TfL position.</p>
<p>13. If the northbound 182 bus cannot be diverted into the hospital grounds, then the task group hopes that an alternative solution can be found to improve access to the hospital. Ideally, the northbound bus stop should be moved closer to the hospital, next to the controlled</p>	<p><b>LBB Transportation Unit</b> - See above.</p> <p><b>Transport for London</b> - A site meeting was held in November 2008 where it was agreed that moving the stop existing nearer to the pedestrian crossing appeared feasible. The proposal is currently being progressed by colleagues from the relevant departments in the London Boroughs of Brent and Harrow and the TfL Bus Priority Team. Assessment of the</p>	<p><b>North West London NHS Hospitals</b> – See recommendation 12 above.</p> <p><b>Transport for London</b> – TfL have supported the Council and have re-sighted the northbound bus stop nearer to the hospital entrance. However, the stop is not yet operational as the road requires a speed reduction for safety reasons from 40mph to 30mph.</p> <p>A traffic order has been obtained and the necessary signing and road marking are being altered to make the bus stop operational. This work is expected to be completed by March 2010.</p> <p>TfL are ready to stop buses at the new stops as soon as speed limit issues have been resolved by LB’s of Brent and Harrow.</p>

crossing opposite the hospital entrance.	impacts on traffic will be required. We will continue to support this project.	
14. If the northbound bus stop can't be relocated, then the task group believes that the underpass next to the current bus stop has to be improved. It is too steep for wheelchair users and can be intimidating for other users, particularly in the dark. This should be addressed if other solutions can't be implemented.	<b>LBB Transportation Unit</b> - This is not currently being pursued due to cost and longer-term plans to redevelop the hospital and potentially build an extra slip-road into the site from Northwick Park roundabout.	<b>North West London NHS Hospitals</b> – Although the bus stop has been moved, there are plans to improve the underpass. It is hoped that it can be upgraded, so that it has equal access for bikes and pedestrians. Cycle lanes are now in place on Watford Road so it is seen as a continuation of that scheme. The area will also be cleaned up and graffiti removed.
15. Because of the small number of buses from Brent to Northwick Park Hospital, London Buses reconsiders extending the 18 from Sudbury Town to terminate at Northwick Park Hospital. Additional buses may be required if the hospital attracts more services as a result of <i>Healthcare for London</i> .	<p><b>LBB Transportation Unit</b> - This is considered too costly, in view of London Buses end-to-end running of bus services policy, but other suggestions, such as an extension of route 223 back to Harrow from Wembley Central via North Wembley (to become a circular route) are being put forward to London Buses.</p> <p><b>North West London NHS Hospitals</b> - The Extension of route 18 is no longer our preferred option – we would prefer to see route 204 extended from Sudbury Town Station to Northwick Park instead. We would also like to see route 487 to be extended from South Harrow station to Northwick</p>	<p><b>North West London NHS Hospitals</b> – Lobbying from the hospital trust has not resulted in changes to any of the bus routes that would provide additional links for CMH or NWP.</p> <p>Route 204 – Extending the 204 from Sudbury Town Station would link NWP with the Piccadilly Line (and therefore, provide a good route from Ealing). TfL has estimated that the cost of doing this is £500,000 which they consider prohibitive.</p> <p>Route 18 – The route 18 is changing from bendy buses to double deckers and so TfL was approached again about an extension to NWP to tie in with the review. Again, costs were considered prohibitive and commercially unviable.</p> <p>A bus link from NWP to CMH is now considered a priority in Brent. The route 223 is a possibility for this, terminating at CMH rather than Alperton Bus Garage. At present the last couple of miles of this route are “dead miles”, where the drivers take the bus back to Alperton without passengers, for their break. An alternative would be to terminate the service at CMH, where drivers</p>

	<p>Park to provide a direct link between CMH and NPH.</p> <p><b>Transport for London</b> - Route 182 provides a high-frequency service to the Hospital (every eight minutes during the day and every twelve minutes in the evening and on Sundays). It has convenient interchange with routes to other parts of Brent. Route 223 also links the Hospital to other locations in the Borough. Extension of route 18 would be largely over the same roads as route 182 and the extra benefits could not justify the extra cost. Moving the northbound stop for route 182 (see above) would assist with access into the Hospital grounds.</p> <p>TfL keeps the network under regular review and will certainly take account of changes arising from Healthcare for London as part of this ongoing review process. We are hopeful that other recommendations in your report will assist with earlier discussions about the transport implications of such changes.</p>	<p>could also take their break. The contract for this route is up for review in 2011 and the hospital trust has asked TfL to consider this option.</p> <p><b>LBB Transportation Unit</b> – The Transportation Unit has recently changed its approach to lobbying for changes to bus routes or the implementation of additional services. Rather than asking for extensions to specific routes, the unit will identify areas that aren't well served by buses and work with TfL on solutions to area based issues. TfL has reported that they prefer this approach from local authorities.</p> <p>When bus route contracts are up for review the unit will lobby on specific requests. But this approach is now only used when a route is being reviewed. For example, when route 18 was reviewed the council submitted options that would have provided greater coverage to Brent, by splitting the route into two separate parts. However, this was rejected by TfL.</p> <p><b>Transport for London</b> – There is no policy of end to end running. Rather there is a preference for a simple network. Complexity is repeatedly shown to be a deterrent to bus travel.</p> <p>The proposal to extend the route 18 is too costly even if part of the service were extended as the route already provides a high frequency service along this link. There are two bus services between Northwick Park Hospital and places in Brent, routes 182 and 223. The former runs every 8 minutes, the latter every 20 minutes.</p> <p>For trips from other parts of the Borough, 'same stop' interchange to route 182 is available at stops in Wembley or Sudbury. TfL reviewed the case for extending either route 18 or route 204 to increase the number of areas directly linked. However, the extra subsidy required could not be justified against the extra benefits it would deliver.</p>
16. London Underground adds Northwick Park	<b>LBB Transportation Unit</b> - This has been put to London Underground Limited through the Northwick Park	<b>North West London NHS Hospitals</b> – There has been no progress with this recommendation. Harrow-on-the-Hill station has been taken off the TfL development programme, meaning that Northwick Park is likely to be further

<p>Underground Station to its development programme to make access to the station step free. As the station serves a major hospital and university campus and has over 3.5 million users each year, it should be given a higher priority.</p>	<p>group, but the whole step-free access programme has been delayed due to the economic situation, so there are no grounds for optimism relating to this request.</p> <p><b>Transport for London</b> - The recent TfL Business Plan confirmed funding for step-free stations planned to be completed by 2010 and some limited funding for further schemes up until 2018. Northwick Park station is not included in either of these groups.</p> <p>The impact of hospitals on making a station step-free was included in our early analysis. This was also augmented with data on the number of older people, younger people and disabled people within a certain area of each station. Despite this, at the network level, Northwick Park is still less of a priority than many other stations.</p> <p>Other factors that we use to make decisions about which stations should be step-free include how busy a station is, the number of step-free trips that could be taken should that station be made step-free and the demographics of a 1.5km surround which included the number of disabled people and the number of older and younger people. This demographic</p>	<p>down the list for step free access improvements.</p> <p><b>Transport for London</b> – There is no prospect of step-free access at Northwick Park being delivered in the foreseeable future.</p> <p>The TfL Business Plan published in October 2009 confirmed the funding for step-free schemes planned to start or be completed by the end of the 2017/18 financial year. Northwick Park Station is not included and is not a priority for work after that date.</p> <p>In order to get best value for all customers TfL will focus on delivering step-free access as part of wider schemes at stations. Future schemes will, in general, be part of congestion relief or developer/partnership projects.</p> <p>The proximity of Northwick Park Station to a hospital does not significantly increase the priority of providing step-free access at this station compared with other stations for two reasons.</p> <ul style="list-style-type: none"> <li>• There are other stations which are near hospitals which are not step free but which are busier stations. Tooting Broadway and Old Street are two examples.</li> <li>• Hospitals are not as large a generator of step-free journeys as is commonly perceived.</li> </ul> <p>Other factors that have to be taken into account when determining the need for step-free access include how busy a station is, the number of step-free trips that could be taken should that station be made step-free and the demographics of a 1.5km surround which included the number of disabled people and the number of older and younger people. This demographic model accounts for the specific needs of customers in the area.</p> <p>A final factor in determining the priority given to a scheme is the cost. TfL have previously considered step-free access at Northwick Park and carried out a feasibility study of the station in 2005. This showed that providing step-free</p>
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	<p>model accounts for the specific needs of customers in the area.</p> <p>We have previously considered step-free access at Northwick Park and carried out a feasibility study of the station in 2005. This showed that providing step-free access would be difficult and expensive due to the narrow island platform and also the need to make significant changes to the existing layout of the ticket hall/subway.</p>	<p>access would be difficult and expensive due to the narrow island platform and also the need to make significant changes to the existing layout of the ticket hall/subway.</p> <p>When all these factors are taken into account it is clear that providing step-free access at Northwick Park is not a priority compared to many other stations on the London Underground network.</p>
<p>17. North West London NHS Hospitals Trust works with Transport for London to improve bus facilities for patients at Northwick Park Hospital. If possible, real time information should be installed in the reception area of the hospital and on the bus stands to provide up to date information on bus services for passengers.</p>	<p><b>LBB Transportation Unit</b> - The Northwick Park group should take this up as a higher priority than is currently the case.</p> <p><b>North West London NHS Hospitals</b> - This applies to Central Middlesex as well as Northwick Park bus station: we are asking TfL to improve both, including countdown indicators inside the hospital entrances and possibly elsewhere.</p> <p><b>Transport for London</b> - Thank you for your request which we will consider.</p>	<p><b>North West London NHS Hospitals</b> – Northwick Park is to be a pilot site for TfL’s I-Bus, real time technology. Real time information should be put in reception areas (and hopefully in the café areas at the site). The trust would like CMH to be added into the pilot. It may also be possible to put live departure boards in the hospital, which show London Underground times. The pilot will be taking place in 2011.</p> <p><b>Transport for London</b> – In September 2009, TfL awarded three contracts as part of the delivery of a new Countdown system, which will allow Londoners to find out when their next bus is due using their mobile phones or the internet.</p> <p>The new and improved Countdown system is the next step in London Buses’ provision of real time bus service information to our passengers. Bus users will be able to access bus arrival time predictions for every one of the 19,000 bus stops and all 700 routes in London via the internet and mobile phones. This service will be complemented by a new generation of Countdown signs which will provide real time information at around 2,500 key bus stops in London which will include the stop located outside Northwick Park Hospital in Watford Road.</p>

