

**REPORT FOR: OVERVIEW AND  
SCRUTINY COMMITTEE  
AND SCRUTINY SUB-  
COMMITTEES**

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| <b>Date:</b>                          | 23 February 2010  |
| <b>Subject:</b>                       | North West London Acute Services Review -<br>Scrutiny response to NHS Consultation "Better<br>Services for Local Children - A Public<br>Consultation for Brent and Harrow"  |
| <b>Responsible Officer:</b>           | Alex Dewsnap, Divisional Director Partnership<br>Development and Performance  |
| <b>Scrutiny Lead<br/>Member area:</b> | Councillor Vina Mithani, Policy Lead, Adult Health<br>and Social Care<br><br>Councillor Rekha Shah, Performance Lead, Adult<br>Health and Social Care<br><br>Councillor Janet Mote, Policy Lead, Children and<br>Young People<br><br>Councillor Margaret Davine, Performance Lead,<br>Children and Young People |
| <b>Exempt:</b>                        | No  |
| <b>Enclosures:</b>                    | Appendix A – Joint Scrutiny Challenge Panel<br>Terms of Reference and Scope<br><br>Appendix B - Draft scrutiny response to<br>consultation  |

**Section 1 – Summary and Recommendations**

This report sets out a draft response from the Overview and Scrutiny Committee to the consultation by NHS Brent, NHS Harrow and NW London Hospitals Trust on local paediatric services.

**Recommendations:**

The Overview and Scrutiny Committee is asked to:

- Consider the scrutiny response that has been drafted and provide comments.
- Agree a final response for the Harrow Overview and Scrutiny Committee to submit to NHS Brent, NHS Harrow and NW London Hospitals Trust.
- Use the success of this model of joint scrutiny with another borough in informing plans for scrutiny in 2010/11 and thereafter.

## Section 2 – Report

### Background

NHS Brent, NHS Harrow and NW London Hospitals Trust are consulting on proposals for changes to local services for children in hospital (paediatrics). The consultation entitled “Better Services for Local Children – A Public Consultation for Brent and Harrow” runs from 11 January to 4 April 2010.

Colleagues from the NHS have previously attended Harrow Overview and Scrutiny Committee meetings to discuss the proposals on a number of occasions (at O&S Committee 28 July, 3 November and 24 November 2009).

Scrutiny councillors from Harrow and Brent came together to hold a joint Challenge Panel to question NHS colleagues about the proposals and the consultation process. The terms of reference and scope is attached to this report as Appendix A.

The Challenge Panel was held on 10 February 2010 at Northwick Park Hospital and was preceded by a tour for members of the relevant wards. The Challenge Panel consisted of 8 members, four representing Brent and four representing Harrow. Harrow’s representatives were Councillors Mithani, R Shah, J Mote and Davine. The aims of the Challenge Panel were to:

- To gather sufficient evidence to inform Brent and Harrow scrutiny’s individual responses to the consultation by NW London Hospitals Trust ‘Better Services for Local Children’
- To be able to answer the questions within the consultation:
  - *Do you agree that it makes sense to provide most care for children outside of hospital?*
  - *Do you accept the argument that it makes sense for specialist children’s facilities to be in one place not two?*
  - *Do you believe that a coordinated service for children being cared for in and out of hospital should be provided across the two boroughs of Brent and Harrow?*
  - *Do you think an Urgent Care Centre at each hospital is a good idea, so children can be seen there rather than in A&E?*
  - *Do you think a Paediatric Assessment Unit, staffed by expert doctors and nurses, at each hospital is a good idea?*
  - *Overall do you support our proposed changes?*
- To make valuable input to the NW London Hospitals Trust’s consultation process
- To be able to adequately assess the consultation process

Following the Challenge Panel, Brent and Harrow have individually drafted their separate scrutiny responses to the consultation. Harrow’s draft response is attached as Appendix B, for the consideration of the Overview and Scrutiny Committee. The Overview and Scrutiny Committee is asked to agree its response to the NHS so that a written submission can be provided ahead of the 4 April deadline.

The joint Challenge Panel proved very successful in best using NHS and member resources for an issue affecting the residents across two boroughs. To this end, such an approach should be considered in the plans for scrutiny in the next administration (2010/11 to 2013/14).

