



Health Select Committee

Wednesday, 24 March 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
H B Patel
C J Patel
H M 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
1 Declarations of personal and prejudicial interests	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2 Minutes of the previous meeting	1 - 12
3 Matters arising	
4 Deputations	
5 Childhood Immunisation Task Group - Final Report	13 - 48
This report sets out the findings and recommendations of the Immunisation Task Group, presented to the Health Select Committee for approval. The Health Select Committee is recommended to endorse the Immunisation Task Group's recommendations for them to be passed to the council's Executive and to the NHS Brent Board for approval.	
6 Developing older adult mental health day hospital services in Brent - Service reconfiguration at Belvedere Day Hospital	49 - 54
Councillor Chris Leaman, Chair of the Brent Health Select Committee, has asked Central and North West London NHS Foundation Trust (CNWL) to provide a report for the committee on the plans to reconfigure services provided at Belvedere Day Hospital. This followed an approach to Councillor Leaman from service users concerned at the plans for the day hospital. CNWL has provided an overview of their proposals for Belvedere House, as well as setting out the context for the proposed changes (see appendix 1).	
7 Response from the Planning Service on restricting or reducing the number of hot food takeaways	55 - 60
The Health Select Committee has asked for a statement from the council's Planning Service on restricting or reducing the number of hot food takeaways in close proximity to schools. This was highlighted as an issue during a discussion on childhood obesity at the committee in February 2010. This briefing is attached as appendix 1.	

8 Integrated Strategic Plan for North West London 61 - 82

The Health Select Committee will be presented with the details of the North West London Integrated Strategic Plan (ISP). The ISP has been produced by the North West London Acute Commissioning Partnership. Each of the eight PCTs in the North West London sector, including NHS Brent, is a member of the partnership.

NHS Brent has provided a series of presentation slides which includes more detail on the ISP.

9 Brent Health Select Committee response to "Better Services for Local Children - A Public Consultation for Brent and Harrow" 83 - 90

NHS Brent, NHS Harrow and North West London NHS Hospitals Trust are carrying out a public consultation on the future of paediatric services provided by North West London NHS Hospitals Trust. The Health Select Committee met on the 7 January 2010 to sign off the plans for the public consultation on paediatric services. It was agreed at that meeting that a challenge session would be held at Northwick Park Hospital for councillors to question officers and clinicians on the specific proposals for paediatric services in order for the Health Select Committee to respond to the consultation. Brent and Harrow overview and scrutiny councillors held a joint challenge session on Wednesday 10 February 2010 to make best use of time and resources. A draft response to the consultation is attached at appendix 1.

10 Health Select Committee Work Programme - 2009/10 91 - 104

This report sets out the Health Select Committee work programme 2009/2010 and also those items which will be carried forward to the 2010/2011 work programme.

11 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.

12 Date of Next Meeting

The next meeting of the Health Select Committee will be confirmed at the Full Council meeting on Wednesday 26 May 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.
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LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE Wednesday, 17 February 2010 at 7.00 pm

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

Also Present: Councillors Dunwell and Malik

Apologies were received from: Councillor Clues

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

There were none.

2. **Minutes of the previous meetings - 9 December 2009 and 7 January 2010**

RESOLVED:-

that the minutes of the previous meetings held on the 9 December 2009 and 7 January 2010 be approved as accurate records.

3. **Matters arising (if any)**

Item 10 - Health Select Committee Work Programme – visit to St Luke’s Hospice

It was noted that Andrew Davies (Policy and Performance Officer) was waiting to hear back from St Luke’s Hospice regarding possible dates for a visit. Andrew Davies stated that he would follow this up.

4. **Deputations (if any)**

None.

5. **Access to Health Sites Scrutiny Review Recommendation Follow Up**

The Chair introduced the report which updated the committee on the progress made in implementing the recommendations from the Access to Health Task Group. It was noted that appendix 1 of the report set out the task group’s recommendations, the original response from the organisations affected by the recommendations and an update on their implementation. It was also noted that NHS Brent had not provided an update in appendix 1, but would be providing a verbal update during this item. The committee expressed their disappointment that Transport for London (TfL) had not sent a representative to this committee meeting as it was felt that their contribution would have been extremely valuable.

It was agreed that the committee would look at each recommendation in turn and would take note of any updates which were not covered in appendix 1.

Strengthening working relationships:

- *Recommendation 1* - Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) stated that some links with TfL and Brent Transport Services had been made, but that NHS Brent could do more to strengthen these links. She added that as part of the paediatrics polysystem planning, NHS Brent had taken travel into account much more than it would have been in the past. It was noted by the committee that it seemed that NHS Brent were not engaging with Brent Transportation Unit. A suggestion was made by Jim Lawman (Senior Public Transport Officer, Brent Council) that quarterly meetings be held between Brent Transportation Unit and NHS Brent. In response, Jo Ohlson agreed to the quarterly meetings. It was noted that the committee endorsed the setting up of these quarterly meetings.
- *Recommendation 2* - It was noted by Jo Ohlson that there was nothing further to update, except that she would also be involving public health as appropriate.
- *Recommendation 3* - It was noted that the Public Transport Liaison Meetings had been taking place with TfL and that whilst it was positive that these had been taking place, a concern was raised that TfL had become disengaged from other local meetings such as the Northwick Park Public Transport Liaison Group meetings. Now that TfL had decided to only attend borough liaison meetings, it was noted that the Public Transport Liaisons meetings were an important forum for NHS Brent to engage with TfL.

Healthcare for London:

- *Recommendation 4* – Jo Ohlson informed the committee that as part of NHS Brent's primary care strategy, NHS Brent examined a map around travel. She added that NHS Brent would consider travel as it develops the plans for the 3 polyclinic sites, including how those potentially using services in Edgware Hospital would be affected.
- *Recommendation 5* - Jo Ohlson informed the committee that NHS Brent had contacted the Sustainable Transport Officer for WestTrans to ask them to develop the travel plan for the GP led health centre in Wembley, but that it had not yet been completed.
- *Recommendation 6* – Jo Ohlson explained that they had not yet started to use the H-stat transport modelling tool, but that they were hopeful that they would not have to pay £3000 each time the model was used.
- *Recommendation 7* – Jo Ohlson noted that NHS Brent had considered an analysis of transport needs with regards to the proposals for paediatric services.
- *Recommendation 8* – In response to a question regarding NHS London's reaction when they were approached about changing the eligibility criteria, Jo Ohlson explained that she had raised it with NHS London, in relation to the polysystem, and that she had been informed that NHS Brent could decide how it should be set. She added that she was looking at the criteria this current year. A concern was raised regarding the length of time it was taking for this issue to be looked at, considering that the committee made this recommendation in December 2008. In response, Jo Ohlson stated that

she had not looked at it before because they had yet to move services out of the hospital.

Service planning:

- *Recommendation 9* – Jo Ohlson noted that NHS Brent would take into account the transport implications when considering the relocation of services.
- *Recommendation 10* – no further update provided.

Service location:

- *Recommendation 11* – Jo Ohlson stated that NHS Brent were aware of the need to consider public transport access assessments when planning the location of new services.

Northwick Park Hospital:

- *Recommendation 12* – It was noted that TfL had not agreed to divert the Northbound or Southbound 182 buses into the hospital site. Gerry Devine (Transport Advisor to North West London NHS Hospitals Trust) explained that the whilst the Northbound 182 bus did not enter into the grounds of Northwick Park Hospital, an additional bus stop had been put in place on Watford Road, which was opposite the hospital. He explained that the use of the bus stop had been delayed as the road required the speed reduction, for safety reasons, from 40 to 30 mph. It was noted that the bus stop would be operational from March 2010.
- *Recommendation 13* – This was covered during the discussion on recommendation 12.
- *Recommendation 14* – Gerry Devine explained that there were plans to improve the underpass but only cosmetically and not to meet DDA Act standards.
- *Recommendation 15* – The committee raised a concern that the only bus which was coming from the South of the borough to Northwick Park Hospital was the 182. It was noted that TfL had not only concluded that the extension of route 18, from Sudbury Town to terminate at Northwick Park Hospital, would be too costly, but that to extend the 204 from Sudbury Town Station would also be too costly. Jim Lawman stated that one option would be to extend route 223 back to Harrow from Wembley Central via North Wembley so that it becomes a circular route. It was noted by the committee that there was a need to put this forward as the committee's preferred option to TfL. Jim Lawman stated that the 223 was coming up for review and that this would be a good opportunity to look at this route.
- *Recommendation 16* – Gerry Devine noted that Northwick Park Underground Station had never been included on the list of stations which would be receiving funding for step-free access, as set out in the TfL Business Plan in October 2009. In response to a question regarding DDA compliancy, Jim Lawman explained that it would only have to be made DDA compliant if substantial changes were being made to the station, such as the enlargement of Wembley Park station. Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) stated that with Northwick Park Hospital likely to become one of two major acute hospitals in the north west London sector, there would be even more of a need for sufficient disabled

access. She added that there was therefore a need to emphasise the importance of this to Healthcare for London.

- *Recommendation 17* – There was no further update provided.
- *Recommendation 18* – There was no further update provided.

Central Middlesex Hospital:

- *Recommendation 19* – Jim Lawman stated that there was nothing further to add to the update and that Brent Transportation Unit would continue to pursue bus priority initiatives.

Transport Improvements:

- *Recommendation 20* – A concern was raised that, whilst in the trial area hospitals were being announced on buses, no announcements were being made on those buses which stopped at the Wembley Centre for Health and Care as to when to alight for the GP led health centre. It was noted that this needed to be followed up.
- *Recommendation 21* – Jo Ohlson explained that she has raised the issue of signage, but that she had been told that it was the responsibility of the Highways Committee. Jim Lawman stated that this was something which NHS Brent and the Brent Transportation Unit could discuss during one of their quarterly meetings which they had agreed to hold.
- *Recommendation 22* – Jo Ohlson explained that NHS Brent had been looking into the possibility of using the staff entrance at the GP led health centre in Wembley, but had found that this part of the building was shut during the evenings and weekend and therefore was unsuitable. She added that NHS Brent would look at other options for improving pedestrian access.
- *Recommendation 23* – There was no further update provided.

In the discussion which followed, the committee noted its frustrations at the lack of progress which had been made following the task group's recommendations in November 2008. It was agreed that the Chair would write to TfL, on behalf of the Health Select Committee, to inform them of the committee's concerns, in particular the need to extend the 223 bus route and for access to Northwick Park Station to become step free. The Chair noted that he would send a copy of the letter to the Mayor of London. The Chair also agreed to ask Mark Easton, Chief Executive of NHS Brent, if he could contact the Mayor of London regarding these issues.

The committee noted that they would keep monitoring the progress made in implementing the task group's recommendations and the progress of the quarterly meetings between NHS Brent and Brent Transportation Unit. Andrew Davies stated that at the next update, instead of going through each recommendation one by one, the relevant issues would be grouped into themes.

RESOLVED:-

- (i) that the update be noted;
- (ii) the Chair of the Health Select Committee to write to Transport for London, on behalf of the Health Select Committee, to inform them of the committee's concerns with the responses to the committee's recommendations, in

particular the need to extend the 223 bus route and for access to Northwick Park Station to be step free;

- (iii) the Chair to ask Mark Easton, Chief Executive NHS Brent, to contact the Mayor of London regarding the committee's concerns;
- (iv) that the Health Select Committee continues to monitor the progress in implementing the task group's recommendations and the progress of the quarterly meetings between NHS Brent and Brent Transportation Unit. The next update should be provided in six months time.

6. **Public Consultation on Paediatric Services Update**

Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) provided the committee with an update on the consultation which was taking place on paediatric services in Brent and Harrow. She explained that all of the committee's recommendations, which were made at the Health Select Committee meeting held on the 7 January 2010, had been carried out, as set out in the letter from David Cheesman (Director of Strategy, North West London NHS Hospitals Trust). She added that they were hoping to publish the separate communication, on the future of Central Middlesex Hospital as an important provider of health services, the following week. She also confirmed that the third public meeting, which was referred to in the letter, would take place at Central Middlesex Hospital on the 11th March and that a meeting specifically related to sickle cell disease had been set up for 25th March.

Fiona Wise stated that the Trust had a robust consultation plan. She added that as well as the public meetings, they had consulted with a number of community and voluntary sector groups, including the Brent Youth Parliament and the area forums. She added that she was able to email the consultation programme to anyone who would like to view it. She also informed the committee that a challenge session had been held at Northwick Park Hospital last week and that it had included representatives from Harrow as well as Brent.

In the discussion which followed, the committee noted that they were pleased that the committee's recommendations had been carried out. In response to a query regarding the attendance at the first public meeting held in Brent on the 11th February, Fiona Wise explained that around 20 people had attended the meeting and that some of these were staff. She added that a lot of the focus was on sickle cell patients. She explained that the Trust was working towards gaining a better understanding of the proportion of sickle cell patients who would be using the service. The Chair noted that the Health Select Committee's formal response to the consultation would be developed and presented to the Health Select Committee at the meeting on the 24th March 2010.

RESOLVED:-

that the update on the public consultation on paediatric services be noted.

7. Brent's Childhood Obesity Treatment Programme

Melanie O'Brien (Strategic Joint Commissioning Manager) introduced the report which provided the committee with information on the MEND (Mind, Exercise, Nutrition, Do it!) programme and the progress which had been made in reducing childhood obesity. She began by providing the committee with some background information on childhood obesity. She explained that childhood obesity was a growing threat to Children's health, both physically and mentally, and that it had a significant impact on life expectancy. She added that childhood obesity was also a huge drain on the current and future resources of the National Health Service and Local Government.

Melanie O'Brien informed the committee that levels of childhood obesity were measured and recorded as part of the annual National Child Measurement Programme (NCMP). She noted that Brent had higher levels of childhood obesity than both the London and national averages and that the total number of overweight and obese children in Reception year had increased from 22.3% to 24.1%. More positively, she added that there were early signs of a stabilisation of rates in year 6 pupils.

Melanie O'Brien explained to the committee what the MEND programme was and how it worked. She stated that it was an intensive programme which included participants taking part in 20 sessions over a 10 week period. She informed the committee that they had completed 9 programmes so far and were half way through the 10th and 11th programme. She added that they were contracted to do 18 programmes in total and that each programme had 12 children taking part, even though a small number had dropped out. Melanie O'Brien stated that the outcomes of the programme had been very positive and that the programme had achieved some very encouraging results. She then highlighted some of the successes of the programme, which included the fact that the Brent had proven to be a London leader in delivering the programme. She also stated that Brent had developed a regional London MEND group, which met on a regular basis to share good practice. Melanie O'Brien then set out the challenges, including the fact that the programme only had the capacity to reach a small percentage of the overweight and obese children in the borough. She concluded by highlighting the recommendations she made in the report, which were needed to ensure the successful reduction of childhood obesity.

In response to a query regarding the long-term analysis of the outcomes of the MEND programme, Melanie O'Brien explained that whilst it was early days, she was planning to complete a six month and a year follow up on those who had gone through the programme. She added that this information would be provided to the committee once available. It was noted that at a previous meeting concerns were raised regarding the LAA target. In response, Melanie explained that the committee would have seen the report following the summer holidays, when one rather than two MEND programmes had been running, which meant that a smaller number of children had completed the programme.

In response to a query as to whether a more in-depth analysis had been carried out to find out why there were higher levels of childhood obesity in Brent than the London and national averages and whether it was more prevalent in certain wards, Melanie O'Brien explained that the National Child Measurement Programme

(NCMP) had found that levels of obesity were higher in urban areas and that a strong affirmative relationship existed between deprivation, ethnicity and obesity prevalence in children, all of which were relevant to Brent's demography. She added that officers were in the process of analysing the NCMP data ward by ward, but that this information was not available yet.

Following a concern raised regarding the perceived lack of joined-up working between departments and partner agencies, Melanie O'Brien explained that there was a need for a more joined-up approach to tackling obesity at the national, local and individual level. For example she explained that at the local level, the issue of obesity should be considered in the creation of other strategies, such as a transport or a green spaces strategy. The committee were interested to hear about the work which was being carried out in Barking and Dagenham Council and Waltham Forest Council to try to limit the proximity of fast-food restaurants to schools. The committee agreed that they would refer this issue to Brent Planning Service so that these models could be examined in more detail to find out whether Brent could be in a position to replicate them.

In response to a question regarding costing, Melanie O'Brien stated that currently it costs £600-650 per child to complete the 10 week programme, excluding the actual MEND purchase costs. She added that it cost £4000 to buy a MEND package. She explained that the cost for the MEND programme was paid for out of the jointly funded budget of £186,000 which covered all the preventative and treatment programmes for the year. It was noted by the committee that £186,000 was a small amount compared to the £1 billion the effects of obesity costs the NHS directly and the £2.3 to £2.6 billion it costs the NHS indirectly.