		<p>The Internet and text message services are scheduled to be available by early 2011. The roll out of new Countdown signs will start in spring 2011 and will be complete by summer 2012.</p> <p><b>Stop Selection Strategy</b></p> <p>As part of the roll out of the new Countdown system, the selection of stops to receive on-street signs will be based upon a stop-selection strategy in which every stop in London will be assessed against a range of criteria.</p> <p>The Stop Selection Strategy aims to prioritise bus stops for Countdown signs, targeting locations where the need for on-street RTI is thought to be greatest. Ultimately, new generation Countdown signs will be installed at strategic locations where they will provide the most benefit to the greatest number of passengers, whilst addressing social needs where possible.</p> <p>All stops across the London bus network have been considered as part of this stop selection process. The location of on-street Countdown signs will be finalised following discussions with the London boroughs which commenced in January 2010.</p>
<p>18. North West London NHS Hospitals Trust continue to work with Brent Council's Transportation Unit and Transport for London and keep them informed of planned developments at the Northwick Park site. The task group will follow this up in 12 months time to check this is happening.</p>	<p><b>LBB Transportation Unit</b> - The transportation unit strongly supports this recommendation.</p>	<p><b>LBB Transportation Unit</b> – The Northwick Park Public Transport Liaison group continues to meet – there are plans to bring Ealing Council into this group because of the poor transport connections to Greenford and Northolt, which are in the hospitals natural catchment area. A similar group is planned for Central Middlesex Hospital, in collaboration with other organisations based at Park Royal. They are useful forums to lobby on transport matters and keep up to date on service developments.</p> <p>The Transportation Unit will provide a link to Transport for London, through the Public Transport Liaison group as TfL will now only attend these meetings on a regular basis. This link is important in order to show the council and NHS are working together to influence transport policy and operational decisions in Brent.</p>

		<p><b>North West London NHS Hospitals</b> – Work continues to take place on a formal and informal basis with the local authority. The trust attends the Public Transport Liaison meetings, whilst the council also attends the Northwick Park Public Transport Liaison Group. The Director of Corporate Services at the hospitals trust also meets informally with Brent Council’s Director of Planning to talk through issues affecting the trust, for example, the forthcoming development of the old CMH site.</p>
<p><b>f). Central Middlesex Hospital</b></p> <p>19. Brent Council’s Transportation Unit and London Buses consider whether there is a case for implementing bus priority initiatives to improve poor performing bus services in the borough, particularly those serving hospitals.</p>	<p><b>LBB Transportation Unit</b> - Bus Priority initiatives are continually pursued by Brent Council, but Central Middlesex Hospital (and indeed Northwick Park Hospital) is on the borough boundary, therefore adjacent boroughs should also pursue bus priority initiatives.</p> <p><b>Transport for London</b> - Bus service reliability in Brent has been transformed in recent years through a variety of measures including Quality Incentive Contracts, improved service control and bus priority. Specific examples of recent changes on routes you had raised with us were provided in a previous communication. We recognise the need for continuous attention to service quality and welcome any further assistance the Council can provide in considering bus priority.</p> <p>TfL’s Bus Priority team works closely with councils across London. Each borough has a dedicated TfL engineer who works alongside council officers</p>	<p><b>North West London NHS Hospitals</b> – The trust is currently pressing for an improved exit for buses at CMH. This might be possible once the site is developed (see recommendation 18 above) and could mean a bus lane on Acton Lane is no longer required. The trust will keep working on this.</p> <p>Fast Bus linking Wembley with CMH is some way off and it is disappointing to the trust that express routes have not been put in place, despite assurances from the Mayor of London that they would be.</p> <p><b>LBB Transportation Unit</b> – Fast bus is not a short term option in Brent. However, London Buses are considering a link from Wembley to Central Middlesex Hospital and if bus priority is fully implemented then it will have similar benefits to Fast bus. The Mayor of London had pledged to improve bus services in the outer London boroughs, but to date only one express route has been enhanced (Croydon to Heathrow) – this point was included in the council’s response to the consultation on the Mayor’s Transport Strategy.</p> <p><b>Transport for London</b> - Bus route improvements schemes currently being implemented include Ealing Road/Carlyn Road junction, Wembley High Road, Forty Lane, Blackbird Hill and Neasden Lane (3G route) and improving accessibility for all road users to various bus stops.</p> <p>The new LIP process has reduced the number of programme areas from 20 to 5 from 2010/11 and beyond. An allocation has been made by TfL to LB Brent under the corridor improvement programme which would include improvement of bus reliability along selected corridors. Details are currently being developed by LB Brent.</p>

	to identify and implement schemes that reduce journey times and increase reliability and accessibility. Current projects in Brent include a range of schemes planned for route 182 under the “3G” bus priority programme, including measures specifically to enhance access to Northwick Park Hospital.	
<p><b>g). Transport Improvements</b></p> <p>20. London Buses change the displays and announcements for buses stopping close to the Wembley Centre for Health and Care on Ealing and Harrow Road, so people are aware that they should alight for the GP led health centre.</p>	<p><b>LBB Transportation Unit</b> - Transportation supports this initiative.</p> <p><b>Transport for London</b> - Thank you for this suggestion for ‘alight here for...’ information. At this time there are no plans to expand real time information to cover individual health centres. However, we will give consideration to your request.</p>	<p><b>Transport for London</b> – In June 2009, Transport for London (TfL) commenced trialling ‘Alight Here For’ announcements on three bus routes providing further information to passengers regarding stops that serve points of interest including NHS and private hospitals of significant size. The trial concluded at the end of August 2009. Independent passenger research was carried out at the conclusion of the trial with results indicating a very positive response to further ‘Alight Here For’ announcements across the network.</p> <p>TfL are currently planning to further trial an additional 20 routes (routes and go-live date to be confirmed). The initial three trial routes will remain.</p> <p>Following the conclusion of the trial, a decision on whether to introduce “Alight Here For” announcements more widely across the network will be taken.</p>
<p>21. Signage for pedestrians directing them to health sites in Brent is improved. There are three specific issues that need to be addressed:</p> <ul style="list-style-type: none"> <li>• Brent Council and NHS Brent should put up signs for</li> </ul>	<p><b>LBB Transportation Unit</b> - Transportation supports these initiatives and will work with colleagues in Streetcare towards their implementation.</p> <p><b>NHS Brent</b> - Signage to health sites in Brent should be improved, in particular to Wembley and Willesden Centres for Health and Northwick</p>	<p><b>North West London NHS Hospitals</b> – The trust is aware of two issues it would like to address – signage from Northwick Park Underground Station to the hospital, which it needs to improve. The trust would also like signage from Harlesden Underground Station to be put in place to direct people to CMH. TfL or Brent Council are more likely to be responsible for this than the hospital trust.</p> <p><b>LBB Transportation Unit</b> – If it’s available, Section 106 funding can be used for signage improvements. The Transportation Unit is happy to implement schemes with Streetcare colleagues, but funding for signs to health services</p>



<p>pedestrians walking to the GP led health centre from Harrow Road. At present, there are no signs.</p> <ul style="list-style-type: none"> <li>• Signs for pedestrians walking to the Willesden Centre for Health and Care should be put in place from Willesden High Road, particularly if services there are expanded in the future.</li> <li>• Signs from Northwick Park Underground Station to the hospital need to be made clearer. The task group believes that at present it is easy to confuse the hospital and university sites from the exit at Northwick Park Underground Station.</li> </ul>	<p>Park Hospital.</p> <p><b>Transport for London</b> - London Underground has examined the signage at Northwick Park and believes that it meets our criteria for clear way finding. Both the university and the hospital are clearly signposted both inside the station and outside (on council owned signs). They are also marked on the continuing your journey poster inside the station. London Underground believes that adding additional signage inside the station would create unnecessary clutter and could even make the route more confusing. If, however, there is a specific problem that Brent council have identified at the station, we will look again at this issue.</p>	<p>should be funded by the NHS.</p> <p><b>Transport for London</b> – London Underground has examined its signage at Northwick Park station and believes that it meets our criteria for clear way-finding. Both the university and the hospital are clearly signposted inside the station and are also marked on the ‘Continuing Your Journey’ poster.</p> <p>London Underground believes that adding additional signage inside the station would create unnecessary clutter and could even make the route more confusing. London Underground has no objection to LB Brent improving council owned signage outside the station.</p> <p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee meeting.</p>
<p>22. NHS Brent</p>	<p><b>NHS Brent</b> - NHS Brent will consider</p>	<p><b>NHS Brent</b> – Will provide a verbal update at the Health Select Committee</p>

consider whether patients should be able to access the GP led health centre from Harrow Road. At present, people who approach that way have to walk around the site to get into the building.	revising pedestrian access to the Wembley Centre. At present, people who approach that way have to walk around the site to get into the building.	meeting.
23. The North West London NHS Hospitals Trust consider offering patients the choice of a later appointment (if they do not do so already) so they don't have to travel on public transport at peak hours to make an early morning appointment.	<b>North West London NHS Hospitals -</b> These are already available on request, and the Trust will ensure that more prominence is given to this option when appointments are being made.	<b>North West London NHS Hospitals –</b> Later appointments are offered to patients, priority is given to those getting to hospital by ambulance so they are not being transported in rush hour traffic. It was noted that moving appointment times from 9am – 5pm to 10am – 6pm would be unpopular with staff and isn't being considered at present.

### Additional Information

#### North West London NHS Hospitals Trust

The hospital trust is close to completing a travel plan for Northwick Park Hospital and a separate travel plan for Central Middlesex Hospital. The NWP plan should be presented to the trust board in March, and just needs final editing. The CMH plan can't be completed until outstanding survey results have been collated, but this work won't take long and the plan should be approved in the next few months.

An NHS Travel Network has been set up by the acute trusts in North West London. The role of the network is to lobby and campaign on behalf of trusts in the area on transport and travel matters and to share information and best practice on transport issues within the sector. The co-ordinator for this group is based at the Royal Free Hospital and Gerry Devine attends on behalf of North West London Hospitals NHS Trust.



## Health Select Committee

17 February 2010

### Report from the Director of Children and Families

For Information

Wards Affected : ALL

## **MEND – Brent’s Childhood Obesity Treatment Programme**

### **1.0 Introduction**

- 1.1** Childhood obesity is a complex public health issue that is a growing threat to children’s health, as well as a current and future drain on both National Health Service (NHS) and Local Government resources. It is estimated that obesity already costs the NHS directly about £1 billion per year and the UK economy a further £2.3 to £2.6 billion indirectly. If the current trend continues, the economic implications are projected to increase to £49.9 billion by 2050.
- 1.2** Tackling childhood obesity is a national government priority, the National obesity strategy *Healthy Weight, Healthy Lives: A cross government strategy for England* set out the first steps towards meeting the challenge and aims “to be the first major country to reverse the tide of overweight and obesity in the population, our initial focus will be on children; by 2020 we aim to reduce the proportion of overweight and obese children to 2000 levels”. The Department of Health (DH) is responsible for the overall ambition on healthy weight and is jointly responsible with the Department for Children, Schools, and Families (DCSF) for delivering the Public Service Agreement (PSA 12) on Child Health. In addition, within the Local Area Agreement (LAA) National Indicator set (NI’s) there are two indicators specifically on childhood obesity (NI 55/56). Brent is one of 126 local areas that have chosen a childhood obesity indicator as one of their designated targets for 2008-2011.