### **Financial Implications**

There are no financial implications for scrutiny arising directly from this report.

### **Performance Issues**

There are no performance issues for the council directly associated to this report.

### **Environmental Impact**

There are no environmental impacts directly associated to this report.

### **Risk Management Implications**

There are no risk management implications directly associated with this report.

### **Corporate Priorities**

By responding to the consultation, Overview and Scrutiny can address the following corporate priority:

- Improve support for vulnerable people – local healthcare services address the needs of those who are vulnerable and those who are unwell.

## **Section 3 - Statutory Officer Clearance**

Statutory clearance not required.

## **Section 4 - Contact Details and Background Papers**

**Contact:** Nahreen Matlib, Senior Professional Scrutiny,  
[nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

**Background Papers:** The background to the consultation and the consultation document can be found at:  
<http://www.brentharrowchildren.nhs.uk/>

Appendix A: Terms of reference and scope for Brent and Harrow's Joint Challenge Panel on NW London Acute Services Review Consultation and Proposals

Appendix B: Draft response from Harrow Overview and Scrutiny Committee

## APPENDIX A



### JOINT SCRUTINY CHALLENGE PANEL ON NORTH WEST LONDON ACUTE SERVICES REVIEW CONSULTATION AND PROPOSALS

Terms of reference and scope:

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|---|-----------------------------------|--|
| 1 | <b>SUBJECT</b>                    | North West London Acute Services Review – Consultation and Proposals   |
| 2 | <b>COMMITTEE</b>                  | Commissioned jointly by Brent Health Select Committee and Harrow Overview and Scrutiny Committee   |
| 3 | <b>REVIEW GROUP</b>               | Brent – Councillors Chris Leaman, George Crane, Ruth Moher, Eddie Baker<br>Harrow – Councillors Margaret Davine, Vina Mithani, Janet Mote, Rekha Shah  |
| 4 | <b>AIMS/ OBJECTIVES/ OUTCOMES</b> | <ul style="list-style-type: none"> <li>• To gather sufficient evidence to inform Brent and Harrow scrutiny's individual responses to the consultation by NW London Hospitals Trust 'Better Services for Local Children'</li> <li>• To be able to answer the questions within the consultation: <ul style="list-style-type: none"> <li>➢ <i>Do you agree that it makes sense to provide most care for children outside of hospital?</i></li> <li>➢ <i>Do you accept the argument that it makes sense for specialist children's facilities to be in one place not two?</i></li> <li>➢ <i>Do you believe that a coordinated service for children being cared for in and out of hospital should be provided across the two boroughs of Brent and Harrow?</i></li> <li>➢ <i>Do you think an Urgent Care Centre at each hospital is a good idea, so children can be seen there rather than in A&amp;E?</i></li> <li>➢ <i>Do you think a Paediatric Assessment Unit, staffed by expert doctors and nurses, at each hospital is a good idea?</i></li> <li>➢ <i>Overall do you support our proposed changes?</i></li> </ul> </li> <li>• To make valuable input to the NW London Hospitals Trust's consultation process</li> <li>• To be able to adequately assess the consultation process</li> </ul> |
| 5 | <b>TERMS OF REFERENCE / SCOPE</b> | <ul style="list-style-type: none"> <li>• Members will use the challenge session to question officers from the local NHS (NHS Brent, NHS Harrow and North West London NHS Hospitals Trust) on the proposals for changes to paediatric services provided by North West London NHS Hospitals Trust.</li> <li>• The challenge session should focus on the consultation</li> </ul>  |

