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# Start Well update for Brent Community and Wellbeing Scrutiny Committee

5 March 2025



# Background and purpose of this update



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## Background

- A public consultation was conducted between 11 December 2023 and 17 March 2024 which focussed on proposed changes to maternity, neonatal and children's surgery. The consultation aimed to reach a wide range of residents, patients, staff and stakeholders gathering feedback on the proposed changes to services.
- An independent organisation (Opinion Research Services or ORS) have analysed the feedback received over the 14-week consultation period and have published their full evaluation reports.

## Purpose of the update

We have the feedback reports to inform further work done since consultation and next steps. The purpose of this paper is to give an update to Brent Community and Wellbeing Scrutiny Committee about the consultation outcomes and the ongoing work that is being undertaken to update the proposals that responds to consultation feedback.

To support this, today's update includes:

- A reminder of the proposals included in the consultation
- A summary of the activities undertaken as part of the public consultation
- High level feedback themes from the consultation, with a focus on feedback from Brent residents
- The proposed next steps

## Supporting papers

- Maternity and Neonates independent feedback report: <https://nclhealthandcare.org.uk/wp-content/uploads/2024/11/Start-Well-Consultation-on-Maternity-and-Neonatal-Services-in-NCL-ORS-Full-Report-NOV-FINAL.pdf>
- Reach report and consultation methodology: <https://nclhealthandcare.org.uk/wp-content/uploads/2024/07/Start-Well-programme-methodology-and-activity-report.pdf>

# The Start Well programme was set up with the aim of supporting the reduction of inequalities and improving population health outcomes



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The Start Well programme is one of a number of programmes that NCL ICS is progressing in line with its overarching strategy to improve access, experience and outcomes for North Central London residents. Other programmes underway designed to improve population health outcomes include delivering a core offer for community services and mental health services as well as the implementation of a Long Term Conditions Locally Commissioned Service in Primary Care.

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes
- There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others
- The quality of services could be improved, and some service users face differential outcomes and experience
- Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care
- Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care

# Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders, ICS partners and our neighbouring areas

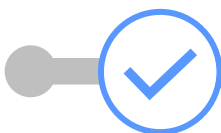


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## Start of review

November 21

Agreement across all organisations to commence the programme following Trust Board engagement.



## Case for change development

November 21 – May 22

The clinical case for change was co-developed through significant clinical engagement, including: 60 interviews, 12 reference group meetings, 2 large clinical workshops and 5 surgical deep dive sessions



## New care models

July – September 21

Future facing best practice care models were developed. This involved **over 100 clinicians** through workshops and task and finish groups



## Case for change engagement

July – September 22

Engagement with patients and the public on the case for change, including:

- 207 in depth discussions
- 389 questionnaire responses
- 16 stakeholder meetings
- 2 youth summits

Over **75% of respondents agreed or strongly agreed with opportunities identified**

## Options appraisal

November 22 – May 23

Evaluation of options was undertaken through **10** clinical reference group meetings, **8** finance group meetings and **3** patient and public engagement group meetings



## Pre-consultation business case development

May 23 – September 23

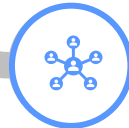
Drafting of pre-consultation cases that outline proposals and new clinical model to be implemented



## IIA engagement

May – June 23

Engagement with **over 120 service users** about their experiences of maternity and neonatal care to build up an understanding of the impact of implementing changes



## NHSE assurance

November 23

Assurance of proposals by NHSE, a requirement in advance of commencing a consultation. Trust Board sign up to proposals is needed for this



## Clinical senate review

July 23

A panel of over 30 senate panel members reviewed and feedback on proposals. Lead clinicians from NCL represented the programme



## Public consultation

December 23 – March 24

Seeking feedback on proposals which will inform subsequent decision making



## ORS report development

July – November 24

Working with independent provider to develop feedback reports. Published 4<sup>th</sup> November



## Responding to feedback and updating proposals

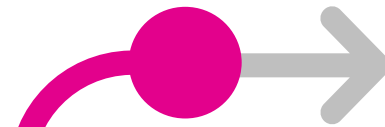
August – December 24

Working with reference groups (including finance and clinical) to update options appraisal and evaluation in the context of consultation feedback and with latest data

## Developing DMBC and implementation planning

December 24 – March 25

Developing decision-making business case (DMBC) ahead of ICB decision-making meeting in early 2025, including more detailed implementation planning



The programme, which began in November 2021, has benefitted from extensive clinical and service user input.