### **2.0 Childhood Obesity Prevalence Nationally and in Brent**

- 2.1** Levels of childhood overweight and obesity are measured and recorded as part of the annual National Child Measurement Programme (NCMP) which commenced in 2006 and aims to weigh and measure all children in both reception and year 6. The most recent data from the NCMP (2008/2009) is provided in Table 1 below. Key points to note are:
- Brent has higher levels of childhood obesity than both the London and national averages.
  - In Brent the total number of overweight and obese children in Reception year increased from 22.3% to 24.1%.
  - The data shows early signs that the rate of increase of obesity in year 6 pupils has stabilised. This indicates that local programmes may be having an impact on the levels of overweight and obesity in children. However, caution in interpretation is recommended and it is suggested that five years of consecutive data is required to accurately predict trends.
  - As with previous years’ data, the 2008/2009 NCMP report identified that levels of obesity are higher in urban areas, and that a strong affirmative relationship exists between deprivation and obesity prevalence in children – both of which are relevant to Brent’s demography.

**2.2 Table 1: Levels of childhood overweight and obesity in Brent compared with the London and England averages (NCMP 2008/2009)**

	overweight 07/08	overweight 08/09	obese 07/08	obese 08/09	Totals 07/08	Totals 08/09
<b>Reception</b>						
Brent	11.6%	12.8%	10.7%	11.3%	22.3%	<b>24.1%</b>
England average	13.0%	13.2%	9.6%	9.6%	22.6%	22.8%
<b>Year 6</b>						
Brent	14.6%	14.3%	22.5%	22.9%	37.1%	<b>37.2%</b>
England average	14.3%	14.3%	18.3%	18.3%	32.6%	32.6%

**3.0 Brent's Childhood Obesity Programme**

**3.1** A joint NHS Brent and Brent Council funded programme to tackle childhood obesity commenced in September 2008. This programme aligns with national guidance about evidence based interventions, e.g. National Institute for Clinical Excellence (NICE), and offers multi-component preventative and treatment interventions. The overarching objective of the programme is to 'slow the year-on-year rise in the prevalence of obesity in reception age children to 10.9% by 2010/11 (National Indicator 55), and reduce the prevalence of obesity in Year 6 children to 22.0% by 2010/11' (National Indicator 56) through a combination of universal (preventative) and targeted (treatment) initiatives'.

**3.2 Table 2. Preventative (Universal) initiatives**

Initiatives	Outcome and/or measure
<b>Food in Schools Programme:</b> Supporting schools to meet the mandatory school food standards and increasing the number of children choosing a healthy school meal over a packed lunch; Increasing the quality and amount of healthy cooking lessons offered in both Primary and Secondary schools in and out of the curriculum.	-Ensures all children and young people in Brent have access to healthy food and drinks both at school and during extended services -NI52 (school meal uptake)
<b>Healthy Schools:</b> By meeting the Healthy Schools criteria, schools will be providing an environment which promotes healthy choices, including healthy eating and increased participation in PE and physical activity. Support is given to schools to meet the healthy eating criteria, including writing of whole school food and nutrition policies, balanced diet and practical food preparation training for school staff, and monitoring of school menus and pupils' food choices. Schools are also required to meet the minimum requirement of 2 hours of PE within the curriculum, provide activities outside of the curriculum, and have a school travel plan which promotes walking and cycling to school in order to achieve the Healthy Schools status.	-Currently 73% of Brent schools are Healthy Schools with 99% engaged in the programme.
<b>Building Capacity and Raising Awareness:</b> through training for health professionals e.g. School Nurses and Health Visitors and school staff.	-Aiming to deliver INSETs in all schools by March 2011 -Have delivered one day obesity awareness training to over 45 Health Professionals
<b>Parent Cooking Programme:</b> Brent Council has commissioned healthy cooking programme for parents, which aims to improve parents' cooking skills through practical, tasty, healthy and budget conscious recipes, as well	-4 schools in the pilot programme, now being rolled out to a further 6 schools.

Initiatives	Outcome and/or measure
as provide basic nutrition and health information	
<b>Brent Children's Centre Nutrition Project:</b> The Healthy Little Eaters project currently being delivered by Brent Community Services, commissioned by Brent Council, is being delivered in Children's Centres throughout Brent. The project aims to improve nutrition in children aged 0-5 years through the delivery of parent sessions such as weaning, fussy eating, pregnancy and breastfeeding, cook and eat sessions and shopping tours. They also provide nutrition 'drop-in' sessions to provide nutrition advice for parents with specific nutrition queries.	Performance reviewed quarterly and on track. Are delivering weekly sessions to parents, children and staff in all Children's Centres.
<b>Improving Breastfeeding Rates at 6-8 weeks:</b> This programme aims to improve breastfeeding prevalence across Brent through range of targeted and universal initiatives. A main aim of the project is to achieve the UNICEF Baby Friendly Accreditation Standards at all Children's Centres and the Acute Trusts where Brent babies are born.	National Indicator 53 and Vital Sign target for NHS Brent

**3.2.1** Additionally, the childhood obesity programme has contributed to the development of the Brent Sports Strategy (2010 – 2015) which aims to reduce ill-health through increased knowledge of the wider benefits of an active lifestyle, and increased participation in sport and physical activity. A reduction in childhood obesity rates has been chosen as one of the success measures.

**3.2.2** Recently a Strategic Obesity Group has been formed with stakeholders from both the NHS and Local Authority. The initial focus of this group is on the development of a borough wide obesity strategy.

### **3.3 Treatment (targeted) initiative**

**3.3.1** The MEND (Mind, Exercise, Nutrition, Do it!) programme is the current treatment programme for children aged 7 – 11 in Brent and is jointly funded by Brent Council, NHS Brent and the Big Lottery Fund. The programme aims to support children and their families to make positive changes to their diet and fitness levels through practical nutrition and fun exercise sessions. Each programme runs for 10 weeks, with sessions held twice a week – a total of 20 sessions.

#### **3.3.2 MEND - The National Picture**

- MEND is currently being run in 365 locations in the UK including 70 Primary Care Trust's and 31 Local Authorities.
- MEND is also being delivered in 5 countries including the USA and Australia.
- In the UK 12,500 families have completed the MEND programme to date (26% BME)
- The programme is still only reaching 1% of all overweight children in the UK

#### **3.3.3 MEND - The Local Picture**

- Nine 20 session MEND programmes have been delivered including a pilot programme with 7 pupils in April 2008, with a total of 99 children and their families completing the programme to date. Numbers of children completing each programme in Brent are outlined in Table 3 below.
- A further nine programmes are to be delivered by April 2011 with a minimum of 12 children planned to complete each programme.
- A total of 216 children and their families are planned to complete the programme by 31<sup>st</sup> March 2011.

### 3.3.4 Table 3: Number of children and their families completing the MEND programme.

	Year 1 (Apr 08 – Mar 09)	Year 2 (Apr 09– Mar 10)	Totals
No. of programmes planned	4	7	11
No. of programmes completed to date ( 2 further programmes commenced in Jan 2010)	4	5 (2)	9 (11)
No. of children planned to complete	48	84	132
No. of children completing to date ( approx 24 additional children will complete by 31 March 2010)	37	62 (24)	99 (123)

### 3.3.5 Demographics of Brent MEND participants

- **Ethnicity:** Brent is a culturally diverse borough. Predominant ethnicities attending MEND in Brent include Asian (Indian, Pakistani, Sri Lankan), African and African Caribbean, White British and White other (which includes Greek, Pilipino, Spanish, Portuguese, Bulgarian and white North African).
- **Single Parent Status:** the majority of participants (two thirds) were from a household of 2 parents and one third from single-parent households.
- **Home Ownership:** 51% reported to own their own home and 49% reported not to own their own home.

### 3.3.6 Outcomes in children completing MEND in Brent

- Both qualitative and quantitative feedback from the children and parents completing the programme has been very positive. This feedback has been gained through both physical examinations and questionnaires/focus group sessions.
- Positive results have been seen immediately post programme in children's:
  - Body Mass Index (mean change was -0.4)
  - waist circumference (mean change -2 cm)
  - fitness rates (-2.4 recovery bpm)
  - dietary habits (28% improvement in nutrition behaviour score)
- Additionally, programme feedback from parents has been extremely encouraging with many asking that the programmes be continued after the ten weeks. We have seen strong friendships emerge between children attending and their parents as well as improvements in psychological outcomes and activity levels across the programmes.

### 3.3.7 Successes of the MEND Programme

- Brent has been relatively successful in recruiting families to take part in the MEND programmes especially compared to some London boroughs, some of whom have had as few as 3 children finishing or have had to cancel programmes due to low numbers. The four most successful methods of recruitment include a running full page advert in The Brent Magazine, leaflets distributed through schools, school nurse referrals and dietetic referrals.
- The Brent MEND programme has proven to be a London leader as MEND Central are in regular contact with Brent to discuss new ideas, bring overseas visitors to observe our programmes and are implementing a number of adaptations recommended in Brent's MEND programme evaluation (April 2008 – August 2009)centrally.
- Brent has developed and chairs a regional London MEND Group which meets on a termly basis to share good practice and ways to improve local programme delivery.
- Committing to a 10 week programme is a challenge for families but through regular and individual contact from the team, in-between programme sessions, we have experienced a low drop out rate for our programmes (1-3 families per programme). Additionally, our average attendance rates throughout the 9 programmes have been positive at 80%.
- Strong programme management and partnership working has ensured that a successful childhood obesity programme has been efficiently and successfully implemented.

### 3.3.8 Challenges of the MEND programme

- As with the national programme and due to its intensive nature, the Brent MEND programme has the capacity to reach only a small percentage of the overweight and obese children in the borough. With an estimated 6,000 overweight or obese children in the primary sector alone, the MEND programme is currently only reaching a very small percentage of those requiring support.
- Lack of awareness about childhood obesity and limited skills by practitioners to identify overweight and obesity in children to refer onto the programme.
- The sensitive nature of raising the issue of overweight and obesity with parents and lack of parental awareness of overweight and obesity in their own children.
- Ongoing motivation and commitment from children and parents in attending a 10 week, 20-session programme – strategies are in place to maximise attendance and minimise drop-outs, such as rewards and incentive vouchers.
- Lack of joined up working and borough-wide initiatives to tackle this agenda in Brent.