Simon Bowen (Deputy Director of Public Health, NHS Brent) explained that NHS Brent was currently working on producing an Obesity Strategy for Brent, which would cover adult and child obesity. He stated that as part of this strategy, the MEND programme would be looked at. In response to a query regarding what the total health promotion budget was, Simon Bowen explained that he did not have this information with him, but that it was in the millions. He added that £186,000 was therefore a modest amount when compared to this. It was noted that there was a need to look at approaches which start for the 'grass roots' of the community. Following a suggestion from Thirza Sawtell (Director of Strategic Commissioning, NHS Brent), it was agreed that the Obesity Strategy would be provided to the Health Select Committee for discussion once it was written. It was requested that when the committee looks at the strategy, that information should also be provided on the money being spent to tackle obesity and how the strategy would be linked to education in schools as this was considered by the committee to be very important in the prevention of obesity. The Chair noted that the committee may then wish to consider setting up a task group to look at this issue and to examine best practice across London.

RESOLVED:-

- (i) that the report be noted;
- (ii) that the issue regarding the limiting of the proximity of fast food restaurants to schools be referred to Brent Planning Service, in order for the models

used by Barking and Dagenham Council and Waltham Forest Council to be examined in more detail to find out whether Brent could be in a position to replicate them;

- (iii) that the Obesity Strategy be provided to the Health Select Committee, once completed, for discussion, along with information on the money being spent to tackle obesity and how the strategy would be linked to education in schools.

8. Improving GP Access Update

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) introduced the report which provided the committee with an update on the work being carried out to improve access to GP services in the borough and the results of the 1st and 2nd quarter GP access survey results for 2009/2010. It was noted that as of this year, NHS Brent had been asked by the committee to provide quarterly rather than annual updates. Jo Ohlson began by explaining that whilst NHS Brent remained concerned and disappointed with the results for the 1st and 2nd quarter of 2009/2010, which were below both the national and London average, GP access continued to be a top priority for NHS Brent and featured in NHS Brent's Annual Plan and 5 year plan. Jo Ohlson drew the committee's attention to the 2009/2010 quarter results as shown in the report and explained that whilst the survey uptake had improved compared to the 2008/2009 results, the satisfaction scores, excluding the 'ease of seeing a Practice Nurse', had gone down compared to 2008/2009. She stated that she hoped that the effects of more recent work in improving access, such as extended hours, would have a positive impact on the quarter 3 and 4 2009/2010 results.

Jo Ohlson made the committee aware of the 6 main components that NHS Brent were focusing on in order to improve the overall satisfaction with access across Brent, as highlighted on the graph on page 1 of the report. She stated that one of the ways which NHS Brent had responded to the 2008/09 results, was by holding an 'Improving Access discursive event' on the 20 January 2010. This event, she explained, provided the GPs and practice staff, from across NHS Brent, with the opportunity to discuss the issue of improving access and the approach that their practices would like to take to improve access. She explained that the event had left NHS Brent looking to improve access for patients by implementing support modules for practices. She added that NHS Brent's 'Improving Access Steering Group' was currently assessing the responses to the event.

Jo Ohlson drew the committee's attention to the list of proposed modules, shown on page 2 of the report, which if approved would be delivered to NHS Brent practices as part of an Improving Access Programme of Work. She explained that one of the modules being proposed was to aid practices in carrying out demand and capacity surveys. Demand and capacity surveys, she explained, enabled practices to gain an understanding as to when their services were in most demand, so that provision could be tailored to meet these demands. Jo Ohlson concluded by setting out some of the next steps which NHS Brent would be taking to improve patient access, which included visiting practices to create and agree practices' plans, delivering the modules, if approved, and providing support to identified practices. She added that she hoped that they would start to see an improvement in results within the next 6 months.

In response to a query regarding the reward linked to the Quality and Outcomes Framework (QOF), Jo Ohlson explained that the QOF included an element of patient experience to it. She added that many practices did not earn as much as they could have and that these practices had been told that they could have done better. A concern was raised that a small response rate could mean that the results become altered due to a small number of patients and that there was risk that a practice which received a reward one quarter could then not receive a reward for the second quarter due to a small number of patients. This reduction in funding could then have a negative effect on future survey responses. In response to this concern, Jo Ohlson noted that whilst the survey was now carried out quarterly, the reward was based on the performance for the year. Furthermore, she explained that the reward was a small amount of money and was an additional bonus for practices. She explained that the attainment of the reward did not affect a practice's ability to carry out a good service as existing funding was sufficient. When asked how much the reward amounted to, Jo Ohlson explained that she did not have this information with her and that whilst she thought it was around £5000, she would need to check this. She stated that she would contact Andrew Davies (Policy and Performance Officer) to inform him of the exact amount.

When answering a question about whether there were any penalties for poor performance with regards to access, Jo Ohlson explained that the contracts which practices sign, state that there must be 'reasonable access'. She added that practices had been sent information which compared them to other practices. Practices, she explained, were being given a red, amber or green status. She added that any practice which was red that did not sign up to the Improving Access Programme of Work would be followed up.

The Chair noted that the committee would continue to monitor GP access. The Committee requested that Andrew Davies produces a scoping document for setting up a task group to investigate the issue of GP Access and how access can be improved.

RESOLVED:-

- (i) that the update be noted;
- (ii) Andrew Davies (Policy and Performance Officer) to produce a scoping document for setting up a task group to investigate the issue of GP Access and how access can be improved.

9. **Smoking Cessation Service Performance Update**

The Chair introduced Susan Hearn as the newly appointed Stop Smoking Manager for NHS Brent, who was present at the meeting to update the committee on the performance of the smoking cessation service. It was noted that NHS Brent had been asked by the committee to provide quarterly updates on its performance in this area. Susan Hearn began the update by reminding the committee that smoking was one of the most significant contributing factors to life expectancy, health inequalities and ill health and that therefore reducing smoking was a key priority for NHS Brent. She stated that a Health Profile report for Brent, in 2009, had reported that there had been 247 deaths in Brent through smoking. She also noted that in

Brent the smoking rate varied greatly according to areas in Brent. Susan Hearn informed the committee that Brent had signed up to a new national strategy which aimed to cut the number of smokers from 21% to 10% of the population by 2020. She added that she was going to ask NHS Brent's Communications Department to do a press release that would inform the public about this new piece of information.

With regards to meeting the 2009/2010 annual 4 week quit target, Sarah Hearn informed the committee that as of 22 January 2010, 2135 registrations had taken place. This she explained represented 50% of the planned registrations to date which would be required to reach the quit target of 2022, based on a 40% conversion rate from set to quit to actual quit. She added that they may see an increase in registrations over the next couple of months, as this was the time of year when it was most likely that people would attempt to quit smoking.

Sarah Hearn drew the committee's attention to some of the measures which had been put in place to improve performance and increase the number of registrations. This included infrastructure development through the setting up of a new web based information system, which would allow it to be easier for providers to view how they were performing month by month. This, she noted, was currently being piloted in 5 pharmacists. She explained that whilst there had been a few start up problems with the new system, she believed that they would be able to resolve these problems. She informed the committee that the core stop smoking team had been built up through the recruitment of new staff, including the stop smoking manager and a service administrator. Furthermore, she noted that interviews for a stop smoking specialist were scheduled to take place shortly. Another measure, she explained, had been to promote capacity building within the service by increasing the number of commissioned providers. She stated that Metroline at Willesden/Cricklewood had taken up Level 2 training in January 2010 and Mcvities in Harlesden had recruited workplace advisors to be trained in February 2010. Brent Council's Occupational Health Service had also been engaged. She added that the stop smoking team had also been building links with Asda supermarket.

Sarah Hearn informed the committee that the Brent Tobacco Alliance had continued to build momentum. She added that two Tobacco Control Alliance meetings had been held since October 2009 and that currently around 20 stakeholders had engaged from various sectors. She explained that currently a Tobacco Alliance Strategy was being worked on. Susan Hearn concluded by stating that, with support from the Regional Tobacco Team, a detailed action plan had been developed and had been submitted to NHS London for review.

In the discussion that followed it was asked whether there were any targets for preventing people from starting to smoke in the first place. In response, Susan Hearn explained that there was an aspect to the prevalence target in the National Tobacco Control Strategy which was related to preventing people from taking up smoking. Following a comment, Susan Hearn stated that she was worried that there were only a small number of GP surgeries who had signed up for the stop smoking service and that increasing this number was one of the challenges that she faced. Martin Cheeseman (Director of Housing and Community Care) stated that whilst there was a good policy moving forward, smoking cessation targets had suffered due to the ceasing of the service by NHS Brent when they were in financial crisis. He added that as a result of this, the LAA target was not met which meant

that the £700,000, which Brent could have received for meeting this target, was not awarded.

In response to a comment regarding the detailed action plan, which was for those parts of the service which were not achieving, Simon Bowen explained that whilst informally, they had received very positive feedback from NHS London regarding the action plan, they were still waiting to receive the formal feedback. Following a question regarding the budget of the Brent Stop Smoking Service, Susan Hearn explained that it was set at £1.5 million but that not all of this had been spent because they had not met the target of registrations. The importance of getting the Government to take action and to provide funding to reduce smoking rates was raised. Simon Bowen stated that the smoke free legislation had made a significant impact on smoking rates. The importance of discouraging smoking in schools was also raised. In response, Susan Hearn explained that there were a range of programmes in schools which were aimed at discouraging smoking. She added that NHS Brent could look at setting up referral routes via school nurses. Simon Bowen stated that there were boroughs in London who were reaching their targets and that Brent should be doing this too. He added that that he hoped that the measures which were being put in place now would enable them to do this. The Chair noted that the Health Select Committee would continue to monitor the performance of the smoking cessation service on a quarterly basis.

RESOLVED:-

that the update be noted.

10. **Stag Lane Clinic**

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) introduced the position statement on Stag Lane Clinic by Mark Easton (Chief Executive, NHS Brent), dated 2 February 2010. She noted that a large crack had appeared, last summer, on one side of the building. An underground survey, she added, had revealed that there was underground movement. Once this had been discovered, she noted that NHS Brent had three options. One option would have been to close Stag Lane Clinic. However, this was not an option that NHS Brent pursued. The other two options, she stated, were to either isolate part of the Clinic so that practices could run or to put up a portakabin. In November 2009, Jo Ohlson explained that NHS Brent were hoping to isolate part of Stage Lane Clinic to house the GP practice whilst building work was carried out to make it safe. However, she noted, that after a further assessment of the building, it had been decided to commission a new portakabin on the current clinic parking area to accommodate the practice. Jo Ohlson explained that they could not have guaranteed that additional underground movement would not have occurred had the building be retained. She noted that the setting up of potakabins would give certainty to patients for at least two years. She stated that a timetable would be published shortly.

At present, Jo Ohlson explained that a number of community services, which were on the side of the building affected by the work, had been moved to alternative sites as stated in the position statement. However, she noted that she had been informed by Dr Shah that the Family Planning Service was still operating at Stag Lane Clinic. Looking to the long term, Jo Ohlson explained that they were in

discussions with practices to find out how many could be moved to Robert Courts. Due to the fact that there was zero growth in the budget, she noted that it would need a number of practices coming together into one building so that the new building was revenue neutral. She explained that NHS Brent were in discussion with the council, following the council's plans to rebuild Hay Lane and Grove Park, regarding a joint development. However, it was stated that this may not be possible. She noted that a land swap could be another possibility.

In the discussion which followed, a concern was raised regarding the amount of progress which had been made since November 2009. In response to a query, Jo Ohlson noted that a 16 week provisional timetable would be published shortly. When asked why the joint development might not be possible, Jo Ohlson explained that the council's plans for the rebuild were so far advanced that it might not be able to accommodate them. Councillor Dunwell raised a concern that the council's housing programmes could suffer as a result of NHS Brent not having the growth in their budget to provide an infrastructure for health services. In response to a query made by Councillor Malik, Jo Ohlson stated that there were no proposals to develop housing on the Stag Lane Clinic site.

RESOLVED:-

that the update be noted.

11. Health Select Committee Work Programme

Andrew Davies (Policy and Performance Officer) updated members on the committee's work programme for 2009/10 and explained that the work programme would be updated to include the committee's response to the consultation on paediatric services at the next meeting. In response to a query regarding access to health care for people with learning disabilities, Andrew Davies explained that there would be time on the agenda to take this item at the next meeting if the report was available.

12. Any Other Urgent Business


None.

13. Date of Next Meeting

It was noted that the next meeting of the Health Select Committee was scheduled for Wednesday 24 March 2010.

The meeting closed at 9.05 pm

C LEAMAN
Chair

	<p style="text-align: center;">Health Select Committee 24th March 2010</p> <p style="text-align: center;">Report from the Director of Policy & Regeneration</p>
For Action	Wards Affected: ALL
Immunisation Task Group – Final Report	

1.0 Summary

- 1.1 This report sets out the findings and recommendations of the Immunisation Task Group that are being presented to the Health Select Committee for approval.

2.0 Recommendations

- 2.1 The Health Select Committee is recommended to endorse the Immunisation Task Group's recommendations for them to be passed to the council's Executive and to the NHS Brent Board for approval.

3.0 Details

- 3.1 The final report of the Immunisation Task Group is attached at appendix 1. The task group was established by the Health Select Committee to consider the issues relating to childhood immunisation in Brent. Members had been concerned that immunisation rates in Brent across the range of childhood vaccines were low and wanted to look in more detail at the reasons why this was. In addition, at the time that the task group was beginning its work, swine flu was a major health issue for the local and national NHS. The task group didn't feel it could carry out this review without considering the role out of the swine flu vaccination programme.

- 3.2 The task group worked to the following terms of reference:

The Immunisation Task Group -

- Assessed NHS Brent's approach to childhood immunisation, looking at current immunisation levels and the plans in place to improve childhood immunisation levels.
- Assessed the progress that NHS Brent has made against the five work streams in its 2008-2013 Commissioning Strategy Plan –
 - MMR catch up programme

- HPV (Human Papilloma Virus) immunisation programme (immunisation against cervical cancer)
- Improving public awareness
- Immunisation system management
- Capacity and capability in the workforce
- Considered how NHS Brent is taking steps to improve data management. This is to ensure that there is accurate information on the number of young people who need to be immunised and on the numbers of people who've received the correct vaccinations.
- Considered best practice in immunisation work from around the UK and see how this could be applied in Brent.
- Consulted with key stakeholders (such as GPs, nurses, parents etc) to find out how they think services can be improved.
- Considered if information (since discredited) on the safety of the MMR vaccine is still acting as a barrier to parents seeking immunisation for their children.
- Considered whether the promotional work undertaken to encourage parents to get their children immunised is adequate in a borough such as Brent with its diverse populations. This will include a review of the measles campaign that took place in autumn 2008 to see whether vaccination levels increased at that time.
- Considered how NHS Brent is preparing for the availability of the swine flu vaccination and whether systems are in place to ensure that those people who need it most are able to receive it.
- Made recommendations to NHS Brent and partners, based on the findings of this work.

3.3 The members of the task group were:

- Councillor Ann John OBE (chair)
- Councillor Eddie Baker
- Councillor Sami Hashmi

3.4 The task group has developed 12 recommendations that it hopes can be endorsed by the Health Select Committee. The members of the task group are of the view that these recommendations can make a positive contribution to the childhood immunisation programme in Brent and ensure more young people are vaccinated against preventable disease. The recommendations address the following subject areas:

- Immunisation data management
- Accountability for the delivery of vaccinations
- Educating NHS and local authority staff on the benefits of vaccination
- Working in partnership with the council to improve immunisation rates

3.5 To date the task group hasn't received any feedback on the recommendations from NHS Brent or the council's Children and Families Department. Any feedback received before the 24th March will be reported to councillors at the Health Select Committee meeting.