# The Programme consulted on changes to maternity and neonatal care and children's surgical services



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The consultation included three areas:

1

## Maternity and Neonatal Care:

The proposals include ensuring the same minimum level of neonatal care is provided across all NCL sites and significantly investing in maternity and neonatal services. To enable this, it was proposed to consolidate maternity and neonatal care across four sites compared to the current five. The two options that were consulted on were:

**Option A:** proposes closing maternity and neonatal services at Royal Free Hospital (*identified at consultation stage as the preferred option*)

**Option B:** proposes closing maternity and neonatal services at Whittington Health

**Both options** propose retaining services at Barnet, North Mid and UCLH, and significantly investing in maternity and neonatal services at these three sites

2

**Birth suites at Edgware Birth Centre:** proposed the closure of the birth suites while retaining ante and postnatal care at the site

Focus of today's update

3

**Children's Surgery:** proposed consolidation of some children's surgical activity in centres of expertise – particularly for very young children (under the age of 5):

- **Centre of expertise for emergency and planned inpatient** care proposed to be at **GOSH** – this proposed the creation of a surgical assessment centre for improved emergency access
- **Centre of expertise for planned day case** surgery proposed to be at **UCLH**

# Consultation aims and purpose



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The programme set out to **deliver a 14-week public consultation** in line with best practice that complies with legal requirements and duties. We aimed to:

- Provide clear and accessible information about proposals and how they have been developed
- Allow time and opportunities for feedback from staff, residents, and stakeholders
- Ensure diverse voices are heard
- Seek alternative proposals or new evidence
- Understand the pros, cons and unintended consequences of the proposals
- Explore mitigations for any disadvantages
- Find out what matters most to patients and how this might affect implementation
- Ensure feedback was recorded and could be analysed to support thoughtful decision-making

## We achieved this through:

- Developing a range of materials that explained the consultation proposals in an accessible way
- Ensuring feedback could be shared several ways: questionnaire, telephone, written response, at a focus group and through attending a public drop-in session
- Focussing resources and working with the voluntary sector to reach population groups identified as potentially more impacted through our impact assessments
- Widely promoting the opportunity to take part in the consultation through social media and other promotional opportunities
- Engaging with staff working across services and in the wider NHS
- Identifying local political and other stakeholders to seek their feedback on the proposals

# During the consultation we widely promoted the opportunity to participate whilst seeking in depth feedback from potentially impacted groups



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## Engagement with the consultation and feedback

 Nearly **9,000 website** views, of which **6,335 were individual users**

☒ **3,112 questionnaire responses, of which:**

☒ **2,031** came from members of the public

☒ **1,060** came from NHS staff

☒ **21** came from organisations

**79 written submissions and emails** of which:

**32** came from members of the public



**47** came from NHS staff, stakeholder organisations and officials

The original consultation documents can be found at: <https://nclhealthandcare.org.uk/get-involved/start-well-2/key-information/>

## Promotional activities

Social media promotion leading to over **720,000 impressions** and over **3,670 clicks** through to the consultation website



Video content totalling **1,310 views**

Print adverts placed in **13 local papers** or circulars

Over **40 items of news coverage** in local and national press



Nearly **7,000 letters** sent to households in target geographies



## Meetings and feedback opportunities

Programme team attendance at **199** different meetings or events, reaching just under **3,400 people**, of which:

**32** were in depth staff feedback sessions with **over 470 participants**



**26** were promotional drop ins at local hospital sites reaching nearly **600 people**



**46** were sessions targeted at communities who have protected characteristics or face health inequalities reaching **503 people**

### Example communities reached:

Orthodox Jewish community, Black and Asian women's groups, families with learning disabilities, women over the age of 35, women with experience of maternal medicine services, women living in areas of deprivation, people with experience of mental health problems, women and people with poor English proficiency

**34** were in target geographies as identified by the interim integrated impact assessments reaching **582 residents**

**8** were local GP meetings reaching **279 GP staff** across NCL as well as Brent and Harrow



**9** were targeted close the Edgware Birth Centre, reaching **81 staff and residents**



Engagement was separately commissioned with hard to reach groups such those experiencing homelessness reaching **42 people**

Separately commissioned focus groups and interviews with people living in target geographies reaching **nearly 30 residents**



# After identifying Brent residents as impacted by the proposed change, we engaged with as many residents and stakeholders as possible as part of consultation



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## PUBLIC ENGAGEMENT



Letters to over 3800 households in Harlesden and Willesden (over a third of households)



'Open to all' drop-in events



'Stay and play' events at local children's centres



Focus group with residents



5x 1:1 interviews with Brent residents



Half-page advert in the Brent and Kilburn Times

## COUNCIL ENGAGEMENT



- Brent Councillors briefing
- Brent Community and Wellbeing Committee

## STAKEHOLDER ENGAGEMENT



Brent GP forum with 60+ attendees



Reached out to 10+ Brent-based VCS organisations including: Brent Health Matters, Healthwatch Brent, churches and faith centres



3x Brent Connects meetings with 26-35 attendees at each



# The ORS feedback report showed widespread recognition of the challenges facing services in NCL and mixed views on the proposed consolidation of services