### 3.3.9 MEND programme costs

The on-costs (staffing, venues, group rewards, and miscellaneous costs) associated with running the MEND programme in Brent has been calculated as approximately £654 per child completing the MEND programme. This excludes the actual MEND purchase costs.

### 3.3.10 Supporting families after MEND: The MEND Graduate Programme

The MEND 'Graduate' programme in Brent is continually being developed with the aim of supporting families to continue the increased level of exercise achieved and promoted during MEND.

- The main Graduate activity offered is *SportsCoach*, a 12 week programme for children aged four to sixteen. The programme is run in Brent on a Saturday morning from 9am – 12pm offering the children 3 hours of physical activity provided by professional coaches. 40 MEND graduates have been subsidised to attend this programme to date.
- Other activities include MEND Graduates participating in the weekly MEND exercise sessions and signposting to activities run at Brent's community leisure centres for both children and adults.
- The team has recently taken on an allotment site and MEND Graduate families will be offered the opportunity to take part in managing the site as an ongoing Graduate activity.
- MEND Central has recently launched MEND World, a website which aims to keep the children motivated to stay healthy and active.
- A local MEND Graduate newsletter is also sent out regularly to the families.

## 4.0 Recommendations

- 4.1 Robust policies and initiatives which promote healthier choices and make the healthy choice easier are required in Brent. An example would be a borough wide policy on the availability of fast food to school aged pupils at lunch time, as well as to and from school. Strong support from partners is essential to implement such a policy and there is currently an absence of a cohesive, complementary and consistent approach to tackling this issue across all council departments and partner agencies. Improved care pathways for identifying and managing overweight and obesity are also required
- 4.2 Given that the Council's funding to support the programme is grant funded, the sustainability of the current arrangements will need to be addressed if we are to achieve the 2011 LAA target. Ideally an evidence based programme addressing all levels of needs is required; a strong integrated universal approach delivered in unison by all partners, as well as a targeted intervention to support those children and their families who are already overweight and obese using the MEND delivery model.
- 4.3 With more than 1 in 10 children entering primary school in Brent already obese, more focus needs to be placed on tackling obesity in the early years, including improved maternal

nutrition, increasing breastfeeding prevalence rates, and targeted support for identified overweight children. These are key priorities that NHS Brent is addressing in partnership with Brent Council Children and Families department.

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## Health Select Committee

17 February 2010

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Improving GP Access Update

### 1.0 Summary

- 1.1 The Health Select Committee has asked to be kept informed on the work that NHS Brent is doing to improve access to GP services in the borough. NHS Brent has provided a report on this, which includes the results of the 1<sup>st</sup> and 2<sup>nd</sup> quarter GP access survey results for 2009/10. As of this year, satisfaction with GP access will be surveyed quarterly rather than annually.

### 2.0 Recommendations

- 2.1 The Health Select Committee is recommended to consider the GP access report provided by NHS Brent and question officers on the work that is being done to improve access to GP services and patient satisfaction.

### 3.0 Financial Implications

- 3.1 None

### 4.0 Legal Implications

- 4.1 None

### 5.0 Diversity Implications

- 5.1 None

### 6.0 Staffing/Accommodation Implications (if appropriate)

- 6.1 None

### Background Papers

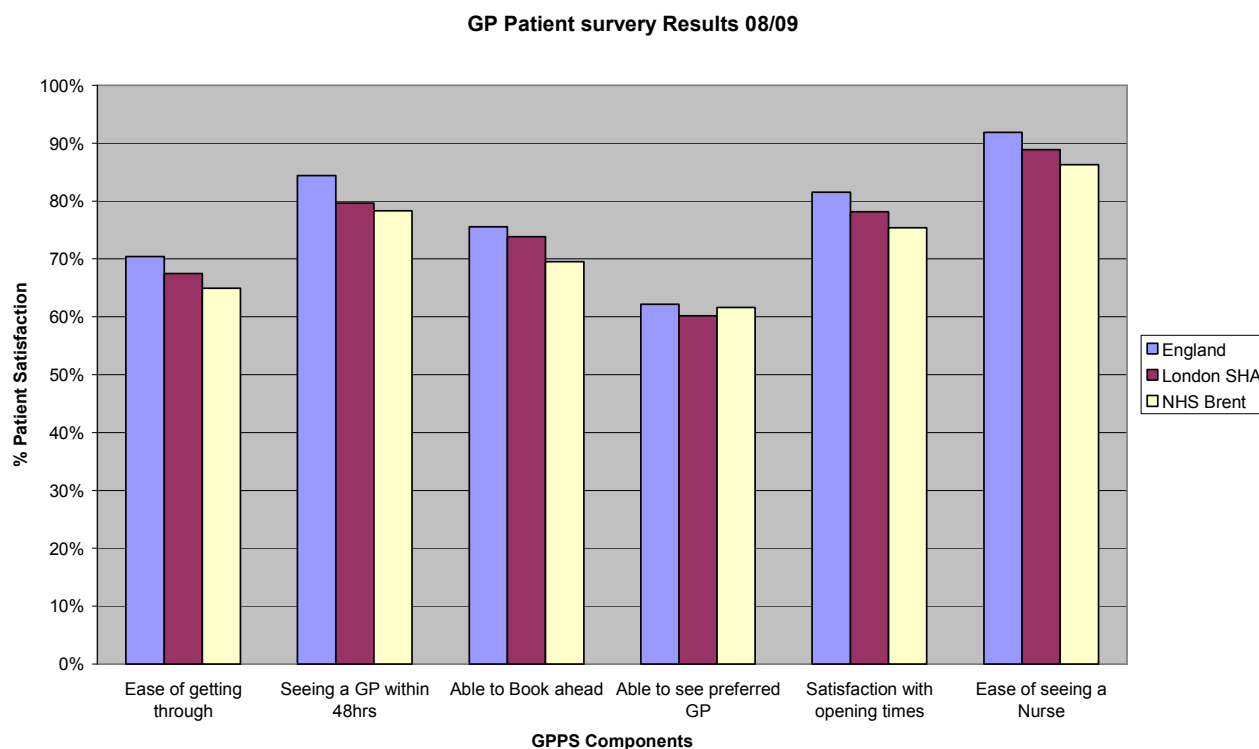
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## NHS Brent – Improving GP Access Update

The GP Patient survey 08/09 has presented NHS Brent with a large piece of work in improving patient's satisfaction with Access to GP services. The chart below compares the outcomes of the 6 main components of the GPPS for NHS Brent with that of England and London SHA. These are also the 6 main components that NHS Brent are focusing on to improve the 'overall satisfaction' with Access across NHS Brent.



NHS Brent has responded to the results from the GPPS survey 08/09 in partnership with the Practices of NHS Brent and with support from the LWLMC, LMC, PEC and PBC. This was done by holding an 'Improving Access discursive event' on the 20<sup>th</sup> January 2010 for the GP's and practice staff from across NHS Brent. There were over 70 attendees from 41 of the 71 practices in NHS Brent, each of whom had an opportunity to discuss Improving Access and the approach that their practice would like to take in Improving Access. The outcome of the event has left NHS Brent looking forward to Improving Access for patients by implementing support modules for practices. The 'modular' approach is being put forward in the Improving GP Access business case for approval.

The support module approach is an outcome from the feedback from the attendees at the event. NHS Brent's 'Improving Access Steering group' are assessing the responses to the event to ensure the best way forward for Improving GP Access for patients. The modules as yet are not complete but the main areas that were highlighted as areas where support and analysis is required are:

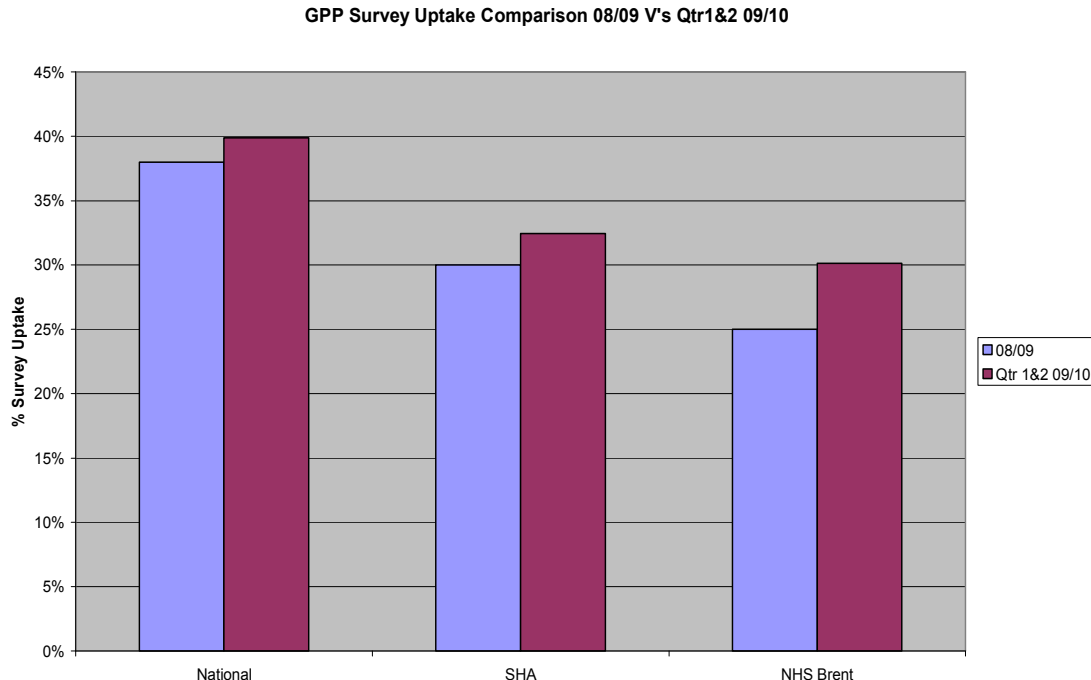
## Possible area of work for Improving GP Access

- Demand & Capacity studies
- Using Appointments per 1,000 patients as a guide for demand
- Creation of individual Practice Plans
- Increasing skill mix within the practice
- Practice staff to attend Customer Care training
- To carry out in-house staff & patient surveys
- Practices to improve team motivation
- Consider telephone triage
- Review IT innovations (text messaging etc)
- Improve QoF scores for Access

The improvement modules are being prepared and if approved will be delivered to NHS Brent practices as part of an Improving Access Programme of work.