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

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Childhood Immunisation Task Group Report

March 2010

Membership:

**Councillor Ann John OBE
Councillor Eddie Baker
Councillor Sami Hashmi**

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Glossary

Diseases protected against by the implementation of the childhood vaccination programme:

Diphtheria
Tetanus
Polio
Pertussis (whooping cough)
Haemophilus influenza type b (Hib)
Pneumococcal infection
Meningitis C
Measles
Mumps
Rubella (this used to be more commonly known as German measles)

Vaccines performance information

NHS Brent records vaccine take up rates for the following vaccinations:

Vaccine	Protecting against
DTaP/IPV/Hib	Diphtheria, tetanus, polio, pertussis, Haemophilus influenza type b
Pneumococcal vaccine (PCV) booster	Pneumococcal infection
Hib / Men C booster	Haemophilus influenza type b and Meningitis C
MMR	Measles, mumps and rubella
DTaP/IPV booster	Diphtheria, tetanus, polio, pertussis
MMR booster	Measles, mumps and rubella

Chair's Foreword

The Childhood Immunisation Task Group was set up because councillors in Brent had concerns over the low level of immunisations being reported by NHS Brent against virtually all of the vaccinations in the national childhood immunisation programme. As someone who spent their professional life testing vaccinations, it was of great concern to me personally that young people in Brent were not being vaccinated against diseases that are completely preventable. In the 21st century Brent should not be dealing with outbreaks of diseases such as measles, but we are because of low vaccine up take in the borough.



Whilst the delivery of the childhood immunisation programme is the responsibility of NHS Brent, it is clear to the task group that successful implementation of the programme requires a concerted effort from the PCT, GPs, health visitors and of course, the local authority. This report suggests a number of ways that we can make better use of resources and facilities that exist in Brent, such as children's centres, to ensure young people get the vaccinations they need.

This report echoes the views of the task group members, that the importance of vaccination against preventable disease cannot be overstated. In the UK we are in a fortunate position that many of us don't remember the shocking impact that diseases such as polio had on the people that caught it. Similarly, diseases such as diphtheria have become all but eradicated in the UK – I'd be surprised if most people could easily explain how diphtheria affected people. This is a good thing and shows that the vaccination programme has been a success. It is crucial that immunisation rates are maintained at a level where these diseases remain a distant memory.

The impact of immunisation rates falling below a level that ensures herd immunity can be seen in measles. In 2001 there were 70 cases of measles in England and Wales. By 2009 this had risen to 1,143 cases¹. There have been measles outbreaks in Brent in recent years that wouldn't have occurred if young children had received the MMR vaccine and booster. There is little doubt that the controversy caused by the now discredited research carried out by Andrew Wakefield has meant that the number of children receiving the MMR vaccine has reduced. Health organisations now have the challenge of ensuring the number of children receiving the vaccine reaches the level needed to ensure herd immunity.

There is much work to be done on this, but the task group is reassured that NHS Brent is putting in the necessary resources and effort. This needs to be maintained in the coming years despite the financial pressures facing the health service. The task group hopes that this report contributes to this vital area of health policy and service delivery and makes a positive contribution to the immunisation programme in Brent.

I would like to thank all those who took part in this review, from the health professionals working on the frontline to improve services to the parents we were fortunate enough to

¹ Source – NHS Choices

meet at the children's centres in Brent. All of the people we met were a valuable source of information and helped us reach our conclusions and recommendations. I would also like to thank my fellow task group members for their contributions, Councillors Eddie Baker and Sami Hashmi.

Councillor Ann John OBE

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“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccinations”.

World Health Organisation

Executive Summary

Introduction

It was clear when the task group started its work that immunisation rates in Brent were poor and that there needed to be a significant change in approach to improve immunisation levels in the borough. This was acknowledged in the first version of NHS Brent’s Commissioning Strategy Plan 2008-13, which contained a target to achieve 95% coverage on the MMR and DTaP / IPV / Hib vaccines by the end of 2010/11 and to continue that through until 2013 and beyond. Although the target isn’t included in the latest version of the commissioning strategy plan, it is still NHS Brent’s intention to achieve these immunisation rates.

In order to do this there needs to be a significant push from all those involved in the immunisation process. The task group has found that there is a great deal of willingness from within the PCT and the local authority to work together to improve immunisation levels, but the systems and process are not yet in place to make this happen consistently across the borough.

Data Management

Of crucial importance to the whole immunisation programme is complete and accurate data, so that GPs and the PCT are aware of how many children there are registered in the borough and how many have received their vaccinations at the correct time. NHS Brent is responsible for immunising all children registered with a GP in Brent and all children resident in Brent who aren’t registered with a GP. NHS Brent does not have to record the vaccination status of children who are resident in Brent but registered with an out of borough GP.

Data quality was a continuing theme during the course of the review and the task group was encouraged to learn that NHS Brent has deployed extra resources to bring its databases up to date. This project has had an impact on the immunisation figures already – following an initial data clean up and change in the way immunisations were recorded in early 2009, 6,000 additional names were added to the database held by NHS Brent (an increase from 23,000 to 29,000). Because the denominator increased by 6,000 without a corresponding increase in the numerator, immunisation performance for 2008/09 is worse than in previous years. Better data management would have avoided the need for such a comprehensive data clean up.

Although NHS Brent is improving immunisation data collection and this is reflected in the current immunisation rates reported by NHS Brent, the task group is frustrated that the issues such as poor data management and lack of call and recall processes have been identified in previous reports, and yet they have only recently been addressed (or are being addressed). Whilst the work that is taking place now should lead to an

improvement in immunisation rates, it is disappointing that NHS Brent did not act sooner on the recommendations from previous reports.

Following a measles outbreak focussed on Central Middlesex Hospital in March/April 2006, a report was prepared for NHS Brent by Julie Billett, Specialist Trainee in Public Health. Her report contained an action plan for increasing MMR vaccine uptake in Brent. Her suggestions included:

- Health visitors to identify any unimmunised children and take appropriate action.
- All Health visitors will be responsible for ensuring the data is entered on to CIS (NHS Brent database).
- Health visitors to make a note of reason for refusal.
- Weekly review of gaps by Cluster service managers & Health visitor lead and feedback to Immunisation Coordinator.
- Opportunistic MMR vaccination in A&E and day care centre.
- Cluster service managers to be responsible for ensuring effective liaison with GP practices.
- Practice nurses, health visitors and immunisation nurses to opportunistically check MMR status of children and vaccinate.
- Practice nurses to ensure data fed back promptly to PCT.

The majority of these actions were identified as issues during the task group's interviews, nearly four years after the original report was written. The task group hopes that the good work being done currently to update information, initiate call / recall contracts with GPs and improve data collection will be maintained and not allowed to drift. If this was to happen, immunisation levels would inevitably reduce.

Reasons for non-immunisation

Data quality is not the only reason why immunisation rates in the borough were lower than they should be. The task group considered other factors that influence immunisation take up such as economic, social and cultural issues. There is much anecdotal evidence to suggest that Brent's high BME population is not the most significant factor in influencing vaccine take up. Indeed, research suggests take up is higher amongst BME population groups. However, data quality has also limited the amount of research that can be done on this and it is something the task group hopes can be addressed so the relevant groups can be targeted to improve vaccine rates.

Local authority involvement in childhood immunisation

As well as looking at what NHS Brent is doing to improve immunisation levels, the task group explored how Brent Council can contribute to this important work area. The council, via children's centres and schools, will have contact with the vast majority of children and their parents in the borough. Therefore, it follows that the local authority is well placed to assist NHS Brent in delivering the immunisation programme.

The task group was encouraged by the response received from children's services and managers of children's centres about the possibility of assisting the immunisation programme. As one children's centre manager put it, "if children's centres are to be at the centre of communities then they should be offering a holistic service, including a

range of health services such as childhood immunisation". This attitude toward partnership working is to be commended. However, it will still be for health visitors, nurses or GPs to provide the actual vaccination, not the children's centre staff. Health clinics are already an established part of children's centre timetables. The task group believes that introducing immunisation clinics at children's centres would be an extremely useful addition to existing services. The children's centres that the task group visited would be happy to host and promote such a service.

The task group met with approximately 20 parents to talk about their views on immunisation. The parents expressed a range of views which have helped inform recommendations. They were concerned about inconsistent information available on vaccines, both in the media and, at times, from health professionals. They would appreciate clearer information on the purpose of vaccines, the illnesses they prevent and the potential side effects of the vaccine. Some parents felt that advice from health visitors was sometimes hard to obtain, especially at the children's centres where they are extremely busy. The perceived link between MMR and autism was also an issue for some parents, but not the majority of parents the task group met. The overriding view from parents was that they are willing to listen to immunisation advice from health professionals but advice needs to be clear and understandable.

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Recommendations

Recommendation 1 - The task group recommends that NHS Brent ensures resources are available so that an accurate CIS database can be maintained beyond the life of the current data clean-up project.

Recommendation 2 – The task group recommends that NHS Brent reports back to the Health Select Committee in December 2010 on the information held on the CIS database and the Exeter database to ensure that there is at least a 95% match between the two.

Recommendation 3 - The task group recommends that immunisation results for each GP practice in Brent are published quarterly on the NHS Brent website to help improve accountability.

Recommendation 4 – The task group recommends that NHS Brent starts to use the accurate CIS database to consider where there is underperformance in the immunisation service. For example, are there geographical or ethnicity trends that can be used as the basis for an effective immunisation promotional campaign.

Recommendation 5 – The task group recommends that all staff employed by NHS Brent are given an overview of the benefits of vaccination as part of their induction programme. This should include information on childhood vaccinations and the flu vaccination for both vulnerable adults and children. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.

Recommendation 6 – The task group recommends that as part of the induction training on immunisations, it is made clear to NHS Brent staff and employees at GP surgeries that there is no link between the MMR vaccine and autism so that they are able to communicate this message to members of the public, should they be asked about this subject.

Recommendation 7 – The task group recommends that NHS Brent carries out a childhood immunisation promotion campaign once an analysis of the CIS database has been completed and more is known about the children who have not had the vaccines they need. A campaign could be tied into vaccination clinics at children's centres (see recommendation 8 below).

Recommendation 8 – The task group recommends that vaccination clinics are trialled at five children's centres in Brent (one in each locality) to assess demand and popularity. One of the trials should be carried out at the weekend to see if there is demand for services outside core hours. As well as providing immunisations, health visitors should be available at the clinics to speak to parents about vaccinations and answer any questions that they have. The clinics could be timed to take place during a vaccination campaign (see recommendation 7 above).

Recommendation 9 – The task group recommends that children's centres collect information on the immunisation status of each child that it registers. This information should be passed to a health visitor for follow up with the parents if the child has not received the vaccinations in the childhood immunisation programme.

Recommendation 10 – The task group recommends that each school in Brent has a member of staff (such as a school nurse) who is able to advise parents and teachers on the benefits of immunisation. This member of staff should be invited to attend NHS Brent immunisation training to ensure their knowledge is kept up to date.

Recommendation 11 – The task group recommends that teachers in Brent are given an opportunity to attend immunisation training by NHS Brent so that they are better placed to advise parents on immunisation and the diseases that vaccines work to prevent.

Recommendation 12 – The task group recommends that parents are asked to provide information on their children's immunisation status when they fill out their school admission form. This information would be disclosed on a voluntary basis and passed to the school nurse for follow up with the parent if necessary.

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Introduction

Childhood immunisation against illnesses such as measles, mumps, polio and diphtheria are crucial to protect the long term health of young people in our borough. Immunisation has the most robust evidence in terms of safety, efficacy and cost effectiveness of all healthcare activities, but there have been long standing problems in achieving good levels of coverage in London². Brent has been no exception to the London-wide trend of low immunisation rates.

Brent Council's Health Select Committee established the Childhood Immunisation Task Group because councillors were concerned about the low immunisation rates in the borough. Childhood immunisation rates in Brent for 2008/09 were reported to be below target for all of the immunisations in the national immunisation programme except human papilloma virus vaccine and tetanus, diphtheria and polio booster as the table below demonstrates.

Table 1 - Childhood Immunisation Rates for Brent in 2008/09

Immunisation	Target	Actual
Children aged 1 – Diphtheria, tetanus, polio, pertussis, Hib (DTaP/IPV/Hib)	75%	65.5%
Children aged 2 – Pneumococcal vaccine (PCV) booster	50%	41.8%
Children aged 2 – Hib / Men C booster	75%	45.6%
Children aged 2 – Measles, mumps and rubella (MMR)	75%	56.3%
Children aged 5 - Diphtheria, tetanus, polio, pertussis booster (DTaP/IPV)	85%	24.8%
Children aged 5 - Measles, mumps and rubella booster	80%	32%
Girls aged 12-13 – Human Papilloma virus vaccine (HPV)	90%	92.1%
Children aged 13-18 – Tetanus, diphtheria and polio booster	50%	61.3%

The task group was keen to investigate how NHS Brent and partners, including the council, were addressing immunisation performance to ensure young people received the correct vaccinations to prevent the unnecessary spread of disease.

As well as looking at childhood immunisation, the task group felt it could not ignore the swine flu vaccination programme even though this would be aimed at a much wider population group than children. Swine flu was a significant issue at the time that the task group was agreeing terms of reference and so it was added to the remit of the work.

² NHS Brent Commissioning Strategy Plan 2008-2013

The importance of immunisations

The importance of achieving “herd immunity” against disease cannot be overstated. Herd immunity is achieved when enough people are vaccinated against a particular illness to prevent its spread, even to people who have not been vaccinated. For example, herd immunity against measles requires 95% immunisation coverage. Measles immunisation in Brent has been well below this level for many years which means a measles outbreak could happen at any time, and has happened in the recent past. Between January and September 2008 there were 87 cases of measles in north-west London, 45 of which were in Brent. There were outbreaks in three Brent schools. About 1 in 15 children with measles will develop more serious complications such as diarrhoea, pneumonia, fits and encephalitis and in some cases measles can kill. In sub-Saharan Africa the death rate for people with measles is around 25%, while in the UK it is estimated to be closer to 1 death per 10,000 cases. It is a serious illness easily prevented through vaccination. But many children in Brent are not vaccinated against measles and other preventable diseases.

Terms of Reference

The task group agreed the following terms of reference:

The Immunisation Task Group will -

- Assess NHS Brent’s approach to childhood immunisation, looking at current immunisation levels and the plans in place to improve childhood immunisation levels.
- Assess the progress that NHS Brent has made against the five work streams in its 2008-2013 Commissioning Strategy Plan –
 - MMR catch up programme
 - HPV (Human Papilloma Virus) immunisation programme (immunisation against cervical cancer)
 - Improving public awareness
 - Immunisation system management
 - Capacity and capability in the workforce
- Consider how NHS Brent is taking steps to improve data management. This is to ensure that there is accurate information on the number of young people who need to be immunised and on the numbers of people who’ve received the correct vaccinations.
- Consider best practice in immunisation work from around the UK and see how this could be applied in Brent.
- Consult with key stakeholders (such as GPs, nurses, parents etc) to find out how they think services can be improved.
- Consider if information (since discredited) on the safety of the MMR vaccine is still acting as a barrier to parents seeking immunisation for their children.
- Consider whether the promotional work undertaken to encourage parents to get their children immunised is adequate in a borough such as Brent with its diverse populations. This will include a review of the measles campaign that took place in autumn 2008 to see whether vaccination levels increased at that time.

- Consider how NHS Brent is preparing for the availability of the swine flu vaccination and whether systems are in place to ensure that those people who need it most are able to receive it.
- Make recommendations to NHS Brent and partners, based on the findings of this work.

Task Group Membership

The task group members were Councillor Ann John, OBE (chair), Councillor Eddie Baker and Councillor Sami Hashmi. The members were supported by Andrew Davies, Policy and Performance Officer.

Methodology

The task group collected much of its evidence from interviews with people working in the immunisation programme in Brent, or working in services that contribute to the delivery of the programme. The task group met with:

- Jo Ohlson, Director of Primary Care Commissioning, NHS Brent
- Dr Philip Minor, Head of Virology, National Institute for Biological Standards and Control
- Tony Menzies, Interim Immunisation Project Manager, NHS Brent
- Dr Reeta Gupta, Consultant and Immunisation Lead Paediatrician, NHS Brent
- Dr Penelope Toff, Consultant in Public Health Medicine, NHS Brent
- Kostakis Christodoulou, Head of Health Promotion, NHS Brent
- Brigitte Dingle, Health Inequalities Manager, NHS Brent
- Krutika Pau, Assistant Director, Strategy and Partnership, Brent Council Children's Services
- Peter Firkin, Manager of the Harmony Children's Centre
- Nicky Case, Manager of the Three Trees Children's Centre

Members of the task group also carried out visits to two children's centres, Harmony Children's Centre in Neasden and Three Trees Children's Centre in Queens Park. There the members had the opportunity to speak directly to parents, carers and child minders about immunisation, their views on immunisation services in Brent and the benefits of immunisation in general. The group also attended a public meeting on swine flu to see how NHS Brent is communicating with community groups and members of the public on swine flu and to see how people were responding to information on the swine flu vaccine.