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## Maternity and neonatal care model

Strong agreement with challenges in case for change

- Across all engagement activities, a **substantial majority** agreed that **changes are needed to address current challenges facing services**, with **68% of questionnaire respondents either strongly agreeing or tending to agree**
- **Nearly three quarters of questionnaire respondents (73%) either strongly agreed or tended to agree with the proposal that all neonatal units in NCL should offer the same minimum level of neonatal care (i.e. at least level 2)**

Less support for consolidation of services

- There was **less support for consolidating maternity and neonatal services** from five to four sites – **68% of neonatal NHS staff agreed** compared to **41% of maternity NHS staff**
- One quarter of service users/parents/carers agreed; **63% disagreed**. There was higher disagreement (**69%**) among those near Royal Free Hospital, though there was disagreement elsewhere too.

Greater support for option A vs option B

- Overall, **69% of respondents preferred Option A over Option B**
- Those near Royal Free Hospital favoured continuing services there (Option B). Those near all other hospitals supported Option A (keeping provision at Whittington Hospital).

## EBC birthing suites

Recognition of the challenges

- Across all engagement activities, there was **broad recognition of the current challenges facing services and the need to make changes** (**65% of respondents agreed or strongly agreed with the need to make changes**)

Agreement with the proposed closure of birthing suites

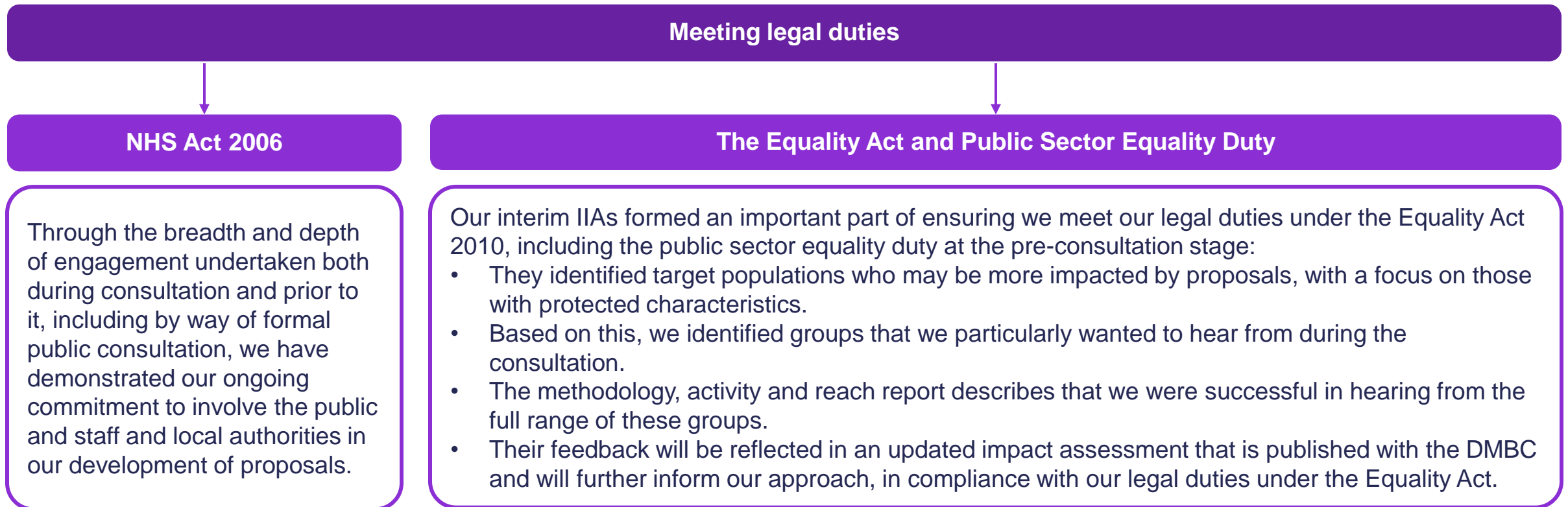
- Overall, about **three fifths (61%) of respondents agreed with the proposal to close the birthing suites**, with many tending to cite the low number of births as the basis for supporting this proposal.
- However, a higher proportion (**41%**) of those living closest to Edgware Community Hospital disagreed with the proposed closure

# The consultation has helped us meet our legal duties relating to engaging and involving the public and under the Equality Act / PSED



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The programme has successfully delivered a wide-ranging consultation. The comprehensive feedback gathered plays a crucial role in shaping the final decisions on the proposed changes, ensuring that the services provided are safe, timely, and of outstanding quality for all local residents.