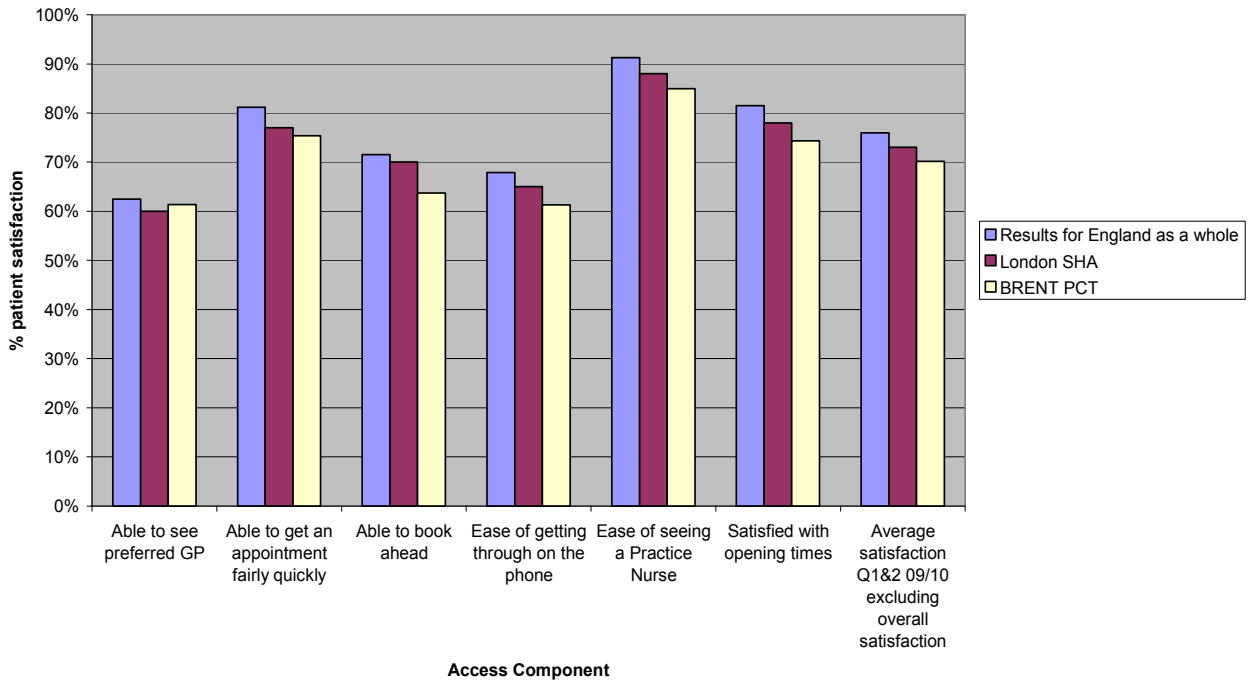
The results from Qtr 1&2 for 09/10 are now available and the results are explained below.

The GP Patient Survey for 2009/10 was developed with Ipsos MORI and academics from the National Primary Care Research and Development Centre and the Peninsular Medical School. Patients across England were invited to take part during April to June and July to September 2009. The results were published on 17 December 2009 by Ipsos MORI. From the 32,685 surveys sent out 9,852 were completed by NHS Brent patients for Qtr 1 & 2. In 08/09 69,520 surveys were sent out with a 17,701 surveys returned. Below is a graph showing a 5% improvement in NHS Brent's response rate in uptake for Qtr 1&2 09/10, compared with qtr's 1,2,3,&4 in 08/09.



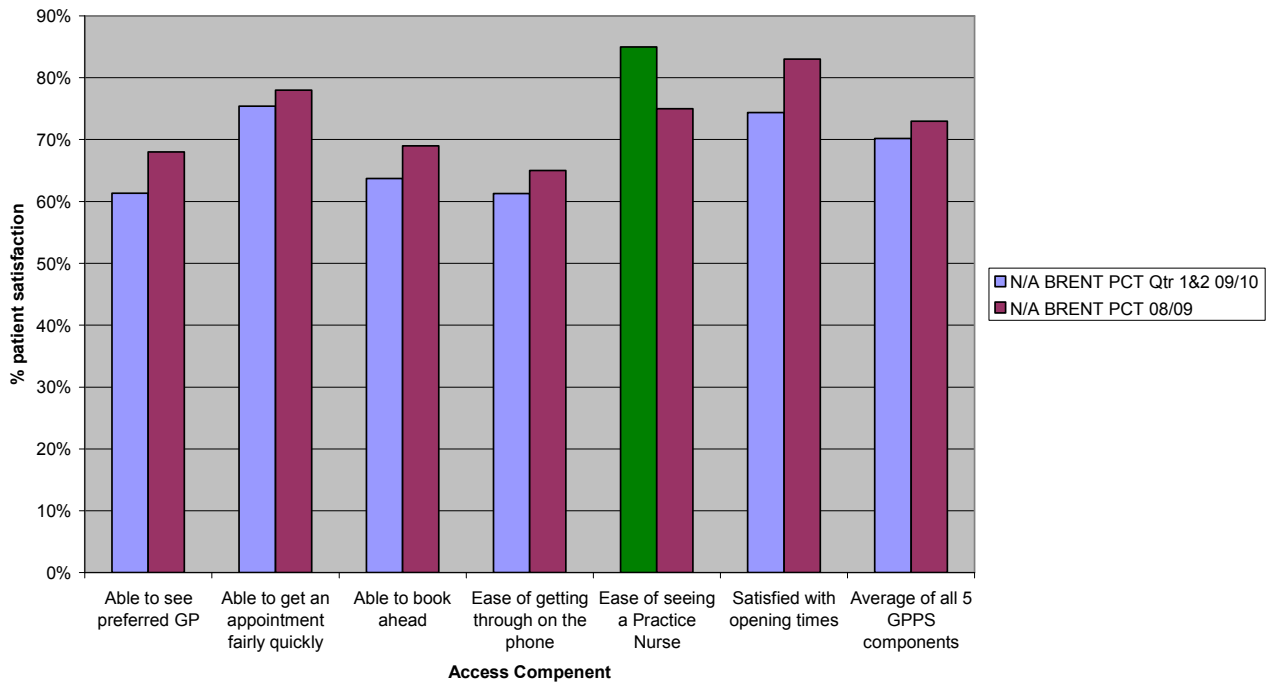
However, even though the response rate has slightly improved the satisfaction scores from Qtr 1&2 09/10 are below those of 08/09. We would hope that the effects of the more recent work in Improving Access i.e. Extended Hrs, raising the profile of Access, the intended delivery of Community Engagement Access presentations to patients will have a positive impact in Qtr 3&4 and therefore show an improvement, however slight, in overall satisfaction. Bearing this in mind any improvement as a result of the Improving GP Access Programme may not be realised until Qtr 1&2 10/11

GPPS results Qtr1&2 09/10



One area that has scored higher in Qtr 1&2 is 'ease of seeing a nurse'.

GPPS Comparison 08/09 V's Qtr 1 & 2 09/10



The next steps for NHS Brent for improving patient Satisfaction with GP Access are:

- Submission of Business case to move Access programme forward by using 'modules' of activities
- Visit practices to create and agree Practices Plans
- Hold workshops in line with Practice requirements
- Attend Community Engagement workshops to promote the GPPS
- Create the Access 'Modules' in line with Patient/GP/PCT requirements
- Deliver modules, facilitation and support to identified practices
- Monitor and report on GPPS results



## Health Select Committee

17 February 2010

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Smoking Cessation Service Performance Update

### 1.0 Summary

1.1 The Health Select Committee has asked NHS Brent to provide a quarterly update on the performance of the smoking cessation service. The update is attached at appendix 1 to this report.

1.2 The main headlines from the report are:

- The planned registrations to the NHS Brent stop smoking service from April 2009 to January 2010 are 4230. Current data shows that registrations from April 2009 to January 22<sup>nd</sup> January 2010 stand at 2135. This represents approximately 50% of planned registrations to date.
- The actual quit numbers from April 2009 to October 2009 is 518. This represents 59% of planned target to date. November and December figures are not available due to two month time lag in data submission.
- If current performance is maintained and with planned recruitment events e.g. No Smoking Day the service can expect to achieve between 60% and 65% of the annual target of 4 week quitters, which is 2022 for the year.

1.3 Members should consider the information provided by NHS Brent and question officers on the performance of the service. Because of the importance of this service in helping to address life expectancy, health inequalities and ill health in general, the Health Select Committee should continue to monitor smoking cessation performance in 2010/11.

### 2.0 Recommendations

2.1 Health Select Committee is recommended to consider the smoking cessation service update report provided by NHS Brent and question officers on the number of registrations and 4 week quitters achieved to date. If the committee has concerns about performance it is able to make recommendations directly to NHS Brent.

**3.0 Financial Implications**

3.1 None

**4.0 Legal Implications**

4.1 None

**5.0 Diversity Implications**

5.1 None

**6.0 Staffing/Accommodation Implications (if appropriate)**

6.1 None

**Background Papers**

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## NHS Brent Stop Smoking Service Update – January 2010

### Summary

NHS Stop Smoking Services have since their foundation supported over 2 million people to stop in the short term and 500,000 people to stop long term, saving 70,000 lives.

Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health particularly cancer, coronary heart disease and respiratory disease. According to the recently published **Health Profile report for Brent (2009)** there were 247 deaths attributable to smoking, this compares to 206 early deaths (under 75yrs) from heart disease & stroke and 228 early deaths from cancer.

Reducing smoking is therefore a key improvement area within the overarching health and wellbeing Public Service Agreement (PSA 18). The aim of which is to tackle the underlying determinants of ill health and health inequalities. Current smoking rates in England are 21%. Prevalence of smoking amongst routine and manual socio-economic group continues to be greater than amongst those in managerial and professional group (26% and 15% respectively)

Evidenced based NHS stop smoking support is highly effective both in cost and clinical terms. Costs to the NHS in the UK of treating illness and disease associated with smoking were estimated at £5.2 billion a year in 2005/06, approximately 5.5% of total health care costs

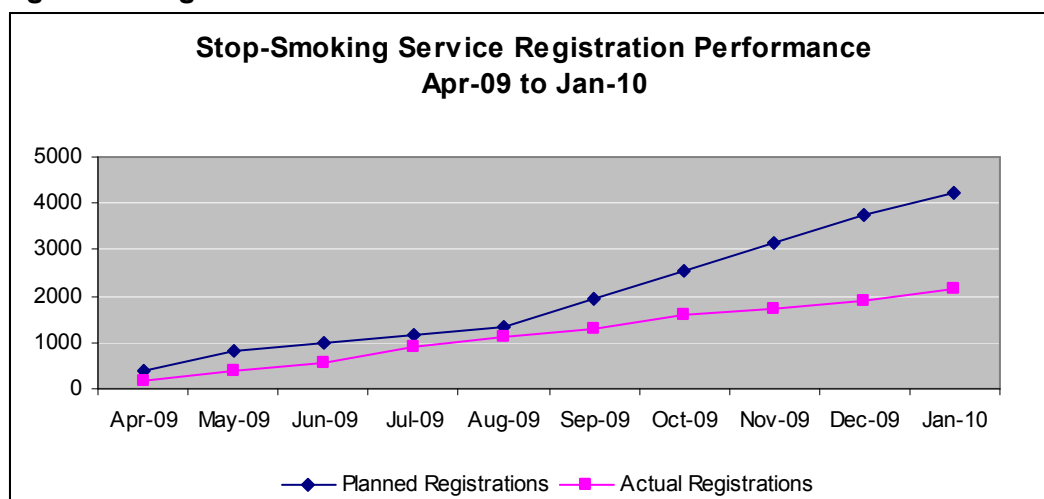
### Four week quit target Progress in Brent

The 2009/10 annual 4 week quit target for NHS Brent is **2022**. In 2008/2009 we achieved 734 quits 42% of the annual target (1756).