Desk-based research was carried out to look at examples of best practice in other parts of the UK. In addition, a number of reports have been written in recent years on measles outbreaks in Brent (in 2006 and 2008). These were used by the task group to see where lessons from those outbreaks have been used to inform immunisation policy. NHS Brent also produces an annual childhood immunisation report which has been a useful reference document for the task group.

Main Findings

a). Data collection and maintenance

Data quality

NHS Brent has previously researched why immunisation levels are below target in the borough. The main reasons identified were:

- GPs and PCT staff do not follow the same procedures when handling immunisation data leading to inconsistent reporting.
- There was no clear definition for the PCT cohort of children to be immunised, therefore the denominator (i.e. the number of children who should be immunised) continued to be inaccurate.
- The reconciliation of data held by GPs and the CIS (NHS Brent information system) was incomplete.
- Data on unscheduled immunisations was not fully captured on CIS.
- Staff found inconsistencies with data collection and duplicated tasks frustrating.
- GPs in Kilburn reported a higher number of patient refusals for MMR.
- GPs reported that safety concerns relating to MMR remained strong.

Although the research showed a range of factors influencing immunisation rates, the task group was repeatedly told that data management issues were leading to low recording of immunisation rates. This was the single most important issue that needed to be addressed in Brent to improve immunisation rates.

The task group was told of a number of issues relating to poor data management that were affecting the accurate recording and reporting of immunisation rates in the borough:

- There are discrepancies between the number of children registered with a Brent GP and the number of children on the PCT's own database.
- Health visitors may not collect pink slips (that record vaccinations) from GPs once a child has been vaccinated and so this data is not recorded centrally. Effective data capture from GPs is crucial for accurate recording.
- A well defined data capture process does not exist leading to data not being captured at all, or being reported late.
- The denominator used to calculate immunisation rates is inaccurate and contains duplicate records, patients who have left Brent and patients for which the NHS Brent database does not contain immunisation data.
- A well defined patient call and recall process has only recently been established.

The data management problems facing NHS Brent were compounded by the complicated information collection method used to record immunisations and the disparity between the NHS Brent database and the patient lists held by GPs. The system for recording immunisations has been very complex and there are a number of areas where it can fail. Among the issues picked up by the task group were:

- Health visitors need to obtain consent from parents to include their child in the vaccination programme. This should be done shortly after the birth of the child, but sometimes this does not happen because of the work load faced by health visitors (there is a shortage of health visitors in the borough).
- Not all parents have their red book so they may not be aware of vaccination requirements for their children.
- Population churn is an issue in Brent. This has implications for GP registrations leading to missed vaccinations.

Although Brent was reporting the lowest immunisation levels in England, the reality is that because of poor data collection and breakdowns in the immunisation system it cannot be sure what the actual immunisation rate is for any of the vaccines provided for children aged five and under. The task group was told by a number of people, particularly NHS Brent staff, but others as well, that the real immunisation rate was likely to be higher than reported. If this is the case, it should be seen in immunisation rates for 2009/10, which will be reported against a background of improved data collection.

Poor immunisation data has been picked up as an issue across the borough. The Children's Trust Board is concerned about this as it monitors immunisation data for the Every Child Matters programme aim to keep children healthy. Without accurate information its monitoring role is compromised. There has been pressure from a number of different sources to resolve this issue so that a concerted effort can be made to improve vaccination rates – clean, accurate data is crucial to this.

The NHS Brent Annual Childhood Immunisation report for 2008/09 contains an example of how poor quality data is affecting immunisation programmes. In February 2009 Brent Community Services were commissioned to carry out an MMR catch up programme to patients not registered with a Brent GP, or those registered with a GP that did not provide immunisations. Patients were invited to attend a clinic by letter. Of the 2,049 patients invited to attend, only 246 turned up (12%) and of those 246, only 61 (3%) were recorded as being fully immunised. Of the 246 people that turned up, 185 had completed the MMR course already. Poor data had a detrimental effect on the catch up programme.

How NHS Brent is addressing data quality problems

NHS Brent has recognised these problems and has committed resources to the immunisation service to rectify data management problems. A data clean-up project has been taking place throughout 2009 to establish an accurate baseline for all immunisations in the childhood vaccination programme. The project is focusing on matching NHS Brent's Community Information System database with patient lists held by GPs. An accurate baseline is needed from which immunisation levels can be reported and steps taken to target the right groups of people to improve immunisation rates.

Since the task group started its work, NHS Brent has made the following changes to the immunisation service:

- Immunisation data quality has improved, with the match between the Community Information Service and Exeter data increasing from 65% to 92%.
- All 70 GP practices that deliver childhood immunisations in Brent are now sending immunisation data electronically every month to the PCT.
- Reported immunisation performance data has increased significantly, with some of the vital sign indicators improving over 30% between quarters 1 and 3.
- The majority of practices have developed a childhood immunisation scheme plan, which explains how each practice informs and advises patients regarding immunisation and how they ensure patients are informed of an immunisation which is due and what the follow up actions are if patients do not attend for vaccination.
- RAG (red, amber, green) rated GP performance data has been published for the 12 and 24 month cohorts for quarters 3 and 4.

Since NHS Brent started working on the quality of the data held on CIS information system nearly 8,000 problem records for children aged 0 to five have been reviewed and resolved.

Table 2 – Data clean-up progress

Date	Brent's responsible population*	Exact match between Exeter and CIS	Records to clean	% exact match
04/08/09	30,078	19,702	10,376	65.5%
22/01/10	29,675	27,065	2,418	91.2%

* Brent's responsible population is all children aged zero to five who are registered with a GP in Brent, or who live in Brent but aren't registered with a GP at all. Children resident in Brent, but registered with a GP in another borough are not included.

NHS Brent will work to maintain the match between the CIS database and the Exeter database (which contains the list of patients registered with a GP in Brent) at between 95% and 98%. It is planned to achieve the target by the end of March 2010. At this point responsibility for the database will move from the team brought into to run the data clean-up project to a "business as usual" team. Responsibility for maintaining the quality of this data will be held by Brent Community Services (NHS Brent's provider service). Mechanisms are in place to measure quality performance each month.

NHS Brent has been working with GPs during the data clean-up project. Discussions have taken place regarding the objectives, progress to date and quarterly improvement targets with over 40 practices in the borough. GPs are using a number of different techniques to deliver immunisation. Some methods which have proven successful include:

- Carrying out a monthly search on the practice clinical system to identify immunisations which are due or overdue.
- Telephoning parents/guardians to make appointments for due/overdue immunisation.
- Making the next appointment for immunisation during the visit for the last vaccination.

- Flagging due or overdue immunisations on the practice clinical system and follow up when the patient presents.
- Telephone or text reminder to parents/guardians 24 hours before a planned appointment.
- If a patient does not attend, follow up with a telephone call or a letter.
- Generally most practices find it easier to deliver primary immunisation at 2, 3 and 4 months as the child and parent present more frequently. For immunisation at 12 months, 13 months and over 3 years a more structured approach has proven to be most effective.

During 2009 the efforts have been focused on improving the quality of data to report childhood immunisation. The second phase of the programme will focus on individual practice performance which will be monitored and published monthly, with those practices whose performance is not improving, or whose rate of improvement is slow being supported by the PCT to develop improvement actions designed to achieve the 95% target. Any practice which requires an improvement plan will have regular meetings with the PCT to ensure that agreed actions are completed to plan.

How has immunisation performance improved during the data clean-up project?

The task group was interested to see how the data clean-up would affect immunisation rates in 2009/10. As mentioned above, the perception was that the true immunisation rates in Brent for all vaccinations would be higher than had been reported. This has turned out to be the case, as shown by the results in the table below.

Table 3 - Childhood Immunisation Rates for Brent in 2008/09

	Quarter 4 2008/09	Quarter 1 2009/10	Quarter 2 2009/10	Quarter 3 2009/10
Improvement Target		61%	65%	80%
Children aged 1 – Diphtheria, tetanus, polio, pertussis, Hib	66%	58%	83.9%	86.9%
Children aged 2 – Pneumococcal vaccine (PCV) booster	45%	43%	73.2%	76.3%
Children aged 2 – Hib / Men C booster	46%	43%	77.5%	80.3%
Children aged 2 – Measles, mumps and rubella	55%	53%	76.2%	77.9%
Children aged 5 - Diphtheria, tetanus, polio, pertussis booster	21%	21%	53.8%	62.1%
Children aged 5 - Measles, mumps and rubella booster	28%	28%	58%	58.9%

There are still issues that need to be addressed and performance is not where the PCT would want it to be on all vaccines. The MMR booster rate is below 60%. Herd immunity is achieved at 95% immunisation coverage so an outbreak is quite possible at any time. However, these improvements do show that the actual immunisation rates in Brent were higher than reported for 2008/09, and most encouragingly, there is an accurate baseline from which to proceed.

Maintaining an accurate database

NHS Brent has made great strides to improve the accuracy of its CIS database to ensure that there is an accurate match with the Exeter database. The task group believes that it is crucial that the CIS database is kept up to date so that the immunisation service is able to maintain performance standards and target groups or individuals to help improve vaccination rates (and more importantly, prevent illness in the future). The task group would be very concerned if funding was withdrawn from the service and data management became a reason for poor performance in the future.

Recommendation 1 - The task group recommends that NHS Brent ensures resources are available so that an accurate CIS database can be maintained beyond the life of the current data clean-up project.

Recommendation 2 – The task group recommends that NHS Brent reports back to the Health Select Committee in December 2010 on the information held on the CIS database and the Exeter database to ensure that there is at least a 95% match between the two.

Previous data clean ups have happened in Brent, but the ongoing maintenance needed has not happened, resulting in poor quality data within in a couple of years. Heart of Birmingham, seen as an exemplar PCT in this field, have continued to maintain their database following a data cleanup exercise and maintained high immunisation rates as a result. The Heart of Birmingham model is clear and straightforward. They send two letters to each parent, reminding them to get their child immunised at the correct times. If they don't make an appointment to do this, a professional will follow this up and if necessary will arrange a home visit. They can even provide vaccinations in the house if necessary, reducing the likelihood of the child not being vaccinated, and vaccinated at the correct time. The task group is pleased that NHS Brent is adopting a similar approach and hopes that efforts to work with GPs with poor immunisation rates leads to better communication with parents of children due for immunisations.

There is a 30% difference between the number of people living in Brent and the number of people registered with a GP in the borough. For immunisation purposes, NHS Brent is responsible for immunising all children registered with a GP in the borough. If GP lists are inaccurate (and a 30% discrepancy suggests they are) then this will affect published immunisation figures. Ensuring GPs keep up to date lists is crucial. NHS Brent is working with GPs to demonstrate the benefits of having an accurate list. The task group is concerned that there is a financial incentive to keep an inaccurate list and to receive £55 per year for each patient registered. The task group hopes an arrangement can be worked out that gives GPs a greater incentive to keep up to date patient lists in order to provide accurate immunisation performance data.

NHS Brent has a three-year rolling programme with all practices in Brent to clean up patient lists. Each patient in a practice is written to, to confirm whether they are still an active patient. Around 35% of patients won't reply, in which case the practice has to demonstrate they are still active by proving they have visited the GP in the recent past, through the use of repeat prescriptions, or through visits by other family members. If this can't be done, after 6 months they are removed from the list. Around 7% of patients are removed (some in error), but numbers usually build back up again. The PCT is looking at

ways to make this clean up more reliable so it has a better idea of actual patient numbers. The task group hopes that this work continues as it is of benefit to the immunisation service.

Increasing accountability for immunisation data and service performance

As stated above, GPs will play a crucial role, not only in delivering immunisations in their surgeries but also in accurately recording immunisation data and returning it to the PCT. In order to maintain good practice the service needs to be performance managed effectively.

In order to help GPs understand how other practices achieve higher results and to enable GPs to learn from top performing practices within the borough, immunisation performance information needs to be publically available and broken down by each vaccine in the childhood immunisation programme. This will also help to identify issues in localities. If one practice in a certain area is outperforming others, it will be possible to understand why this is.

Recommendation 3 - The task group recommends that immunisation results for each GP practice in Brent are published quarterly on the NHS Brent website to help improve accountability.

b). Reasons for non-immunisation

There are a number of reasons why immunisation levels are not at levels that provide herd immunity against disease. Dr Philip Minor, Head of Virology at the National Institute for Biological Standards and Control told the task group of three general issues that in his opinion, affect vaccination levels:

- The general public and some healthcare professionals may not fully understand what a vaccine is. They are not aware that vaccinations are essentially natural products rather than man-made chemicals. Vaccines are manufactured using the bacteria and viruses that cause the disease it will eventually prevent.
- People don't appreciate the effectiveness of vaccines because they prevent illness. When a person is ill, successful medical treatment has an obvious impact. It is easy to appreciate the benefit of medical intervention. This is not the case for vaccination. Explaining the benefits of preventative medicine is a challenge for health organisations, GPs and health visitors.
- There have been a number of high profile "scare stories", where vaccines have been wrongly linked to other illnesses. MMR is the most recent, but Pertussis was also been affected in the past. Public confidence in vaccines can take a long time to recover.

There are also reasons for low vaccine uptake that are specific to London. London has a highly mobile, transient population that makes it difficult to deliver an immunisation programme that requires accurate information and data in order to record patient's

immunisation status. There are also economic, social and cultural factors which have an impact on immunisation levels.³

Economic, social and cultural issues

Research has been carried out on the economic, social and cultural issues relating to immunisation take up in Brent. However, this research isn't particularly recent and so has to be considered with caution. There is also a great deal of anecdotal evidence, available from people working in the immunisation field in Brent on these issues.

The witnesses interviewed by the task group believed that ethnicity and culture did make a difference when it came to immunisation rates. The general view in Brent is that people from ethnic minorities are more likely to get their children immunised than those that are not. This is backed up by research carried out in 2005 by NHS Brent and Imperial College School of Medicine⁴, which looked at MMR take up within three ethnic groups in Brent – Indian, African Caribbean and Caucasian. The researchers found that MMR take up was as follows:

- Indian – 87.1%
- African Caribbean – 74.7%
- Caucasian – 57.5%

A further piece of work from 2006 gives further credence to the 2005 research. A health equity audit carried out by NHS Brent⁵ found that there were variations in MMR uptake across the borough in 2005/06 (the ward with highest uptake was Alperton, the ward with lowest uptake was Queen's Park). The research looked at the links between deprivation and ethnicity and MMR uptake. The main findings from the work were:

- The association between deprivation and MMR uptake was less apparent than in the previous health equity audits.
- Given that the overall MMR uptake rate for Brent as a whole had fallen in 2005/06, the apparent weakening of the association between deprivation and MMR uptake could have been due to worsening MMR uptake in Brent's less deprived wards, rather than improving uptake in the PCT's more deprived wards. This analysis matched anecdotal reports from primary care health professionals of poor levels of MMR acceptance amongst parents living in the more affluent wards in Brent.
- There was a positive association between the proportion of the population from Black and Asian backgrounds and MMR uptake. Wards that had a higher proportion of the population of Black or Asian ethnicity tend to have higher rates of MMR uptake.

³ NHS Brent Commissioning Strategy Plan 2008-2013

⁴ The Association of Ethnicity with MMR uptake in young children – presentation to The Royal College of Paediatrics and Child Health, 18th April 2005 – Ruth Mixer, David Newsom and Konrad Jamrozik

⁵ MMR Vaccination Uptake Rates within Brent PCT - Health Equity Audit - June 2006

- It was acknowledged that the analysis of inequalities in ward-level MMR uptake rates by population ethnicity was crude because the 2001 Census data from which information about the ethnic profile of each ward is drawn would have been less accurate by 2005/06.

Although the evidence collected by the task group on this issue was anecdotal, everything that the task group heard supported the findings of the research. The managers of the children's centres interviewed by the task group felt that it was mainly white British or Irish people that had doubts about the safety of vaccinations, but particularly MMR. NHS Brent representatives agreed with this view.

Without accurate data making definitive statements on the links between ethnicity and vaccine take up isn't wise. One of the things that the task group would like to see now that the data bases have been improved is ethnicity monitoring so that an assessment of take up by different groups can be made. This will assist NHS Brent as it looks to target promotional campaigns at groups where take up is lower than it should be.

Recommendation 4 – The task group recommends that NHS Brent starts to use the accurate CIS database to consider where there is underperformance in the immunisation service. For example, are there geographical or ethnicity trends that can be used as the basis for an effective immunisation promotional campaign.

It should be added that research was carried out in 2009 led by a researcher from Imperial College in relation to the MMR catch-up social marketing campaign, but it has not been published yet. This will be a useful source of information for NHS Brent when it is available.