## We also received feedback from Brent councillors and political stakeholders about the proposals which we will take into consideration as part of the DMBC



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### Who we heard from

We received feedback from:

- **Leader of Brent Council and other elected members (letter)**
- **Brent Community and Wellbeing Scrutiny Committee**
- **Cabinet Member for Adult Social Care, Public Health and Leisure**
- **MP for Hampstead and Kilburn\***
- **London Assembly Member for Brent and Harrow**

\*Note that since consultation there have been boundary changes

### What they said

Feedback mainly related to Option A. This includes:

- Questions posed about whether the **impact on Harlesden and Willesden** had been considered during consultation (both positive and negative)
- Concerns around potential **impact on NWL providers** i.e. St Mary's and Northwick Park hospitals, including concerns about challenges absorbing any additional flows of activity as a result of changes in NCL
- A view that some Brent residents are **reluctant to use services at Northwick Park Hospital** due to perceived concerns around quality of care and so may have their choice in hospital reduced further
- **Increased travel distances and costs** could negatively impact Brent residents (e.g., families with babies in neonatal care, low-income residents, logistics with public transport)
- Concern that there is a **risk of further reductions** in maternity and neonatal care provision, should any similar reorganisation of services be replicated in NWL in the foreseeable future
- Perception that proposals may focus on cost-cutting over quality
- Request for additional **support and contingency arrangements** to be provided to communities detrimentally impacted by the implementation

# Since the conclusion of the public consultation, we have been updating our proposals and preparing for a decision-making business case



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Since March 2024, we have:



Worked with Opinions Research Services for them to produce **comprehensive independent reports on the consultation feedback**



Worked with the Clinical Reference Group to **further develop the proposed care model** in response to consultation feedback



Updated the **workforce implications of proposals** with both the Clinical Reference Group and Finance Group using the latest best practice guidance



Refreshed the data and approach underpinning patient flow modelling and updated the **Integrated Impact Assessment** to understand the impact of each proposal



Worked with the Patient and Public Engagement Group to **update access evaluation and mitigations** to support vulnerable groups



Worked with the finance group to do more detailed work on the **capital requirements** that would support implementing the proposals



**Refreshed the options appraisal evaluation** and reevaluated each option based on the work done with programme governance groups and asked the programme board to agree a recommended option

# Next steps



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- Feedback received will inform and influence our future decision-making, the next steps of the programme and how plans will be implemented
- We will also be completing the final tests (Mayor's 6 Tests) for Mayoral assurance prior to decision making meeting
- We are happy to provide a further update to Brent Community and Wellbeing Scrutiny Committee
- We will continue to work closely with public health colleagues and NWL teams to ensure the voices and views of Brent residents are considered



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# Appendix

# Summary of all consultation engagement activities in Brent



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Activity	Detail	
Meetings and events attended or facilitated during the consultation period	<ol style="list-style-type: none"> <li>1. Brent Integrated Care Partnership Executive Meeting (20/12/2023, 15 attendees)</li> <li>2. Brent Connects Harlesden (09/01/2024, 35 attendees)</li> <li>3. Brent Councillors Briefing (09/01/2024, 26 attendees)</li> <li>4. Brent Connects Kilburn (11/01/2024, 35 attendees)</li> <li>5. Brent Connects Willesden (23/01/2024, 26 attendees)</li> <li>6. Brent Health Matters at Harlesden Methodist Church (26/01/2024, 45 attendees)</li> <li>7. Brent Health Overview and Scrutiny Committee (30/01/2024, 20 attendees)</li> <li>8. Brent Health Matters at Pakistani Community Centre (30/01/2024, 5 attendees)</li> <li>9. Maternity service user experience in Brent (07/02/2024, 9 attendees)</li> <li>10. Brent GP Forum (08/02/2024, 60 attendees)</li> <li>11. Brent drop-in at Harlesden Library (06/03/2024, 20 attendees)</li> <li>12. Daniel's Den stay and play (15/03/2024, 15 attendees)</li> </ol>	
Household mail-out letters	3822 letters across Harlesden and Willesden	
Paid-for advert in media	<ul style="list-style-type: none"> <li>• Brent and Kilburn Times (11/01/2024)</li> <li>• Brent and Kilburn Times (22/02/2024)</li> </ul>	
Voluntary Sector and Community organisations contacted during the consultation period	<ul style="list-style-type: none"> <li>• Brent Connects</li> <li>• Brent Christian Faith Church International</li> <li>• Brent CVS</li> <li>• Brent Health Matters</li> <li>• Brent Immunisation Coordinator</li> <li>• Brent Immunisation Coordinator</li> <li>• Brent New Testament Church of God</li> <li>• Brent Reformed Church Zimbabwe International</li> <li>• Brent St Mary Magdalen Catholic Church</li> <li>• Brent Women's Advisory Resource Centre</li> <li>• Harlesden Food store</li> <li>• Healthwatch Brent</li> </ul>	