To achieve this year's target the service requires an estimated **5340 registrations** (set quits) this is based on a 40% conversion rate from set quit to actual quit.

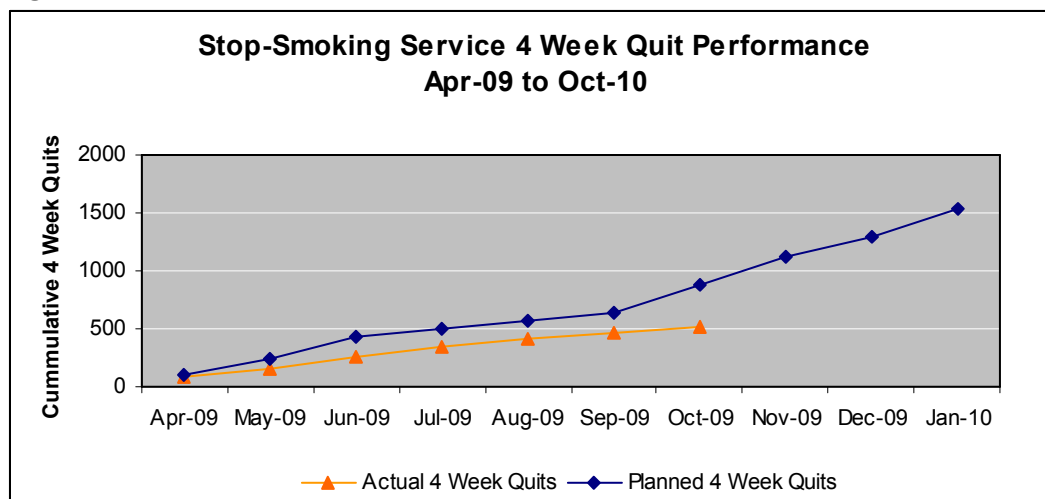
The planned registrations from April 09 to January 2010 are 4230. Current data shows that registrations from April 09 to January 22<sup>nd</sup> January 2010 stand at 2135. This represents approximately 50% of planned registrations to date.

**Figure1: Registration Performance**



Applying a **40% conversion rate** from registrations to quit the expected number of quits will be **854 (56% of the planned quit target to date)**.

**Figure 2: 4 Week Quit Performance**



The actual quit numbers from April 09 to October 09 is 518. This represents 59% of planned target to date. November and December figures are not available due to two month time lag in data submission.

If current performance is maintained and with planned recruitment events e.g. No Smoking Day the service can expect to achieve between 60% and 65% of the annual target.

### Brent Stop Smoking Service

#### Core Team

- Stop Smoking Service Manager
- 3 Stop Smoking Specialist Advisors – 1 vacant post
- 1 Stop Smoking Service Administrator
- 15 health trainers have been trained to deliver smoking cessation support (Level 2) of these 4 are active.

#### Independent Contractors

- 51 Pharmacies of 71 have signed up to the scheme = (63%)
- 18 GP Practices of 72 have signed up to the scheme = (25%)

#### Progress to date (January 2010)

A number of measures have been put in place to improve performance and drive up registration numbers including:

- **Infrastructure development** – new web based information system - SONAR pilot up and running in 5 pharmacies including individual training manual for pharmacists. Aim to begin rollout to pharmacists mid February
- **Core team recruitment** of stop smoking manager, service administrator in January 2010. Stop smoking specialist interviews scheduled for February. Recruitment of bank staff ongoing to support the service.

- **Capacity building within the service** –increasing numbers of commissioned providers. Community provider event held in December to promote workplace setting support. Metroline at Willesden/Cricklewood have taken up Level 2 training in January. Mcvities in Harlesden have recruited workplace advisors to be trained in February. Brent Council (Occupational Health) has engaged. However, more support is needed from senior managers/leads within the council to roll out to other directorates and departments.
- A provider Toolkit has been developed and distributed to strengthen arrangements and to improve processes and quality.
- The service has established a presence at Central Middlesex hospital. At Northwick Park Hospital the service has been working closely with Harrow PCT who provide an on site service
- Pathway for pregnant smokers agreed with NW London Hospitals & brief intervention (Level 1) training rolled out to midwives
- **Mentoring scheme for pharmacists** commenced in January 2010 to facilitate peer support and improve the conversion rate of set quit to quit
- **Monthly Level 2 training** to increase capacity across a range of providers -e.g. pharmacists, practice nurses & workplace providers
- **Social marketing campaigns** – Service has participated in local events to increase registrations e.g. Workplace Fair in Harlesden, New You New Year Open Day event. An ASDA Face to face recruitment event took place at Wembley there are 3 more planned events across Brent.

### **Tobacco Alliance**

Stop smoking services are a key part of tobacco control and health inequalities policies both at local and national levels. The Brent Tobacco Control Alliance has continued to build momentum since the joint (Brent Council and NHS Brent) appointment of a Tobacco Control Alliance Coordinator.

The aim of the alliance is to reduce smoking prevalence and tobacco use by:

- supporting the stop smoking service to help people to stop smoking
- help prevent people from starting in the first place
- further reduce exposure to second-hand smoke
- investigate and tackle the use of alternative forms of tobacco prevalent in Brent (such as shish and smokeless tobacco)
- run effective communications and reduce the availability and supply of tobacco products especially to minors.

It is expected that a multi-pronged approach to reducing smoking prevalence in Brent will make a considerable contribution to reducing existing health inequalities.

Analysis of previous stakeholders was carried out. Two successful Tobacco Control Alliance meetings have been held since October 2009. The meetings provided an opportunity to engage with the current work themes.

Currently around 20 stakeholders have engaged from various sectors and Brent Stop Smoking Service is poised to benefit from the work of the alliance a robust Tobacco alliance strategy is expected to be completed summer 2010.

### **Conclusion**

- The 2010 target is unlikely to be achieved. A detailed action plan has been developed with support from the Regional Tobacco Team and this has been submitted (Jan 2010) to NHS London. We can expect feedback early February
- A Stop Smoking Performance Board chaired by the chief executive undertakes the responsibility for monitoring the performance plan. The infrastructure built this year will play a key role in driving up performance and achieving next year's (2010/201) target.

Ogo Okoye/ Susan Hearn – Public Health – NHS Brent



## Health Select Committee

17 February 2010

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Stag Lane Clinic

### 1.0 Summary

- 1.1 The Health Select Committee had asked for an update on GP services in Kingsbury following discussions on the Stag Lane Clinic. NHS Brent has provided a brief statement setting out the latest position with Stag Lane. The statement is appendix 1 to this report.

### 2.0 Recommendations

- 2.1 The Health Select Committee considers the statement on the Stag Lane Clinic and questions officers from NHS Brent on plans for GP services in Kingsbury.

### 3.0 Financial Implications

- 3.1 None

### 4.0 Legal Implications

- 4.1 None

### 5.0 Diversity Implications

- 5.1 None

### 6.0 Staffing/Accommodation Implications (if appropriate)

- 6.1 None

### Background Papers

## Contact Officers

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Policy and Performance Officer  
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Email – [andrew.davies@brent.gov.uk](mailto:andrew.davies@brent.gov.uk)

Phil Newby  
Director of Policy and Regeneration  
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## POSITION STATEMENT – STAG LANE CLINIC

February 2010

In November 2009, we said we would isolate part of Stag Lane Clinic to house the GP practice and undertake some building work to make it safe. Following further assessment of the building, we have decided to commission a new portakabin to accommodate the practice on the current clinic parking area. This will give certainty to patients and the practice about the future of the clinic for at least the next two years. Had we retained the clinic building, we could not have guaranteed that additional underground movement destabilising the building further. We will work with the practice on plans for the portakabin and with the Council on planning permission. We will relocate services to the portakabin as soon as possible. A timetable will be published shortly.

All community services that were in the side of the building affected by the crack now operate from alternative sites

- Family Planning Services have moved to Chalkhill
- Dietetics has been relocated to Wembley and Chalkhill
- Community Dentistry Services now operate from Wembley Centre for Health.
- Blood tests will start at the Willow Tree practice (Fryent Medical Centre branch) shortly.

We expect to provide a baby clinic at Lindsay Drive Community Centre from March 2010.

We have met with the London Borough of Brent to look at the possible joint development of the Roberts Court site and discussions with the practices continue. A decision on a new health centre in Kingsbury will be made in June 2010.

Mark Easton  
Chief Executive  
2 February 2010

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## Health Select Committee

17 February 2010

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Public Consultation on Paediatric Services Update

### 1.0 Summary

- 1.1 The Health Select Committee has asked for an update on the consultation taking place on paediatric services provided by North West London NHS Hospitals Trust. Members will recall that at the special meeting of the Health Select Committee held on the 7<sup>th</sup> January 2010, members made a number of recommendations relating to the public consultation. Following that meeting Councillor Chris Leaman wrote to NHS Brent and North West London NHS Hospitals setting out those recommendations. Councillor Leaman's letter is appendix 1 to this report.
- 1.2 David Cheesman, Director of Strategy at North West London NHS Hospitals, has responded to the letter (see appendix 2). As the committee asked for an update on the progress of the consultation, it has been agreed with the chair that this will be done verbally at the meeting. This is so the latest position with regards to this work can be reported on the day of the meeting.
- 1.3 The Health Select Committee members should consider the update on the consultation and make further comments and recommendations if necessary. Members are reminded that the Health Select Committee's formal response to the consultation will be developed following the challenge session at Northwick Park Hospital on 10<sup>th</sup> February and presented to the Health Select Committee for approval at the meeting on 24<sup>th</sup> March 2010.