Is the MMR controversy still an issue for parents?

The task group can only base its views on whether the discredited research linking the MMR vaccine with autism is having an effect on MMR take up in Brent on the conversations it has had with people working in the immunisation service and with parents and child minders that took part in the review. This is not a representative group of people, but provides a snap shot of views.

The witnesses that the task group spoke to thought that there was still wariness amongst some parents to get their children vaccinated with the 3 in 1 MMR vaccine, because of concerns over the link with autism. How widespread this was is open to debate.

A number of the parents that the group spoke to were concerned about the link between MMR and autism, but nearly all had had their children immunised against MMR. Only one parent told the group that she did not want her son to receive the MMR vaccine because of the perceived link to autism, whilst another was originally of this view, but had changed her mind. Some parents had researched the issue on the internet, where it is not difficult to find a wealth of information in support of the MMR vaccination, but also plenty of websites that are opposed to vaccination. For a parent, reading contradictory information must add to their confusion. Therefore it is important that health organisations provide clear and consistent messages to parents on the MMR vaccine – that it is safe and has no links to autism.

It should be noted that in early February 2010 the General Medical Council decided that Dr Andrew Wakefield had acted dishonestly and irresponsibly when carrying out his research which he claimed linked the MMR vaccine with autism. The Lancet, the medical journal which originally published his research has accepted that the claims made by Dr Wakefield and his colleagues were false and has issued a full retraction of the paper. The research that caused the MMR controversy has been thoroughly discredited and yet it has taken 12 years since the publication of the original paper to reach this stage. The task group hopes that this puts a line under the affair and public confidence can be restored in the MMR vaccine.

Vaccine safety

As an alternative to the 3 in 1 MMR vaccine, the task group was told of parents who had paid to have their children vaccinated with individual measles, mumps and rubella vaccinations. These are available privately in the UK but are not endorsed by the Department of Health. The World Health Organisation also advocates the use of the combined MMR vaccination rather than single vaccinations. There are concerns with the single measles, mumps and rubella vaccines as they are not licensed or controlled in the UK. As well as having question over their production, their storage and use is unregulated. Nobody that the task group spoke to recommended individual vaccines as an alternative to the combined MMR vaccination.

There are concerns that the combinations of three and five vaccines in one (namely MMR and DTaP/IPV/Hib) can overwhelm the immune system. The task group heard evidence from a number of witnesses confirming that this is not the case. The immune system of a child will not be compromised by a vaccination. People come into contact with thousands of viruses and bacteria each day without realising it. There has also been much less concern about DTaP/IPV/Hib than MMR, even though it contains a greater combination of vaccines. The task group believes that on the basis of the evidence it has heard and read that vaccines such as MMR are completely safe in any reasonable sense of the word. The challenge is for health organisations to get this message to people starting with health care professionals.

There is one final point on the MMR vaccination that the task group wishes to highlight. Ensuring children have the MMR booster aged five is important as this isn't needed just to boost herd immunity. It is needed to ensure the child is fully immunised against measles, mumps and rubella and without it a child could still be susceptible to these diseases.

Recommendation 5 – The task group recommends that all staff employed by NHS Brent are given an overview of the benefits of vaccination as part of their induction programme. This should include information on childhood vaccinations and the flu vaccination for both vulnerable adults and children. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.

Recommendation 6 – The task group recommends that as part of the induction training on immunisations, it is made clear to NHS Brent staff and employees at GP surgeries that there is no link between the MMR vaccine and autism so that

they are able to communicate this message to members of the public, should they be asked about this subject.

Raising awareness

Ensuring systems are in place to deliver an effective immunisation service is only part of the solution to improve vaccination rates. NHS Brent may have to issue different advice, via different mediums to target specific groups of people to ensure children are vaccinated. While data quality has been poor the PCT has been reluctant to commit more money to publicity campaigns because of the poor response to the previous campaign and because the reasons for low immunisation levels are not fully known.

£80,000 was spent on the MMR social marketing campaign and catch up programme in the autumn of 2008, with no obvious increase in the number of children immunised. NHS Brent is unable to evaluate the success of the campaign because they do not have accurate before and after data to compare MMR uptake. There is currently a national study being done which is assessing the most appropriate communication methods to increase vaccine take up. NHS Brent wants to see the results of this research before commissioning another campaign.

Ensuring parents have accurate and understandable information on immunisations is a considerable challenge and one that was raised in the task group's discussions with parents at children's centres. The task group was told that following a measles outbreak in Brent in 2008, only two parents attended an MMR information event. That said, while the PCT has been working with inaccurate immunisation data there have been too many gaps and inaccuracies in the information to plan an effective, targeted campaign.

The importance of raising awareness of vaccinations and their benefits cannot be overstated. As Andrew J Hall, Chairman of the Joint Committee on Vaccination and Immunisation says in the introduction to the Department of Health Immunisation of Infectious Diseases guidance⁶ "following the ill-founded MMR scare, it has become even more important for those working in the field to be able to communicate to parents the benefits of vaccination, the known side effects of vaccines and the safety and efficacy of vaccines to allay fears".

Recommendation 7 – The task group recommends that NHS Brent carries out a childhood immunisation promotion campaign once an analysis of the CIS database has been completed and more is known about the children who have not had the vaccines they need. A campaign could be tied into vaccination clinics at children's centres (see recommendation 8 below).

c). Swine Flu

The task group considered NHS Brent's response to the swine flu pandemic and how it implemented the swine flu vaccination programme. Swine flu has been an ongoing issue

⁶ Immunisation against Infectious Diseases (The Green Book) – Department of Health. 2006

throughout the duration of the review and so the task group felt that it had to be considered within this work.

Flu vaccines are developed each year to respond to seasonal flu using well established manufacturing processes. The swine flu vaccine was available within months of the outbreak because the same manufacturing process used to produce seasonal flu vaccines were used to produce the swine flu vaccine, with some modifications to take into account the different strain of flu.

Ensuring a vaccine was quickly available against swine flu was helped by the considerable preparation that had been made for avian flu (H5N1). The swine flu vaccine was safety tested in the same way as seasonal influenza vaccines using comprehensive vaccine testing processes. Once any flu vaccine has been licensed (including swine flu) it is reviewed and monitored.

The task group was impressed with the work that NHS Brent did to prepare for swine flu. Members of the task group took the opportunity to attend a swine flu public event during the course of the review, one of a number of events run by NHS Brent for community groups, third sector organisations and members of the public to educate them on swine flu. Information on the swine flu vaccine was available at this event. Sixty people attended the first swine flu public meeting in September 2009, although only 12 people were at the event attended by members of the task group.

Other steps taken by NHS Brent to prepare for swine flu included:

- The Health Promotion Department putting in place a swine flu awareness programme for health staff in Brent. 600 people attended training events at an early stage in the outbreak, ahead of most other health organisations and public sector bodies.
- A swine flu vaccination programme was implemented in Brent in line with Department of Health guidelines. The vaccine was available in Brent by the end of October 2009.
- Health staff were offered the winter flu vaccine and the swine flu vaccine at the same time, but there was no obligation for staff to have either.
- The manager and members of a nursing unit where there had been a particularly good uptake of swine flu vaccine were quoted giving positive messages about the vaccine in a feature on the NHS Brent intranet.
- A nurse was employed to vaccinate vulnerable children attending special schools in the borough; this was a very successful initiative. Further to this all GPs were informed of the names of vulnerable children on their lists who should be offered swine and seasonal flu vaccination. It is planned to repeat this information each autumn to remind GPs of children who attend these schools and also those who are on the caseload of the Community Children's Nurses.
- The District Nurses carried out a successful campaign to vaccinate all housebound patients registered with Brent GPs.
- On a general issue linked to swine flu, NHS Brent recruited 38 health trainers to provide advice to people in their communities on a range of health issues, and vaccination was added to this programme. The health trainers are a good way of spreading health messages and something NHS Brent is keen to use.

It is of concern to the task group that there has been relatively low take up of the swine flu vaccine by health service staff (this doesn't just apply to NHS Brent, but is a national issue). Although the number of swine flu cases has reduced significantly since peaks in July and October 2009, the general attitude towards swine flu and flu vaccines is a worry. If NHS Brent is to convince people to have the vaccine they need (this includes all vaccines, not just flu vaccination) then the task group believes it is crucial that staff play their part in this and ensure they are vaccinated themselves. Negative stories in the press about low vaccine take up amongst healthcare staff can only contribute to a negative perception of vaccination amongst the wider population.

When the task group was looking at this issue (in October 2009) NHS Brent felt it was unlikely to achieve its original 90% swine flu vaccination target. This was based on seasonal flu vaccine uptake, which is usually much lower than this. The psychology of vaccination needs to be changed, so that people realise they are benefiting themselves and others by having vaccines such as swine flu. The task group also believes that efforts should be made to promote the benefits of vaccination to health service staff so that a greater proportion take up the vaccines themselves and can talk knowledgeably about them to members of the public (see recommendation 5 above).

d). Local authority involvement in childhood immunisation

Although NHS Brent is responsible for the delivery of the childhood vaccination programme it is acknowledged that the local authority should be assisting where possible to improve the health and well being of young people in Brent. This includes helping to facilitate the delivery of vaccinations. The most obvious way of doing this is via schools and children's centres. Already there is good work going on in children's centres, where health visitors work with parents and carers on improving their children's health. But any arrangements in place have been set up locally and there isn't a systematic process for using children's centres or schools to promote and deliver vaccinations.

Children's Centres

The task group believes that the needs of children are most important and should not be compromised by the local authority / NHS split. If children's centres are to be at the centre of communities then they should be offering a holistic service, including a range of health services such as childhood immunisation. The two children's centre managers that the task group spoke to were both supportive of this and would welcome and support vaccination services that were provided from their children's centres. Currently health visiting arrangements at the children's centres are arranged locally – there isn't a contract or service level agreement in place to provide these services across the borough.

Brent will eventually have 20 children's centres. It would be unrealistic to expect each children's centre to offer regular vaccination clinics, there isn't the staff or resources to do this. But the task group hopes that a vaccination rota can be developed, with a vaccination clinic held at every children's centre once a year. A rota between centres should be devised which takes the clinics around the borough, but alternating between localities in turn. It need to make use of locality networks, so that if a child from one centre needs a vaccination they could visit another children's centre to receive the

vaccine if the clinic is still some way off at their usual children's centre. The clinics would need to be staffed by health visitors or GPs, depending on who is to deliver the vaccinations. The children's centres should promote the vaccination clinics, providing materials and information to parents on the services available and, crucially, the benefits of the vaccination.

NHS Brent would need to make sure resources were in place to enable vaccination clinics to happen at children's centres regularly (if there are 20 children's centres in Brent and the aim was for each centre to hold one clinic a year, then there would need to be a clinic every 2 and a half weeks). This could be problematic – there is a shortage of health visitors in the borough for example, which could hamper this idea. However, the task group believes that there would be demand for vaccinations at children's centres and a chance to vaccinate children opportunistically if vaccination clinics were in place. One thing that will be of help is clean data, so that parents in the area can be contacted about the vaccination clinics, particularly if their child has missed scheduled immunisations. The task group also wishes to clarify that it would want to see immunisation clinics established in addition to current health visitor clinics at children's centres, and not as an alternative to these.

Recommendation 8 – The task group recommends that vaccination clinics are trialled at five children's centres in Brent (one in each locality) to assess demand and popularity. One of the trials should be carried out at the weekend to see if there is demand for services outside core hours. As well as providing immunisations, health visitors should be available at the clinics to speak to parents about vaccinations and answer any questions that they have. The clinics could be timed to take place during a vaccination campaign (see recommendation 7 above).

Some children's centres collect data on children's immunisation status. In order to assist NHS Brent, it would be helpful if this information could be passed to health visitors once a family registers at a children's centre so if there is an issue with immunisation the health visitor can address this. The task group would like this to become standard at children's centres in Brent, assuming sharing information in this way doesn't contravene data protection rules.

Recommendation 9 – The task group recommends that children's centres collect information on the immunisation status of each child that it registers. This information should be passed to a health visitor for follow up with the parents if the child has not received the vaccinations in the childhood immunisation programme.

Schools

In many respects, schools provide a greater opportunity to engage with young people and their parents than children's centres. Attendance at children's centres is voluntary. However, the vast majority of children attend school so there is potential to reach a greater number of young people in the immunisation programme.

Head teachers have an important role to play, as the most influential member of staff within schools. Ensuring they are properly briefed on the benefits of immunisation would be very helpful. The task group understands that head teachers would not wish to

interfere in decisions taken by parents, such as whether their child should be immunised. However, if a parent was to speak to a head teacher (or a teacher for that matter) and asked for advice on immunisation then it is important they are briefed on the facts and can talk about these issues. At the very least, the task group hopes that school staff can signpost parents to the accurate information on immunisation. Information on vaccination could be made available in schools and sent to parents of children when they start at school. Again, the NHS should be the organisation to provide this information. Schools should act as a link between the health service and parents.

Schools could help to facilitate the collection of data on immunisation status and subsequent referral to the school nursing service for follow up. The task group would like a question to be asked on a child's immunisation status when the child's parents fill out a school admission form (this is done after the child has been offered a place at school and any disclosure of the child's immunisation status would be voluntary). If this information was collected prior to the child starting school, it could be passed to the school nurse for follow up with the parent (the data should also be added to the CIS database). The onus would still be on the NHS to ensure the child received any outstanding vaccinations. The task group also believes that in administration terms, this will be relatively simple to implement and shouldn't create an additional burden on schools. The task group would like Brent to aspire to be in a position where the immunisation status of all children in the borough was known by the time the child starts school.

Of course, good intentions require people to be in post and willing to work together to make this happen. The task group has been told that there is a shortage of school nurses (and health visitors) in Brent. The recruitment of a full complement of staff is crucial in order for school nurses to be able to give immunisation the attention it deserves. At the very least the task group would like each primary school and secondary school in Brent to have a named school nurse in place who can take forward immunisation work. Ideally school nurses would be allocated a cluster of schools in the same locality to make best use of scarce resources.

Recommendation 10 – The task group recommends that each school in Brent has a member of staff (such as a school nurse) who is able to advise parents and teachers on the benefits of immunisation. This member of staff should be invited to attend NHS Brent immunisation training to ensure their knowledge is kept up to date.

Recommendation 11 – The task group recommends that teachers in Brent are given an opportunity to attend immunisation training by NHS Brent so that they are better placed to advise parents on immunisation and the diseases that vaccines work to prevent.

Recommendation 12 – The task group recommends that parents are asked to provide information on their children's immunisation status when they fill out their school admission form. This information would be disclosed on a voluntary basis and passed to the school nurse for follow up with the parent if necessary.

e). Feedback from parents, carers and child minders

The task group visited two children's centres during the course of the review to speak to parents about their views on childhood immunisation. The group visited Harmony Children's Centre and Three Trees Children's Centre on the 4th December 2009. The group also went back to Harmony Children's Centre on the 3rd February 2010 to speak to more parents, as on the first visit to the centre there was a childminders session rather than a parent's session taking place.

The main issues raised at the visits are set out in full in appendix 1. Although the views of parents and childminders need to be seen in context – this isn't a representative sample of parents in Brent, only the views of a small number of mothers (there were no fathers present when the task group visited the children's centres), it is useful to know how people feel about the vaccination programme for children and the swine flu vaccine. In summary, the main issues parents reported were:

- Advice provided by GPs and health visitors on vaccinations needs to be consistent and clear.
- Parents need to be more aware of the potential consequences of children not receiving vaccinations
- Health visitors are usually very busy and it can be difficult to get an appointment with them at the children's centres . Because of this using their time to discuss immunisations is very difficult.
- Clear advice from health professionals that there is no link between MMR and autism would be appreciated
- Conflicting information in the media and health services about whether children should have the vaccine or not meant that a number of the parents were confused as to what was best for their child.
- The parents felt that informal conversations around immunisation in children's centres would be really useful. If a health professional was present they would be able to ask questions about vaccines to allay any fears that they have

f). Other findings

Out of hours vaccination

The task group is keen that vaccination services are as accessible as possible. Opportunistic vaccination, delivered from sites such as children's centres or possibly schools, would help. Some of the witnesses spoken to by the task group would support the idea of vaccination clinics being open on the weekend, run from GP led health centres or polyclinics (which are open for 12 hours a day, seven days a week already). If parents are working during the week and unable to get their child to a GP for vaccination, these additional services could be very useful. Indeed, parents raised this as an issue at the children's centres. The task group would encourage the PCT to look at ways weekend vaccination services could be developed and promoted to parents so they are aware of the options available to them (see recommendation 8 above).