### 2.0 Recommendations

- 2.1 Health Select Committee considers the update on the paediatric services consultation and questions officers on progress to date. Further recommendations on the consultation can be made if it is considered necessary.

### 3.0 Financial Implications

- 3.1 None

**4.0 Legal Implications**

4.1 None

**5.0 Diversity Implications**

5.1 None

**6.0 Staffing/Accommodation Implications (if appropriate)**

6.1 None

**Background Papers**

**Contact Officers**

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**Office of the Liberal  
Democrat Group**

**Councillor Chris Leaman  
Chair, Health Select Committee**

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8<sup>th</sup> January 2010

Mr Mark Easton  
Chief Executive, NHS Brent  
Wembley Centre for Health and Care  
Chaplin Road  
Wembley  
HA0 4UZ

Dear Mark

### **Better services for local children – A public consultation for Brent and Harrow**

I am writing with regard to the Health Select Committee meeting on 7<sup>th</sup> January 2010 where the consultation plan for paediatric services provided at North West London Hospitals Trust was discussed. I can confirm that the Health Select Committee has approved the consultation plan and is happy for public consultation to begin on Monday 11<sup>th</sup> January 2010, to run until Sunday 4<sup>th</sup> April 2010. There were a number of points that the Health Select Committee would like you to take into account when carrying out the public consultation.

1. Although the future of Central Middlesex Hospital is not the subject of the consultation, the committee feel it is important that its position as a key provider within the local health service is restated during the public consultation. It is crucial that local people are aware of the services that the hospital will continue to provide and the benefits that the changes to paediatric services will bring to Central Middlesex. The committee can't emphasise this enough, but the future of Central Middlesex Hospital needs to be absolutely clear so that there is no doubt that it is to continue to be an integral part of the health service in Brent. It would be beneficial if a document could be produced stating the services that Central



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Middlesex will continue to provide and services that have been added to its profile, or are likely to be added, to reinforce this message.

2. The committee notes that there are plans to hold two public meetings during the public consultation; one in Wembley and another in Harrow. The committee feels it would be appropriate to hold additional consultation events in the south of Brent, closer to Central Middlesex Hospital and in the area where patients at the hospital are more likely to come from.

3. The committee recommends that specific consultation takes place with sickle cell patients and their families, so they are given every opportunity to express their views on the proposed service changes.

4. The consultation document makes reference to polysystem developments in Harrow, but does not mention similar developments in Brent. The committee recommends that this is addressed so that people in Brent are aware of the wider changes that are taking place in the borough. This will also help to contextualise the changes to paediatric services, in particular the desire to provide more services in community settings.

5. The consultation document needs to reinforce the point that adult A&E services won't be affected by the proposed changes. Parts of the document are ambiguous on this point.

6. Finally, specific consultation should also take place with the Brent and Harrow Local Involvement Networks. This wasn't raised at the Health Select Committee meeting, but is something that I think should be part of the consultation plan.

The committee would appreciate an update at the next meeting on 17<sup>th</sup> February, explaining how these recommendations have been taken forward and integrated into the consultation plan. If it is not going to be possible to address any of these issues it would be useful to know ahead of the meeting.

I am aware that reporting back on the results of the consultation will not be possible before the council goes into purdah and the current Health Select Committee is disbanded. I have asked Andrew Davies to consult with the borough solicitor to clarify the legal position with regard to this. He'll be in touch with the legal advice in due course.

I would also like to take this opportunity to thank the officers from NHS Brent, NHS Harrow and North West London Hospitals Trust who attended Health Select Committee on the 7<sup>th</sup> January given the poor weather that evening.

Yours sincerely



Councillor Chris Leaman  
Chair, Health Select Committee

Cc

Fiona Wise  
David Cheesman  
Sarah Crowther  
Thirza Sawtell

Phil Newby  
Martin Cheeseman  
Lynn Margetts



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13<sup>th</sup> January 2010

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Dear Councillor Leaman

### **Better Services for Local Children – A Public Consultation for Brent and Harrow**

Thank you for your letter to Mark Easton, confirming the Health Select Committee's support for commencing the public consultation from 11<sup>th</sup> January. I am replying on behalf of Mark Easton as he is currently on leave.

I would like to respond to the points listed in your letter.

1. I fully concur with the Committee's recommended emphasis on the continuing role of Central Middlesex Hospital (CMH) as an integral part of Brent's health service. We have added a line (page 2 – attached) in the consultation document, promising to *'publish' a separate communication describing the future of CMH as an important provider of health services offering A&E, Urgent Care, emergency medical services, diagnostics, waiting list surgery and outpatient services*. We also now state (on page 6) that CMH will *'retain its A&E service for children as well as adults'*.
2. Further to your request we are establishing a third public meeting close to CMH and will let you have the details when they are available.
3. Following the HSC meeting, the reconfiguration team met with Dr Michele Afif (consultant paediatrician and clinical lead for the Brent Sickle Cell Service) to ensure that there is full engagement with the local sickle cell community.

A plan is being developed that includes engagement with the Sickle Cell Society, UK Thalassaemia Services, and West London Haemoglobinopathy Network and other related local groups.

4. Page 5 now includes the following text:

*Brent is developing its plans for polyclinics and the first one is planned at Willesden Hospital with others to follow including potentially at CMH itself. Further details on polyclinic development will be appearing on the NHS Brent website and is the PCT's commissioning strategy plan.*

5. As discussed above, page 6 now states 'CMH would retain its A&E service for children as well as adults'.
6. Members of both Brent and Harrow LINKs are active members of our Patient Public Participation (PPP) group which has been supporting the Acute Services Project Board since early summer 2009. We will also include the wider LINKs networks as part of the consultation programme.

I will provide an update on the consultation process at your next meeting on 17<sup>th</sup> February 2010.

Thank you again for all your support.

Best wishes.

Yours sincerely

*David*

(via email)

David Cheesman  
**Director of Strategy**

**Enc – Consultation Document**

Health Select Committee Work Programme – 2009/10

Health Select Committee – 9<sup>th</sup> June 2009

Health Select Committee – 9 <sup>th</sup> June 2009				
Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Swine Flu Update	NHS Brent will update the committee on the steps it's taking to prepare for a possible swine flu pandemic in the UK. The Committee should take this opportunity to question officers on the preparations and make recommendations if they have concerns.	The committee agreed to consider this issue again later in the year if the situation deteriorated and a flu pandemic was declared.	Andrew Davies to liaise with PCT staff as necessary.	To be confirmed, depending on events in coming months.
Local Area Agreement Targets – Six month reporting	The Committee has asked to consider progress against the health related Local Area Agreement targets on a 6 monthly basis. The next scheduled time to do this is in June 2009.	Agreed to bring back a further report in six months time. The committee also want to keep looking at smoking cessation data and information on adults participating in sport even though these are no longer LAA targets.	Rebecca Fogarty / Jim Connelly	9 <sup>th</sup> December 2009
Improving access to GPs in Brent	This item has been placed on the work programme so that the committee can follow up the access to GPs issues, previously considered in October 2008. NHS Brent has produced an action plan that is being implemented across the borough. The committee should follow up progress on this work.	The committee has asked to see the results of the annual patient satisfaction survey in October 2009.	Jo Ohlson	20 <sup>th</sup> October 2009
North West London	The Committee has been concerned about	Report noted. Will follow up later in	Fiona Wise	To be

Page 5

Agenda Item 11

Hospital NHS Trust Financial Position	the financial standing of the North West London NHS Hospitals Trust financial position. There have been two issues of concern – the ability of the trust to break even and plans to make savings requirements in 2009/10. Members have asked to receive regular updates from the trust in order to monitor this and consider the impact of the financial difficulties on services and patients.	the year. This issue will also be central when the committee is discussing the acute services review and the options for change.		confirmed.
JOSC Update	Update on the final outcome of the Stroke and Trauma Joint Overview and Scrutiny Committee.	Report noted. Final JOSC report to be circulated to all members of the committee. Feedback from JCPCT will be provided in October.	Andrew Davies	20 <sup>th</sup> October 2009.
Children's Surgical Services	Update members on the commissioning of specialist children's surgical services and position regarding formal consultation.	The committee agreed that formal consultation on these proposals was not required.	Andrew Davies to inform NWL Collaborative Commissioning Group	Done – 10 <sup>th</sup> June 2009.
Health Select Committee Work Programme	The Health Select Committee needs to select its work programme for 2009/10 and will be presented with a report setting out items that could be included in the programme.	Work programme agreed, but will be on each Health Select Committee agenda for members to add or remove items.	Andrew Davies	To be included on each committee agenda.
Acute Services Review	Update paper from NHS Brent. Health Select is being asked to consider how it wishes to sign off the review by the end of June 2009.	A fuller discussion on options is to take place in July 2009. A meeting will be held beforehand to agree what information is required at the 15 <sup>th</sup> July committee meeting.	Andrew Davies	15 <sup>th</sup> July 2009



## Health Select Committee – 15<sup>th</sup> July 2009

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Page 61	<p>North West London Acute Services Provider Review</p> <p>The North West London Joint Committee of PCTs has set up a review of acute provider services in the sector. The local acute services review will feed into this wider review. The sector wide review will consider:</p> <ul style="list-style-type: none"> <li>• The implementation of Healthcare for London - where proposals for major trauma and stroke have been launched, but with other changes to follow.</li> <li>• The plans PCTs have to base more care outside hospital by strengthening primary and community care provision.</li> <li>• The need for hospitals to have a secure financial, performance and strategic base, so that they can achieve Foundation Trust status.</li> <li>• Specific proposals on services at Central Middlesex and Northwick Park Hospital.</li> </ul> <p>A discussion paper is to be released in July 2009, which the Health Select Committee should consider.</p>	<p>Update report considered. Outcome of acute services review to be reported to Health Select Committee members at Harrow Overview and Scrutiny Committee meeting on 28<sup>th</sup> July 2009.</p> <p>It was agreed by members that if necessary the chair and vice chair of the committee could sign off the consultation process for the review before next committee meeting on 20<sup>th</sup> October 2009.</p>	<p>Mark Easton, NHS Brent. Andrew Davies to co-ordinate with PCT and Hospital Trust.</p>	<p>October 2009</p>
	<p>North West London Sector Acute</p> <p>A collaborative commissioning group has been set up by PCTs in North West London</p>	<p>Report noted.</p>		

Commissioning Vehicle	to commission some acute services. The Health Select Committee will be presented with a report outlining the role and remit of this group and information on the services it is to commission in the sector. Complex surgical services for children is an example of a service that is being commissioned by the sector acute commissioning vehicle.			
North West London NHS Hospitals Trust – In Patient Survey Results	Results of the Care Quality Commission annual patients’ survey have been released and will be presented to the Health Select Committee for information and comment.	The committee has asked the hospital trust to present details and results of the “We Care” programme to a future meeting. The programme is being run to address some of the issues highlighted in the survey, such as treating patients with dignity and respect and trust and confidence in doctors. This has been scheduled for December 2009.	Fiona Wise, NWL Hospitals.	
Local Involvement Network Annual Report	It is a statutory requirement for the Brent LINK to present its annual report to an overview and scrutiny committee. This will be presented to the Health Select Committee at its meeting in July 2009.	Report noted.		
District Nurses Parking	The committee has referred the issue of district nurses parking to the portfolio holder for highways and transportation and the Highways Committee and asked for a report back setting out how the issue might be resolved. This should be considered at the June meeting of the Health Select Committee.	Not considered – still to go to the Highways Committee.	Andrew Davies to chase.	