Health visitors

There have been issues with the health visiting service since NHS Brent went through turnaround, when the numbers of health visitors was reduced. The task group was informed that health visitors' priority has been on safeguarding children and not on immunisation simply because of the need to prioritise workloads. There are plans in place to recruit 20 more health visitors but members have been told that it is a demoralised service and commissioners haven't received good responses from Brent Community Services when problems have been raised. Data collection problems that had been attributed in part to the health visitors' service should be rectified by the move to electronic data reporting by GPs. It should be noted that despite efforts, the task group was not able to set up a meeting with the health visitors service.

Conclusions

The task group is encouraged by the efforts that NHS Brent have made to improve the immunisation service. It was clear from the interviews with staff that there is a genuine commitment from the organisation to improve immunisation rates in the borough and stop the spread of diseases that are clearly preventable. The data clean-up project has been a significant undertaking which gives Brent every chance of increasing the immunisation rate. As Heart of Birmingham have shown, clean, accurate data is crucial if targeted work is to be done to improve immunisation rates. Maintaining accurate data now becomes of paramount importance and is something the Health Select Committee should follow up in their 2010/11 work programme.

Although NHS Brent is responsible for delivering the childhood immunisation programme in Brent, the task group believes that a partnership approach with children's centres and schools will be beneficial and ensure greater coverage. Children's centres are hubs within their communities and already provide a wide range of services, including health services. Immunisation clinics would be a valuable addition to these services. Schools are possibly better placed than children's centres to contribute to the immunisation programme. Whilst delivery of vaccination services remains the responsibility of the NHS, the task group hopes that schools can help facilitate this for any children who haven't had their vaccinations by the time they reach school age.

Appendix 1 – Feedback from children’s centre visits

Subject	Feedback from Parents
<p>Information</p>	<p>There was good awareness of the vaccinations that children are supposed to have. All of the parents met by the task group said they had a red immunisation book for their child.</p> <p>Advice provided by GPs and health visitors needs to be consistent and clear. A number of parents were confused about the benefits of vaccination, the consequences of not having their child vaccinated and the potential side effects of a vaccination. This needs to be communicated more clearly with parents.</p> <p>Peer support is important. All parents go through similar experiences when it comes to vaccination and can offer advice to other parents. This could be facilitated by a health visitor at the children’s centre. Informal discussion groups would be a good development.</p> <p>Parents need to be more aware of the potential consequences of children not receiving vaccinations. People in Britain aren’t familiar with the diseases they prevent. Healthcare professionals should be able to describe the consequences of catching a disease that can be vaccinated against, such as measles or polio etc.</p>
<p>Access to services</p>	<p>Some parents do not always find it easy to access immunisation clinics or day time appointments with their GP, especially if they work full time. Parents suggested that vaccine clinics could be run in the evening or on weekends. There was enthusiasm for weekend clinics to improve access.</p> <p>It can be difficult to get an appointment at popular baby clinics (Church End Medical Centre was cited as an example). Vaccination clinics at children’s centres run by health visitors would be a good alternative. A catch up clinic would also be useful, so parents could make sure their children were up to date on their vaccinations if they had missed a vaccine.</p> <p>Health visitors are very busy and it is difficult to get an appointment with them at the children’s centres. They have so much to do, so using their time to discuss immunisations is very difficult. A separate immunisation information session at the children’s centre would be appreciated. It would give parents an opportunity to discuss their concerns, especially first time parents.</p>
<p>Views on vaccines</p>	<p>Parents had strong views on a number of vaccines, but particularly MMR and swine flu. One of the mothers that the task group met had decided that her child would not have the MMR because of fears they would develop autism as a result. Other parents had given the issue serious consideration before deciding to get the MMR for their child.</p>

	<p>Clear advice from health professionals that there is no link between MMR and autism would be appreciated. This is not always easy to obtain because of difficulties getting appointments.</p> <p>The fact that most parents had already had their child vaccinated, or would do when they were old enough was encouraging to the task group.</p>
Swine flu	<p>Parents were worried about the swine flu vaccine and whether their child needed to have it. Information given to parents had been mixed. Some parents had been written to by their GP advising them that their child should have the swine flu vaccine. However, there was no information on the benefits of the vaccine, how it works or the possible side effects, with these letters. Other parents had been told their child didn't need the vaccine. Some parents had not been contacted at all. Inconsistency in approach was an issue.</p> <p>Conflicting information in the media about whether children should have the vaccine or not meant that a number of the parents were confused as to what was best for their child.</p> <p>One mother reported that her GP had given her comprehensive information on the swine flu vaccine, but had been put off giving her child the vaccine because a friend had been ill for some time after receiving it. All reported that basic information on what the flu virus is, how it works, what the vaccine does, what the side effects are would be really useful when they are contacted by GPs, especially by letter.</p> <p>Some parents had worries about the long term impact of the swine vaccine on their child. They were unsure how their child would be affected in the future and were concerned it had been rushed through safety checks. Some mothers had declined the vaccine for their child because of their worries.</p>
What would help parents?	<p>The parents felt that informal conversations around immunisation in children's centres would be really useful. If a health professional was present they would be able to ask questions about vaccines to allay any fears that they have. First time mothers would also be able to learn from other mothers who have been through similar experiences. Discussion groups would be particularly beneficial for mothers who do not speak English as a first language and perhaps cannot read English at all.</p> <p>Parents reported that any immunisation campaign should sign post parents to websites where they can look up information on immunisations for themselves. Accurate information is crucial. Parents often want to find out more about their child's health for themselves, but sometimes don't know where to go to get information that is reliable.</p>



Health Select Committee 24 March 2010

Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

Developing older adult mental health day hospital services in Brent – Service reconfiguration at Belvedere Day Hospital

1.0 Summary

- 1.1 Councillor Chris Leaman, chair of the Brent Health Select Committee has asked Central and North West London NHS Foundation Trust (CNWL) to provide a report for the committee on the plans to reconfigure services provided at Belvedere Day Hospital. This followed an approach to Councillor Leaman from service users concerned at the plans for the day hospital.
- 1.2 CNWL has provided an overview of their proposals for Belvedere House, as well as setting out the context for the proposed changes (see appendix 1). As their report says, “in recent years there has been an increasing focus on the modernisation of day hospital provision within both adults and older adult’s mental health services. A national agenda has seen the focus of services moving away from being “building based” to providing a model of community based support. This has seen a model developed that increases social inclusion and participation, and a move away from the traditional model of clients being transported to a day service, attending and then returning home”.
- 1.3 The Health Select Committee is recommended to questions officers from CNWL on their proposals for Belvedere Day Hospital, and also on the modernisation of mental health services in Brent. Over the last year, the Health Select Committee has considered in detail services provided by NHS Brent and North West London NHS Hospitals Trust, but has not given much consideration to mental health services. This provides a good opportunity to do this. Natalie Fox, Service Director, Older Adult Directorate, Robyn Doran, Director of Operations and Attumani Dainkeh, Service Manager will attend the meeting from CNWL.

2.0 Recommendations

- 2.1 The Health Select Committee is recommended to question officers from CNWL on the proposals for services at Belvedere Day Hospital and mental health service modernisation in 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

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Developing Older Adult Mental Health Day Hospital Services in Brent

A Report for the Brent Health Select Committee

Introduction

The Older Adults Directorate of Central North West London NHS Foundation Trust (CNWL) provides a range of secondary care services across five London Boroughs. Services are commissioned by the local Primary Care Trust.

In Brent these services include Inpatient Care, Community Mental Health Teams, Outpatient Clinics, Memory Clinic, Liaison Psychiatry, Admiral Nursing and a Day Hospital.

Background

In recent years there has been an increasing focus on the modernisation of day hospital provision within both adults and older adults mental health services. A national agenda has seen the focus of services moving away from being “building based” to providing a model of community based support. This has seen a model developed that increases social inclusion and participation, and a move away from the traditional model of clients being transported to a day service, attending and then returning home. The increased focus on provision of community based support enables service users to be supported to access a range of options that meet their needs.

Key drivers to this change in services have been the focus on social inclusion and recovery, and more recently the development of the personalisation agenda. This has seen a shift to providing service users with bespoke packages of care that support the individual accessing a range of socially inclusive activities.

Within this context the profile of service users accessing services provided by CNWL Older Adults Directorate has changed considerably. Working with local commissioners there is recognition of a need to ensure that services currently provided are developed in line with what is considered to be models of good practice.

Belvedere Day Hospital

There are currently 29 service users attending Belvedere Day Hospital. The service provides a number of groups ranging from Anxiety Management to Healthy Living. Historically service users have attended Belvedere Day Hospital for a period of time, and then referred onto local resources provided by the Local Authority and voluntary sector within Brent.

Developing the Service

It is important that any service development relating to Belvedere Day Hospital supports the national modernisation agenda, and provides choice and opportunities for service users. Clinical staff have been exploring alternative models of supporting clients, looking at examples of good practice that have operated successfully elsewhere in London.

Potential Model

Through developing the service currently provided by Belvedere Day Hospital to an Outreach Model, service users will have access to a service that is adaptive to need providing an intensive level of support when required, and enabling service users to move onto alternative support when their needs change. This model would demonstrate good practice, and ensure the following:

- Enhance ability to work with clients in their own homes and communities
- Promote effective transition from inpatients wards to community for newly discharged patients and reduce re-admission rates.
- The availability of an Outreach Team that supports the work of the CMHT by working with discharged patients in various community facilities will provide alternative to hospital admission and facilitate early discharge.
- Outreach Team will be able to provide more intensive engagement with clients, rebuilding clients' living skills and
- Reduces institutionalisation

A Belvedere Outreach Team could be created from the existing staff group and resource at Belvedere House, and enhance the collaborative working that staff at Belvedere House have developed with local resources. At present elements of an outreach model are provided by Belvedere House through the delivery of groups at Sudbury Neighbourhood Day Centre (Voluntary Organisation) and the Willesden Support Centre (Local Authority Resource). Additionally the service operates the Rendezvous Club, facilitated by CMHT staff the club provides social interaction and activity, which is due to expand to provide a service in both North and South Brent.

Additionally it is proposed that any development of the service will see the Outreach Team link with Westbrook Day Centre (Local Authority) and Kingsbury Day Centre (Local Authority). Psychology Groups providing support for anxiety management relapse prevention, depression, and sensory stimulation will also be developed with the Outreach Team operating these groups in a range of accessible venues.

The Outreach Team would work to a model of assessing clients, then providing support that meets assessed needs either in their own home or within the Day and Resource Centres operated by the Local Authority and Voluntary organisations within Brent. This period of intensive support would ensure that the service user remains engaged with the local community, is assisted in managing their mental health needs, and where required ongoing support provided by either the Community Mental Health Team, local Social Services or other appropriate agency.

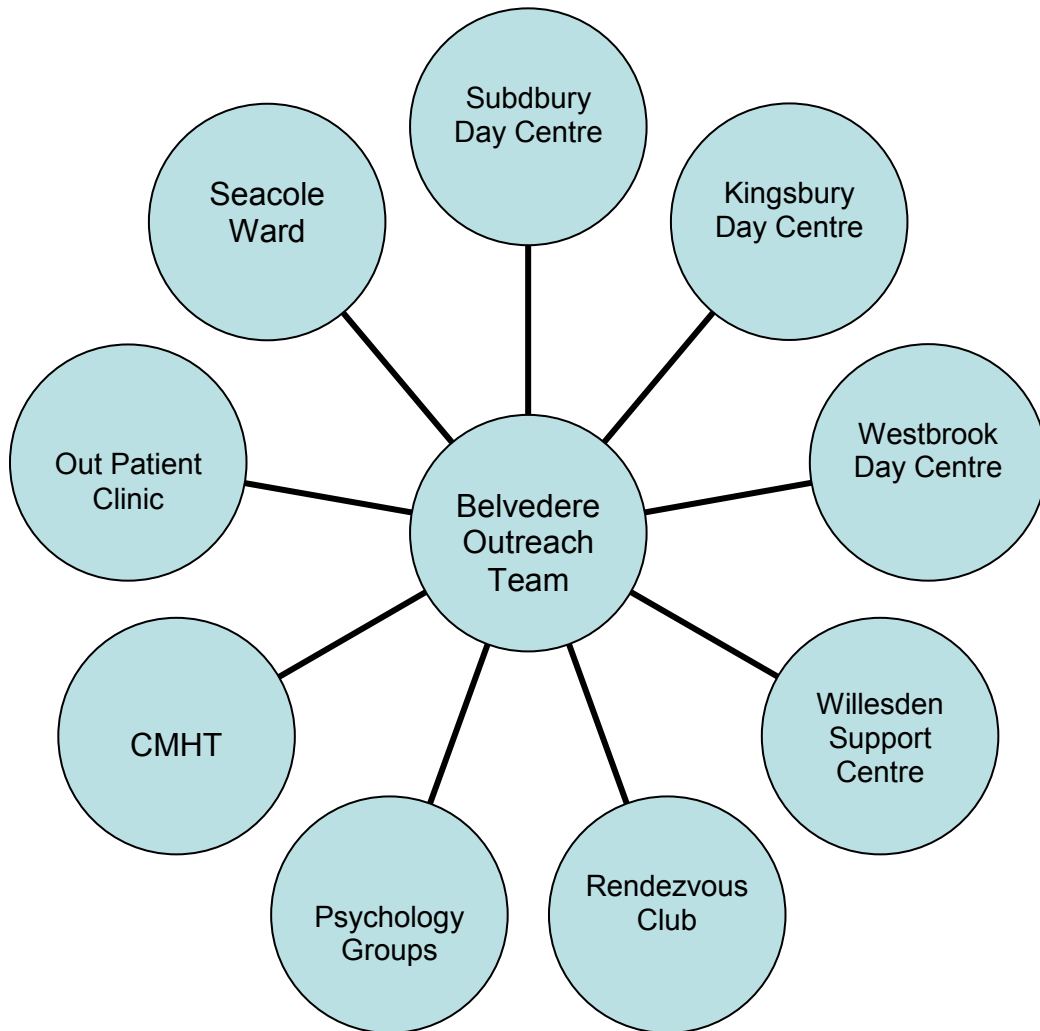
The development of such a model would create real alternatives to hospital admission, and facilitate early discharge from inpatient care. Such a model is clearly focused on community activity and participation, and therefore in contrast to the traditional building based model of day hospital provision.

Summary

There is a clear need to modernise the provision of Day Hospital Services for Older Adults. The changing profile of service users, national modernisation agenda, and need to ensure that service user choice, support the development of a new model. To date preliminary discussions have been held with service users, staff and key local partners.

NF/SC/AT
10th March 2010

Brent Older Adults Outreach Team



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Health Select Committee 24 March 2010

Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

Response from the Planning Service on restricting or reducing the number of hot food takeaways

1.0 Summary

- 1.1 The Health Select Committee has asked for a statement from the council's Planning Service on restricting or reducing the number of hot food takeaways in close proximity to schools. This was highlighted as an issue during a discussion on childhood obesity at the committee in February 2010.
- 1.2 The Planning Service has provided its briefing (see appendix 1). Members should consider this and question officers on the practicalities of implementing a planning policy to limit the number of hot food takeaways in Brent.

2.0 Recommendations

- 2.1 The Health Select Committee is recommended to consider the briefing on limiting the number of hot food takeaways in close proximity to schools and decide how they wish to take this issue forward. Officers from the Planning Service will be at the committee to answer members' questions.

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

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Appendix 1

Health Select Committee March 24th 2010:

Briefing Note from L B Brent Planning Service on controlling Hot Food Takeaways (A5 use class) within Brent.

1. Background

- The Planning Service has been made aware of local support for the restriction or possible reduction of hot food takeaways (A5 uses) in the borough by way of planning policy and/or an SPD, in support of reducing childhood obesity.
- At present, Brent planning policy in the UDP (policy SH10) seeks to control the number of Food and Drink uses (including A5 uses) where they may harm residential amenity or have an adverse effect on highway safety. Brent's policy is now out of date as the Use Classes order has been amended since the UDP was adopted creating a new Use Class for takeaways (i.e. A5 use).
- In order to further control A5 uses on the grounds of their contribution to childhood obesity, it would require either a new Supplementary Planning Document (SPD) or new planning policy in the Development Plan, or both.