## Health Select Committee – 20<sup>th</sup> October 2009

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Page 63	World Class Commissioning Strategy Plan Refresh	NHS Brent will be reviewing its World Class Commissioning strategy plan in the light of revised funding projections from the Department of Health. The PCT is following a three stage process for this review:	Thirza Sawtell, NHS Brent	December 2009
		<ul style="list-style-type: none"> <li>• Submitting a case for change to the Department for Health by Sept 2009</li> <li>• Looking at the implications for services of three possible funding settlements for NHS Brent</li> <li>• Submit final Commissioning Strategy Plan by December 2009</li> </ul> <p>The Committee will be updated on this work, including the impact of the different options the primary care trust is working on.</p>		
Primary Care Strategy – Follow up from challenge session	There were three specific issues relating to the Primary Care Strategy that members wanted to follow up following their challenge session in April 2009 –	Noted.		
	i). The five cluster plans for Brent to see			

	<p>how services will change to implement the strategy in each area of the borough.</p> <p>ii). The Investment Plan for the strategy. This should be in place by October 2009.</p> <p>iii). The plans for the polyclinic in Willesden. NHS Brent intends to tender for this service by October 2009.</p> <p>These issues will be picked up in the Commissioning Strategy Plan item.</p>			
<p>GP Access Survey Results</p> <p>Page 64</p>	<p>Results of the annual GP access survey will be presented to the committee to give members an indication of how satisfied members of the public are with GP access in the borough. The committee has taken a keen interest in GP access previously and so this will be a useful report which goes some way to seeing whether patients are satisfied with NHS Brent initiatives, such as extended hours which is now available in most practices.</p>	<p>The committee has asked to consider the results of the quarterly GP access surveys to assess the progress of the NHS Brent action plan to improve customer satisfaction in this area.</p>	<p>Thirza Sawtell, NHS Brent</p>	<p>February 2010</p>
<p>Smoking Cessation</p>	<p>This is a serious issue in Brent, given that PCT services were withdrawn during turnaround. Services have now been reinstated, but performance has been off target. The chair of the Health Select Committee has asked for smoking cessation information to be included on the agenda after seeing the provisional results for the 1<sup>st</sup> quarter of 2008/09:</p> <p>4 week quit – 105</p>	<p>To be considered quarterly. The committee will next look at this in February 2010.</p>	<p>Jim Connelly, NHS Brent</p>	<p>February 2010</p>

	13 week quit - 0			
Acute Services Review	Details on the consultation proposals, plus options for consultation to be presented to the committee. Consultation to be on inpatient paediatric services.	Full details on the paediatric service proposals, plus consultation to be presented to the committee in December 2009.	Mark Easton / Fiona Wise	December 2009
Health Inequalities	The Audit Commission has completed a report into Brent's Health Inequalities. This will be presented to the Health Select Committee for comments.	Report noted. The committee will include health inequalities issues on its agendas. The next stage of this project, to increase adult participation in sport will be reported in early 2010.	Cathy Tyson	March 2010.
Major Trauma and Stroke Services – Update on final report of the Joint Overview and Scrutiny Committee and decisions from Joint Committee of PCTs	The major trauma and stroke services consultation will be completed in May 2009 and the final decisions on the location and number of services will be taken by the Joint Committee of PCTs in July 2009. Health Select Committee considered the consultation in March 2009 and will be updated on the results of this work, including the number and location of Major Trauma Centres and Hyper Acute Stroke Units in August / September 2009.	Update on final JOSOC in December 2009.	Andrew Davies	December 2009.

## Health Select Committee – 9<sup>th</sup> December 2009

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Section 75 Arrangements for the delivery of mental health services in Brent	The Committee has asked to be consulted on the proposals to extend the Section 75 agreements for the provision of mental health services in Brent. This is likely to come forward towards the end of 2009 and has been pencilled in for the December meeting of the committee.	Report noted. Report back to the committee prior to agreement of partnership arrangement by Executive.	Martin Cheeseman and David Dunkley	March 2010
Local Area Agreement Targets	The committee agreed in June 2009 to continue to monitor the LAA targets on a six monthly basis. The committee will only consider indicators that have an impact on health and well being.	Report noted. Request for information on MEND childhood obesity programme at February committee meeting. The committee has asked for information on what the programme does and how obesity reduction is measured.	Thirza Sawtell	February 2010
Results of the “We Care” programme at North West London Hospitals Trust	As a result of issues raised by the 2008 Hospital Trust Inpatient Survey, NWL Hospitals has commissioned a piece of work called “We Care”, which is aimed at giving patients views to hospital staff, through video interviews with members of the public and use of real time patient feedback. The Committee has asked to see the results of this work and learn about the impact that it has had on the staff who work at the trust.	Report noted. The committee will consider the results of the NWL Hospitals In Patient Survey in late summer / autumn 2010.	Fiona Wise and Elizabeth Robb	September 2010
NHS Brent Strategic	This follows on from the discussion had by	Report noted. Request for an update	Thirza Sawtell	February 2010

Commissioning Strategy Plan	the committee in October 2009 on the strategic commissioning intentions of NHS Brent. The committee will be given an opportunity to consider the plan prior to submission to NHS London.	on plans for GP services in Kingsbury in February 2010.		
Acute Services Review – Paediatric Service Proposals	The committee will be presented with the consultation proposals and preferred service options for paediatric services, provided in Brent at Central Middlesex and Northwick Park Hospitals. The committee needs to agree the consultation proposal and consider how it will scrutinise and comment on the specific issues affecting services in the borough.	The committee agreed to hold a special meeting on 7 <sup>th</sup> January 2010 to consider the plans for the consultation on paediatric services and the proposed service model. Harrow Scrutiny councillors will be invited to attend this meeting.		

### Health Select Committee – 7<sup>th</sup> January 2010

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Acute Services Review – Paediatric Service Proposals	The committee will be presented with the consultation proposals and preferred service options for paediatric services, provided in Brent at Central Middlesex and Northwick Park Hospitals. The committee needs to agree the consultation proposal and consider how it will scrutinise and comment on the specific issues affecting services in the borough.			

## Health Select Committee – 17<sup>th</sup> February 2010

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Page 68	Childhood Obesity	<p>This issue came out of discussions on the local area agreement in June 2009. Members are concerned about the levels of childhood obesity in the borough. Thought needs to be given about how they want to approach this issue to make best use of committee time.</p> <p>A report on the MEND Childhood Obesity Programme was also requested at the committee in December 2009 - The committee has asked for information on what the programme does and how obesity reduction is measured.</p>		
	GP Access – quarterly survey results	<p>The committee has asked to see regular access satisfaction results because of the decline in performance shown in the latest annual access survey. These will be presented on a quarterly basis.</p>		
	Smoking Cessation Performance Monitoring	<p>The committee has requested that performance information on smoking cessation in Brent is presented each quarter because of concerns about this service, and whether targets for the year will be met.</p>		



Access to Health Sites Task Group – 12 month follow up	The committee should follow up the access to health sites task group later this year in line with good practice on the completion of task groups.			
Kingsbury GP services	Update requested on plans for GP services in Kingsbury at last meeting. The committee was interested in proposals for the development of a new health centre in the area. Plans were to be in place by Feb 2010.			
Paediatric Services Consultation	Request for an update on the consultation on paediatric services in Brent and Harrow, following discussion at special meeting in January 2010.			

<b>Health Select Committee – 24<sup>th</sup> March 2010</b>				
<b>Pre Meeting Planning</b>		<b>Post Meeting Actions</b>		
<b>Subject and Witness</b>	<b>Issue</b>	<b>Outcomes and Actions Arising</b>	<b>Responsible Officer</b>	<b>Deadline and Status</b>
Standards for Better Health Declarations	Each year the committee puts together its comments on the work of the three health trusts in Brent for the Care Quality Commission Standards for Better Health Declarations. The Committee will consider the trust's self assessments before finalising			

	its comments.			
Section 75 partnership arrangements for mental health services	Report back to the committee in March 2010 on progress, prior to agreement by the Executive.			
Public Health Annual Report	NHS Brent will present details of the Annual Public Health Report for the committee to consider and comment on.			
Immunisation Task Group	Childhood immunisation has been selected as the next Health Select Committee task group. The task group findings and report will be presented to the committee in October 2009.			
Sports Participation / Audit Commission Review of Health Inequalities	The committee is keen to monitor participation in sport data even though the indicator is no longer included in the Local Area Agreement. Performance had been below target when the committee looked at this in June 2009. Members are interested to know what the council is able to do to encourage people to take three, 30 minute periods of exercise each week. Increasing participation in sport is also the project that is following on from the Audit Commission's review of health inequalities.			

## Items to be timetabled

The following items are included in the Health Select Committee Work Programme, but are still to be allocated a meeting for consideration.

Proposed Item	Issue for Health Select Committee
Primary Care Strategy – Implementation of Strategy – consultations as and when they arise	NHS Brent will confirm its Primary Care Strategy in spring/summer 2009. Implementation of the strategy will follow on from this and could result in service changes that will be of interest to members, not least the polyclinic development at Willesden Centre for Health and Care. Issues arising from the implementation of the strategy will be brought to the Health Select Committee as and when they arise.
North West London Acute Provider Landscape	The North West London Collaborative Programme office has contacted the council with a view to consulting members on the acute services provider landscape in 2009. More detail will be included in the work programme when it is sent to the council.
NWL Hospitals Trust In Patient Survey Results	The committee has considered the results of this survey each year, as well as the “We Care” patient experience programme. Members will be able to scrutinise progress on improving the patient experience at the hospital trusts.
North West London NHS Hospitals Quality Account	Opportunity to comment on and prepare a statement on NWL Hospitals Quality Account, which is to become a statutory requirement, published in June each year.

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