Supplementary Planning Documents (SPDs):

- This form of planning document expands on an existing planning policy. Policy can be within the borough's existing Unitary Development Plan (UDP) or new / revised policy can be created in a new Development Plan Document (DPD) which forms part of the Local Development Framework (LDF).
- It is noteworthy that an SPD cannot itself create a new planning policy but, rather, must be related to an existing planning policy
- The London Boroughs of Barking & Dagenham (B&D) and Waltham Forest (WF) have produced SPDs to help curb the establishment on **NEW** A5s in their boroughs in order to tackle local childhood obesity. They have related these to existing policies in their UDPs.
- If Brent was to pursue an SPD then that produced by B&D is favoured in terms of a model for Brent to follow because it has been prepared as part of the LDF process and is based upon a stronger evidence base and, consequently, has a greater chance of being supported on a planning appeal against refusal of planning permission.

Planning Policy:

- At present, Brent is awaiting the outcome of the examination of its Core Strategy which, on adoption (anticipated in June 2010), will mean that the borough can move on to the process of producing a Development Management Policies document. This will contain new detailed policy on controlling or promoting uses in town centres. These policies will replace the existing UDP(2004) policies.
- There is no policy within the draft Core Strategy to which an SPD limiting A5 uses can be related. Consequently, it would be more sensible for Brent to draft a Development Management policy, rather than just an SPD, to control A5 uses. An actual policy in the Development Plan would carry greater weight in terms of implementation, particularly if it came to a planning appeal against refusal of permission for a takeaway. However, because the policy would have to be subject to examination it would therefore have to be soundly based on evidence. It is highly likely that there would be objections to it, particularly from the major operators such as MacDonalDs.

Overview of Barking & Dagenham's SPD

- This was written with comprehensive evidence base researched by the local PCT regarding obesity of

- local children. A *Childhood Obesity Strategy* had been produced
- The borough already had in place a LAA to tackle obesity
 - The PCT had collected evidence regarding the impact of the built environment as a key determinant of both general health & obesity in children
 - The SPD was specifically written to tackle obesity and was called ‘Saturation Point’ to:
 - reduce the prevalence & clustering of A5 uses
 - to seek developer contributions (S106) from new A5 operators towards initiatives to tackle obesity in LBBD.
 - to improve opportunities to access healthy food in new developments
 - Three SPD *implementation points* were set up, based on evidence:
 - i. **Proximity to schools** – 400m exclusion zone established
 - ii. **Concentration & clustering** – no more than 5% of units within centre or frontage to be A5 OR no less than 2 non-A5 units between individual A5s
 - iii. **HFTA (A5) levy** – fee to contribute to tackling childhood obesity
 - B&D takes a holistic approach to tackling obesity, with an SPD that looked at strategic approaches to tackling childhood obesity:
 - Healthy food choices
 - Schools – healthy food Programme
 - Council property – working with landlords to reduce A5s
 - Major commercial, retail & TC developments
 - Mobile hot food takeaway vans
 - The local PCT would monitor the implementation points via their indicators for reduction of childhood obesity
 - B&D conducted a large consultation exercise which encompassed A5 operators, academia, NHS, health organisations & residents. This ensured local buy-in to the SPD

2. Brent

- For Brent to prepare a planning policy for inclusion in its development plan, or an SPD, a robust **local** evidence base would have to be drawn up to illustrate that an over concentration of A5 units actually exacerbates, or promotes, obesity in the borough
- On the understanding that an Obesity Strategy for Brent is being written, its evidence base would have to show the clear link between the borough’s built environment and local obesity. This would then provide the spatial planning direction required to write a planning policy and SPD that effectively curbs A5 uses within the borough
- In relation to schools, if an ‘exclusion’ or ‘buffer zone’ is to be calculated in which A5 uses would be restricted, the obesity health evidence base would need to illustrate:
 - That Brent school children gravitate towards A5s as a choice for food and where in the borough it is a major problem in terms of obesity
 - School locations – how far/close to A5s - spatial mapping
 - Calculate a possible exclusion zone specific to Brent’s needs and then justify it
 - Calculate and define an exclusion zone distinct to Brent’s needs, and justify it
 - Need to take into account Wembley and the particular demand for A5 uses as a leisure destination
 - If planning was to seek S106 contributions from new A5 operators, it would have to be determined how much should be requested and to what health initiatives the contributions would go? The PCT would need to show what health initiatives in the borough are feasible in terms of tackling obesity, and they would need to monitor these as part of the Planning Annual Monitoring Report (AMR)

3. National & Regional Planning Policy

- There is some supporting planning policy at a National or Regional level which may help make a case for further policy at a local level. The Government's planning policy statement PPS1 (2005) requires development plans to reduce health inequalities.
- PPS4 (2010) – requires local planning authorities to look at deprived areas and use qualitative assessments to decide on the distribution of uses in town centres?
- The London Plan (2008) - promotes healthier lifestyles requiring DPDs to include policies to promote healthier lifestyles and well being
- The draft London Plan: Shaping London (2009) – is proposing a policy (3.2): *Addressing Health Inequalities*

4. Conclusions

- It is recommended that if additional planning controls on the number of new takeaways in a particular area are to be introduced, related for example to proximity to schools, then this would be given greater weight by being brought forward in the form of a planning policy in the Council's forthcoming Development Management Policies DPD. This could be supported by further detail in a subsequent SPD.
- A SPD on its own may not have a great deal of weight when considered at an appeal against refusal of planning permission, which is the ultimate test of the controls. At this stage it is too early to assess the success or otherwise of either Waltham Forest's or Barking and Dagenham's SPD because they have yet to be tested on appeal.
- Unfortunately, because of other priorities and the proposed timetable for producing the new Development Management Policies document, a new policy is unlikely to be available in draft form until May 2011 and could only then be adopted as statutory policy by the end of 2012 at the earliest.
- Unless a compelling local case can be made for a policy tightly controlling takeaways, then there is a strong possibility that it would be rejected at examination because of the likely level of objection from takeaway operators. However, if a policy were to be successfully carried through to an adopted development plan, then it would carry substantially more weight than a SPD.
- There is a particular difficulty in attempting to control takeaways in proximity to schools in the Wembley area because of the level of demand from the Stadium in particular.

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Health Select Committee 24 March 2010

Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

Integrated Strategic Plan for North West London

1.0 Summary

1.1 The Health Select Committee will be presented with the details of the North West London Integrated Strategic Plan (ISP). The ISP has been produced by the North West London Acute Commissioning Partnership. Each of the eight PCTs in the North West London sector, including NHS Brent, is a member of the partnership.

1.2 The ISP will set out the acute commissioning intentions for the North West London sector that are likely to be subject of public consultation after the local and general elections later this year. The foreword to the ISP gives a flavour of what to expect from the full document:

“The plan describes the shift of care to lower cost settings in polysystems and the consequent effect upon acute hospitals. It describes how we will drive change through community and primary services and enhance quality in secondary care services.”

The plan details the action we will take to implement the eight ‘Healthcare for London’ pathways at a local level. This will inevitably result in fewer beds in the acute sector as resources are transferred to more appropriate settings.”

1.3 NHS Brent has provided a series of presentation slides which includes more detail on the ISP. The main points in the presentation are:

- There are plans for 27 polyclinics in NWL, linked to nine urgent care centres to ensure more appropriate use of services for unscheduled care.
- Greater choice over maternity and new born services
- There are huge variations in A&E attendance across NWL, but the development of Urgent Care Centres and better management of long term conditions should reduce the number of attendances by 2014.
- There are emerging conclusions from four clinical working groups – Surgery, Medicine, Maternity and New Born and Children and Young People.

- Sector conclusions include a maximum of three major acute hospitals in NWL with 24/7 emergency surgery, in-patient paediatrics, high level neonatal intensive care, full A&E with an urgent care centre and paediatric assessment unit.
- A 13 week public consultation on options likely to begin in autumn 2010.

1.4 Steps have been taken to engage the chairs of the North West London health scrutiny committees on the ISP and a further meeting is planned for the 18th March 2010. The Health Select Committee will be updated on any additional information reported to that meeting, especially on site-specific options for change.

1.5 In the meantime, the Health Select Committee is encouraged to consider the ISP presentation and question officers from NHS Brent on the likely impact on Brent.

2.0 Recommendations

2.1 The Health Select Committee should consider the presentation on the North West London Sector Integrated Strategic Plan and question officers from NHS Brent on the likely impact on health services in the borough.

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

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Better Performance, Better Healthcare



North West London
Commissioning Partnership

Integrated Strategic Plan for North West London

**Healthcare
for North West
London**



ISP and role of the Partnership

- An acute commissioning partnership between eight PCTs in North West London
- Commissioning £1.4 billion of acute services from seven acute providers for 1.85m population
- Integrated Strategic Plan (ISP) has one chapter for the sector and one from each of the eight PCTs
- Draft submitted to NHS London in December
- Final version submitted on January 25
- NHS London will publish London-wide plan in Spring 2010



Road-map to redesign the NHS

- ISP is the road-map for the redesign of the NHS in North West London up to 2014
- It is the broad framework within which fundamental changes to NHS services will be made
- Values: Work together for patients
 - Improve lives
 - Everyone counts
 - Commitment to quality of care
 - Partnerships in care
 - Strategic investment of resources



- Foreword: “The plan describes the shift of care to lower cost settings in polysystems and the consequent effect upon acute hospitals. It describes how we will drive change through community and primary services and enhance quality in secondary care services.”
- Foreword: “The plan details the action we will take to implement the eight ‘Healthcare for London’ pathways at a local level. This will inevitably result in fewer beds in the acute sector as resources are transferred to more appropriate settings.”



The case for change

- High level of preventable chronic illness and disease; earlier intervention would improve health and life expectancy
- 7 to 10 year life expectancy gap in adults living a few miles apart
- High and rising levels of adult and child obesity
- Higher than London average of A&E attendance
- Repeated hospital attendance of patients with long-term conditions
- Low patient satisfaction, esp. with acute services
- Too many at the end of life dying in hospital



Eight 'Healthcare for London' pathways

- Staying healthy
- Mental health
- Long term conditions
- Planned care
- Unscheduled care
- Maternity and New Born
- Children and Young People
- End-of-life care



Pathway initiatives to address the issues

- **Staying healthy** – PCT screening and social marketing initiatives
- **Mental health** – scoping role of polysystems; better Access to Psychological Therapies
- **Long-term conditions** – Diabetes and COPD identified for improved polysystem and community management to reduce hospital admissions
- **Planned care** – More OP clinics in polysystems; elective-only centres split from emergency rotas



Pathway initiatives to address the issues

- **Unscheduled care** – Nine urgent care centres networked to 27 polyclinics by 2014; improved GP access through GP-led health centres
- **Maternity and New Born** – sector-wide referral form; greater choice for home births; more pre- and post natal care delivered from polysystems
- **Children and Young People** – Paediatric Assessment Units alongside Urgent Care Centres
- **End-of-life care** – polysystems developing end-of-life partnership with nursing homes



Polysystems in NW London

- Polysystems in NW London are expected to serve a population of around 100,000 with a polyclinic at its centre
- Able to deliver a broad range of diagnostic tests, outpatient appointments, medical treatments, some minor surgery and urgent care, alongside better access to primary and community care
- Principle accepted in 2007 'Consulting the Capital' public consultation
- 27 polyclinics in NW London, four already open, seven more opening in 2010; all linked to Urgent Care Centres
- Every NW London resident covered by 2014



Change to activity due to polysystems

- 60% of A&E attendances
- 55% of outpatient appointments
- 30% reduction in unplanned acute medical admissions due to better management of long-term conditions by polysystems
- Diabetes and COPD management to get priority action to reduce hospital admissions
- Polysystems will allow for de-commissioning of some activity due to improved management of healthcare and long-term conditions



A&E and Urgent Care Centres

- ISP identifies the level of A&E attendances in NW London at 269 per 1,000 population; compares to the London average of 300 - but huge variation across NW London
- Eg. 375 A&E attendances for 1,000 population for Harrow; 370 for Hounslow, 364 for Ealing, 300 for Brent – but only 105 for Westminster
- More than half of children taken to A&E need no further medical follow-up, even from their GP
- Poor access to quick GP appointment seen as main cause



A&E and Urgent Care Centres

- 9 Urgent Care Centres networked to polysystems
- UCC opened at The Hammersmith Hospital at A&E front door with a GP surgery; more appropriate support for patients presenting with drug and alcohol problems or as a suicide risk
- Cut in admissions: 741 Oct 2001; 614 Sept 2009
- UCCs open at Charing Cross, Northwick Park, West Middlesex University and The Hillingdon hospitals
- UCCs opening in 2010 at Ealing, Chelsea and Westminster, St Mary's and Central Middlesex hospitals



Polysystems impact on A&E

- ISP forecasts that by 2014 NW London would expect almost 800,000 'A&E' attendances.
- More than half are expected by then to be seen in Urgent Care Centres
- Approximately 5% won't be needed at all, as better management of long-term conditions and early identification of change will allow community treatment and prevent urgent hospital visits



Impact on acute hospitals

- 'Healthcare for London' sets out a number of settings where healthcare will be delivered:
 - The patient's own home
 - A polyclinic
 - A local hospital
 - An elective (planned) surgical centre
 - A major acute hospital
 - A specialist hospital
- The partnership now determining number of care settings needed to deliver change
- 4 clinically-led working groups reviewing acute care



4 Clinical Working Groups

- Conclusions so far, further development on-going:
Surgery: split emergency and elective; NWL should be able to sustain 3 or 4 emergency surgical rotas
Medicine – explore local hospitals taking medical emergencies without the need to have emergency surgery on site; explore role of polysystems in transforming care

Maternity and New Born – no stand-alone midwife-led units, all co-located with obstetrician-led units; working to 24/7 obstetrician cover at all units; 6,000 births preferred number; more community care and home births; fewer birth centres likely

Children and Young People: Paediatric Assessment Units at UCC; fewer inpatient units



Sector conclusions so far

- A maximum of 3 major acute hospitals with 24/7 emergency surgery, IP paediatrics, high level neonatal intensive care, full A&E with Urgent Care Centre (UCC) and Paediatric Assessment Unit (PAU) at the front door
- ‘Local hospital plus’, eg. one or more elective care centres, specialising in planned surgery; Urgent Care Centre; Paediatric Assessment Unit
- The remainder of hospitals to be ‘local hospitals’ which could provide UCCs, PAU and take medical emergencies with robust surgical transfer protocols; specialist hospitals; or a polysystem hub



Finance

- NHS is facing a challenging financial environment
- PCT funding scenarios, changes to the acute tariff, challenging £75m acute over-performance and activity shifts to polysystems all mean acute providers facing challenging financial future
- Acute reconfiguration is required to ensure clinically and financially viable organisations can continue on to achieve foundation trust status
- Various clinical and financial scenarios and reconfigurations will be modelled and tested



Next steps:

Developing site-specific options

- By March a clear timeline to consultation
- CWG and sector conclusions to date being brought together and modelled and tested for clinical and financial viability
- A variety of scenarios will be worked up and discussed with clinicians, local representatives, stakeholders and patients and the wider public over the next few months
- No site-specific decisions have been made for NW London. However, previous decisions on designating services, eg. major trauma, are likely to frame the outcome for some sites
- NHS aware of pre-election purdah



Engagement and involvement

- Sector has met Overview and Scrutiny Chairs 3 times, meeting them again in March
- Sector has met all eight Local Involvement Networks (LINKs) and continues to engage them in creating Public and Patient Reference Group
- Website in development
- 3 hospital clinical engagement events in March; CWGs continue to meet to refine their work
- Site-specific options published in the summer
- 13 week public consultation on final options likely to begin in autumn 2010



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Health Select Committee 24 March 2010

Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

Brent Health Select Committee response to “Better Services for Local Children – A Public Consultation for Brent and Harrow”

1.0 Summary

- 1.1 NHS Brent, NHS Harrow and North West London NHS Hospitals Trust are carrying out a public consultation on the future of paediatric services provided by North West London NHS Hospitals Trust. The Health Select Committee will recall that it is proposed to centralise inpatient paediatric services at Northwick Park Hospital and create two paediatric assessment units, one at Northwick Park Hospital and one at Central Middlesex Hospital. The paediatric assessment units will operate extended opening hours and will be a consultant led service.
- 1.2 The Health Select Committee met on the 7th January 2010 to sign off the plans for the public consultation on paediatric services. It was agreed at that meeting that a challenge session would be held at Northwick Park Hospital for councillors to question officers and clinicians on the specific proposals for paediatric services in order for the Health Select Committee to respond to the consultation. Brent and Harrow overview and scrutiny councillors held a joint challenge session on Wednesday 10th February 2010 to make best use of time and resources. This included a tour of the paediatric ward at Northwick Park Hospital. Councillors Chris Leaman, Ruth Moher and George Crane attended on behalf of the Health Select Committee.
- 1.3 A draft response to the consultation is attached at appendix 1 to this report. The Health Select Committee is asked to consider the response and suggest any amendments, which will be made before it is formally submitted to the Hospital Trust and NHS Brent. The deadline for responding to the consultation is Sunday 4th April 2010.

2.0 Recommendations

- 2.1 The Health Select Committee is recommended to agree the draft consultation response at appendix 1. If councillors have any amendments to the response, they should be agreed at the Health Select Committee meeting.

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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Brent Health Select Committee response to “Better Services for Local Children – A Public Consultation for Brent and Harrow”

Introduction

Brent Health Select Committee has prepared its response to the local NHS consultation, “Better Services for Local Children – A Public Consultation for Brent and Harrow” following a specially arranged challenge session and tour of the paediatric unit at Northwick Park Hospital on Wednesday 10th February 2010. The challenge session was carried out with members of the Harrow Overview and Scrutiny Committee to make best use of time and resources, although each committee will provide a separate response to the consultation.

Over the last nine months or so the Health Select Committee has held numerous discussions on the wider acute services review, from which the proposals for paediatric services have been developed. The committee is very familiar with the proposed changes to paediatric services and welcomes the opportunity to contribute to the consultation.

Overall, the Brent Health Select Committee supports the proposals for paediatric services provided by North West London NHS Hospitals Trust and believes that they will lead to better services and outcomes for the young people who have to use them. However, there are a number of points that members wish to raise in response to elements of the consultation.

Brent Context

Although the consultation on Paediatric Services affects people in Brent and Harrow, the Health Select Committee’s response is concerned mainly for the well being of young people in Brent. Brent is a young borough - young people (under the age of 16) make up 21% of Brent’s population and Brent’s birth rate is rising by 3% per annum. Deprivation in Brent has increased in recent years and the borough is now the 53rd most deprived in England.

Healthcare for London

The Brent Health Select Committee acknowledges that the plans for paediatric services at North West London NHS Hospitals Trust match Healthcare for London’s ambitions that in-patient paediatric services are delivered on fewer sites, and that resources are put into the development of paediatric assessment units to assess, diagnose and treat patients that come into hospital, but that ongoing care takes place in a community setting. The fact that nationally fewer than 13 children in every 100 who arrive at hospital are admitted to an overnight bed suggests that provision of services should be weighted towards assessment, treatment and discharge of young people rather than admission to hospital. The

development of two paediatric assessment units, one at Central Middlesex Hospital, a second at Northwick Park Hospital will help to meet this aim.

The committee supports the view that consolidation of inpatient services on one site will improve clinical outcomes for children. Throughout various Healthcare for London initiatives, such as the development of stroke services in London, emphasis has been placed on the need to achieve a critical mass of patients in order to give clinical staff the required number of cases to improve outcomes. The fact that there are only six inpatient beds at Central Middlesex Hospital leads the committee to believe that the changes proposed are inevitable and that in the long term paediatric inpatient services at Central Middlesex would be unsustainable. Duplicating in-patient services on two sites within the same hospital trust does not make sense for many reasons, not least that it spreads specialist staff across two sites and there is a need to provide care in community based settings, away from hospital and resources are needed to deliver this.

The committee was disappointed that the initial consultation document did not make reference to polyclinic developments in Brent, but this has been changed in the later version. If more services are to be delivered from community settings, and it is in the best interest of patient's to do this, the Health Select Committee believes that plans for polysystems in Brent should be clarified at the earliest opportunity. The community based services that patients can expect to receive need to be made explicit. This is so patients and their parents can be reassured that alternatives to inpatient services are being developed and to help them understand the preferred patient pathways.

Signposting people to the right services

Changes to the way that paediatric services are delivered and the development of an integrated paediatric service are laudable aims. However, patients need to be signposted to the right services so they make best use of what's available to them. At present too many people are accessing hospital inappropriately, when they could be treated in a primary care setting. As services are developed in community settings, it is important that the message is communicated to Brent and Harrow's communities so that they know the best place to go for the most appropriate treatment for their child. There is a risk is that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and Northwick Park do keep people out of A&E.

Of course, once a child is brought to hospital it is crucial that they are placed on the correct clinical pathway. Communication between the teams involved in delivering paediatric services will be crucial, especially once the paediatric assessment units are in place. Communication with inpatient services, ensuring that children receive appropriate treatment is all important. This is especially the case across sites, where a child is being assessed at Central Middlesex Hospital, but inpatient services are at Northwick Park Hospital.

Capacity at Northwick Park Hospital

It had been a concern to the committee that Northwick Park Hospital would not have the capacity to deal with additional paediatric in-patient cases that are currently treated at Central Middlesex Hospital. Therefore it was reassuring to be told on the tour of Jack's Place that there were currently 21 beds in the ward, but space to expand to 28 beds if necessary. There is also funding in place to employ additional nursing staff should the seven extra beds be needed in Jack's Place. Similarly, councillors were reassured to learn at the challenge session that there were no redundancies planned as a result of centralising paediatric inpatient services at Northwick Park Hospital. The challenge session was informed that the trust was over recruiting nurses in order to compensate for staff turnover. It is crucial that a full complement of staff is maintained to deliver services for this client group.

A second issue which came to members' attention on the tour was the need to provide a separate space for older children. The needs of teenagers are very different to those of toddlers and so it is reassuring that additional space will be available for older children to use if they are admitted to Northwick Park Hospital.

The future of Central Middlesex Hospital

Although the consultation on paediatric services is not explicitly related to the future of Central Middlesex Hospital, it is inevitably an issue for Brent councillors and residents. Central Middlesex Hospital is a highly valued local hospital and it is a concern to some that services are being taken from it and placed at Northwick Park Hospital (which, it should be added, is also a highly valued local service), even though the clinical reasons for doing so make sense. Members were keen that the future of Central Middlesex Hospital was clarified during the consultation period, and they look forward to receiving a comprehensive statement on the future plans for the hospital. This will be especially valued by residents who live in South Brent and use Central Middlesex Hospital.

Another concern to councillors is that patients will seek alternative paediatric services (for example, at St Mary's) rather than use Central Middlesex Hospital once they know that CMH no longer has an inpatient service. Councillors will be keen to monitor patient flows to know how the reconfiguration is affecting the number of people using CMH's paediatric services. It is not clear from the consultation at what point the service could become uneconomical, but there must be a point at which it becomes uneconomic if user numbers at CMH decline. This will also affect the critical mass of patients needed to make the unit viable.

In recent weeks a draft copy of the North West London Integrated Strategic Plan has been made public. The plan is suggesting a reduction in the number of major acute hospitals in North West London and rationalisation of some services, including A&E. Throughout discussions during the consultation, councillors have been assured that the A&E services at CMH are not under threat. However, it is a concern that these services may be withdrawn from the hospital and so councillors would appreciate further reassurances with regard to the future of A&E services at the earliest opportunity. At present, uncertainty is adding further doubt as to the future viability of Central Middlesex Hospital, although it is appreciated that A&E services across London are being disaggregated, and so CMH is likely to have a different service to other hospitals.

Transport

The closure of inpatient services at CMH means that any child who needs to be admitted to hospital from the CMH paediatric assessment centre will be transferred to Northwick Park Hospital. The Health Select Committee wants to reinforce the message to the London Ambulance Service to ensure it is fully geared up for this change, even though it affects a relatively small number of children. Councillors would be concerned if there were significant delays in transfers and believes that this should be closely monitored by the Health Select Committee once the service changes are made.

Transport links between Central Middlesex Hospital and Northwick Park Hospital are not particularly good and so parents of children admitted to Northwick Park from CMH could be reliant on either the staff minibus or taxis to transfer them to NWP if they don't have their own car. When their child is admitted to hospital, councillors understand parents will be anxious to get to the hospital as soon as possible and so public transport may not be the best solution in these cases. Councillors hope that funding will be available to pay for taxi's or improve the regularity of the staff bus to cater for parents in this situation. In the meantime, lobbying should continue to press for better public transport links between the hospitals.

Councillors hope that work is done to track patient transfers from CMH to NWP so that the experience can be improved for the patient and their family. The most appropriate transport arrangements should become clear once services are up and running and transfers are taking place on a regular basis.

Engaging Clinicians

The proposals for paediatric services at North West London NHS Hospitals Trust were led by clinicians. Stakeholder support for the proposals in the pre-consultation phase was 96%, and yet at different times the Health Select Committee has picked up on some opposition to the plans from GPs in Brent. The point was made at the challenge session that within a group GPs there will be a range of views on the best way to provide paediatric services and inevitably, some won't approve of the options for change. The Health Select Committee hopes that work will continue with clinicians and non-medical staff within Brent and Harrow to convince them of the benefit of these service changes and to support the plans for paediatric services.

Sickle Cell

Central Middlesex Hospital hosts specialist sickle cell services and the Brent Sickle Cell Centre is to remain at CMH, as well as day management of sickle cell cases. Young people suffering from a sickle cell crisis that require overnight admission to hospital will be transferred to Northwick Park once the changes to paediatric services are implemented. It is this group of patients in particular that the service proposals will affect.

Brent's has a significant number of people who are black Caribbean or black African, the two groups most susceptible to sickle cell. Ethnicity data for Brent is now out of date, but in the 2001 census 22% of Brent's population (57,000) recorded their ethnicity as either black or black British. This number is likely to have increased in the 9 years since the census was carried out. The Health Select Committee was concerned that sickle cell patients and their families should be consulted separately on proposals and are pleased that a sickle cell focussed consultation meeting is to take place in March 2010. However, it is a concern that in-patient services for children will be moved to Northwick Park Hospital but specialist services for sickle cell will remain at Central Middlesex Hospital. Councillors would like reassurance that sickle cell patients are satisfied with this arrangement and again, steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met.

Councillors were pleased to learn that funding is in place to support training for GPs in Brent to better recognise the signs of sickle cell crisis and manage the illness without needing an inpatient hospital stay. Members appreciate that management of illness and treatment outside of hospital is as important for sickle cell as any other long term condition and hope that this training helps to achieve this aim.

Consultation

The Health Select Committee is satisfied with the consultation plan that is being implemented by North West London NHS Hospitals Trust for paediatric services in Brent and Harrow. Changes to the consultation plan and document suggested by councillors at the Health Select Committee meeting on the 7th January were implemented. However, some issues, such as the publication of a statement on the future of CMH are still to be addressed.

Councillors are slightly concerned that only 20 people attended the public meeting at Patidar House in Wembley on 11th February, as this figure also included trust staff. Members would have expected more people than this to turn up to the public meeting. Councillors are pleased that an additional public meeting at Central Middlesex Hospital has been arranged as it is felt that this may attract more people, as it is in south Brent and on the site where the

proposed changes will have the greatest impact. 10,000 copies of the consultation document have been distributed which is positive and it is hoped that a good number of people respond to the consultation.

The Health Select Committee wants to sign off the consultation exercise and consider the outcomes of the consultation, the final proposals for service change and an implementation plan before implementation of the new service begins. The committee's last meeting of the 2009/10 municipal year is on the 23rd March, before the consultation closes. Therefore, officers will be invited to attend the first meeting of the committee in 2010/11 to present their report. This meeting is likely to be in June 2010, although committee dates are still to be set.

Councillor Chris Leaman
Chair, Brent Health Select Committee

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Health Select Committee Work Programme – 2009/10

Health Select Committee – 9th June 2009

Health Select Committee – 9 th 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 th 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 th October 2009
North West London	The Committee has been concerned about	Report noted. Will follow up later in	Fiona Wise	To be

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 th 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 th 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 th July committee meeting.	Andrew Davies	15 th July 2009

Health Select Committee – 15th July 2009

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
Page 93	<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"> • The implementation of Healthcare for London - where proposals for major trauma and stroke have been launched, but with other changes to follow. • The plans PCTs have to base more care outside hospital by strengthening primary and community care provision. • The need for hospitals to have a secure financial, performance and strategic base, so that they can achieve Foundation Trust status. • Specific proposals on services at Central Middlesex and Northwick Park Hospital. <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 28th 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 20th 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 – 20th October 2009

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
World Class Commissioning Strategy Plan Refresh Page 95	<p>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:</p> <ul style="list-style-type: none"> • Submitting a case for change to the Department for Health by Sept 2009 • Looking at the implications for services of three possible funding settlements for NHS Brent • Submit final Commissioning Strategy Plan by December 2009 <p>The Committee will be updated on this work, including the impact of the different options the primary care trust is working on.</p>	Agreed to consider the plan again in December 2009 prior to its submission to NHS London.	Thirza Sawtell, NHS Brent	December 2009
Primary Care Strategy – Follow up from challenge session	<p>There were three specific issues relating to the Primary Care Strategy that members wanted to follow up following their challenge session in April 2009 –</p> <p>i). The five cluster plans for Brent to see</p>	Noted.		

	<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 96</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 1st 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 – 9th 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 th 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 – 7th 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 – 17th February 2010

Pre Meeting Planning		Post Meeting Actions			
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status	
Page 100	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>	<p>The committee agreed to:</p> <ul style="list-style-type: none"> Refer the issue of fast food outlets and their proximity to schools to the council's planning department to see how they are addressing this issue. A response has been requested for the committee in March 2010. Consider the obesity strategy, which is currently being developed, at a meeting in the summer of 2010. 	<p>Andrew Davies to liaise with Planning.</p> <p>Melanie O'Brien to present the obesity strategy.</p>	<p>March 2010</p> <p>September 2010</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>	<p>The committee agreed to keep this item on the agenda quarterly, to monitor actions aimed at improving access and patient satisfaction. The committee has also asked that a task group scope is drafted, as a possible review topic for 2010/11.</p>	<p>Andrew Davies</p>	<p>June 2010</p>
	Smoking Cessation Performance	<p>The committee has requested that performance information on smoking</p>	<p>The committee agreed to leave this issue in the work programme, to look</p>	<p>Susan Hearn, Smoking</p>	<p>September 2010</p>

Monitoring	cessation in Brent is presented each quarter because of concerns about this service, and whether targets for the year will be met.	at performance on a 6 monthly basis.	Cessation Manager	
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.	<p>The committee has agreed to:</p> <ul style="list-style-type: none"> • Write to TfL expressing their disappointment that they did not attend the meeting. • Lobby TfL with regard to step free access at Northwick Park Station, especially in the light of plans for acute hospital services in NWL. • Lobby with regard to the lack of progress in securing greater bus provision from south Brent / Wembley to Northwick Park Hospital. <p>The committee has asked for written progress update in 6 months time, based on the task group recommendation themes.</p>	Andrew Davies to coordinate	August 2010
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.	The committee has asked to see the timetable for the plans for Stag Lane. Jo Ohlson agreed to provide this.	Jo Ohlson	February 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.	Report noted. HSC will provide consultation response at committee meeting in March 2010.	Andrew Davies	March 2010

Health Select Committee – 24th March 2010

Pre Meeting Planning		Post Meeting Actions		
Subject and Witness	Issue	Outcomes and Actions Arising	Responsible Officer	Deadline and Status
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.			
Acute Services Review consultation response	The committee is to sign off the response to the consultation on paediatric services provided by North West London NHS Hospitals Trust.			
North West London Sector Integrated Strategic Plan	The chair of the committee has asked for this plan to be put on the agenda so that members can be updated on the plans for acute services in the NWL sector.			
Planning policy on fast food outlets located close to schools.	Requested by the committee following discussion on childhood obesity at the meeting in February 2010. Members are concerned that action is taken to limit the number of fast food takeaways located close to schools (especially secondary schools). Members want to know how the planning department can address this issue and whether there are examples of best practice that it can learn from.			
Belvedere House	Proposals for service changes at the day			

	service at Belvedere House will be presented to the committee at the request of the chair, Councillor Leaman.			
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Items to be carried forward to 2010/11

The following items were included in the Health Select Committee Work Programme for 2009/10 and will be carried forward to 2010/11.

Page	Proposed Item	Issue for Health Select Committee
105	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.
	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.
	Obesity Strategy	The committee wants to look at the Obesity Strategy in the summer of 2010, prior to its approval in order to see how obesity in Brent is to be addressed. This follows on from previous reports considering childhood obesity in Brent and the MEND programme.
	Smoking Cessation	The committee wants to keep track of this issue and will receive regular service updates. The next is scheduled for September 2010.
	Access to health services for	Final report of the task group, for committee endorsement once it is available.

people with learning disabilities	
Section 75 partnership arrangements for mental health services	Report back to the committee in June 2010 on progress.
Public Health Annual Report	NHS Brent will present details of the Annual Public Health Report for the committee to consider and comment on.