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|   |                             | <p>process being used by the local NHS, the specific proposals for service change and whether they are in the best interests of local people.</p> <ul style="list-style-type: none"> <li>• Before starting the challenge session, the group should agree who should chair the meeting. Meeting notes will be taken by Nahreen Matlib and Andrew Davies.</li> <li>• Local Involvement Network members have been invited to attend the challenge session and should be given the opportunity to ask questions to witnesses if they wish.</li> <li>• The Brent Health Select Committee and Harrow Overview and Scrutiny Committee will prepare separate responses to the consultation, which will be agreed at the next proper meeting of each committee. The response will be based on the information gathered at the challenge session, plus other supporting material gathered by the committee during their work. Consultation responses will be sent to North West London Hospitals Trust before the 4<sup>th</sup> April 2010.</li> </ul> |
| 6 | <b>METHODOLOGY</b>          | <p>Joint challenge panel held by members of Brent and Harrow Councils. Evidence gathered to inform the individual responses to the NHS consultation from each borough's scrutiny function. Challenge session to include a site tour at Northwick Park Hospital.</p>   |
| 7 | <b>TIMESCALE</b>            | <p>Joint challenge panel on Wednesday 10 February 2010.</p> <p>Draft responses to consultation from respective boroughs to be presented to:</p> <p>Brent Health Select Committee – 24 March 2010<br/> Harrow Overview and Scrutiny Committee – 23 February 2010</p>   |
| 8 | <b>RESOURCE COMMITMENTS</b> | <p>Brent Council - Andrew Davies (Policy and Performance Officer)<br/> Harrow Council - Nahreen Matlib (Senior Professional Scrutiny)</p>   |
| 9 | <b>WITNESSES</b>            | <p>The following officers will be at the challenge session to answer councillors questions:</p> <p><b>North West London NHS Hospitals Trust:</b><br/> Fiona Wise, Chief Executive<br/> David Cheesman, Director of Strategy<br/> Paul Mannix, Consultant Neonatal Paediatrician and Clinical Director for Children's Services</p> <p><b>NHS Brent</b><br/> Mark Easton, Chief Executive<br/> Manish Prasad, Co PEC Chair and Brent GP</p> <p><b>NHS Harrow</b><br/> Sarah Crowther, Chief Executive<br/> Andrew Howe, Joint Director of Public Health<br/> Lesley Perkin, Director of Commissioning and Delivery</p>  |

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|    |                     | <b>Harrow Council</b><br>Roger Rickman, Head of Services – Special Needs Services<br>Richard Segalov, Head of Services for Young People                          |
| 10 | <b>LINK MEMBERS</b> | The following Local Involvement Network members will be at the challenge session:<br><br><b>Brent LINK</b><br>TBC<br><br><b>Harrow LINK</b><br>Audrey Brightwell |

## **APPENDIX B**

### **DRAFT**

#### **Harrow Overview and Scrutiny Committee Response to “Better Services for Local Children – A Public Consultation for Brent and Harrow”.**

Harrow Overview and Scrutiny Committee warmly welcomes the opportunity to comment on the proposals set out in the NHS consultation document “Better Services for Local Children – A Public Consultation for Brent and Harrow”. We thank colleagues from NHS Harrow, NHS Brent and NW London Hospitals Trust for bringing these proposals and the plans for consultation to our committee<sup>1</sup> and discussing them with us in such depth.

In addition to the discussions at formal committee meetings, we have gathered further evidence to inform our response to the consultation through holding an extremely valuable challenge panel. Scrutiny councillors from Harrow and Brent came together to hold a joint Challenge Panel on 10 February 2010 at Northwick Park Hospital to question NHS colleagues about the proposals and the consultation process. This was preceded by a tour for members of the children’s relevant wards and A&E which we found enormously helpful and we thank NHS colleagues for organising the tour.

The Challenge Panel<sup>2</sup> consisted of 6 members, three representing Brent and three representing Harrow. Harrow’s representatives were Councillors Vina Mithani, Rekha Shah and Janet Mote. The aims of the Challenge Panel were to:

- To gather sufficient evidence to inform Brent and Harrow scrutiny’s individual responses to the consultation by NW London Hospitals Trust ‘Better Services for Local Children’
- To be able to answer the questions within the consultation
- To make valuable input to the NW London Hospitals Trust’s consultation process
- To be able to adequately assess the consultation process

Following the Challenge Panel, Brent and Harrow have individually drafted their separate scrutiny responses to the consultation. Harrow’s Overview and Scrutiny Committee has formally ‘signed off’ this response at its meeting on 23 February.

In particular we wish to place on record our thanks to Fiona Wise and David Cheesman (NW London Hospitals Trust), Sarah Crowther (NHS Harrow) and

<sup>1</sup> Harrow Overview and Scrutiny Committee meetings on 28 July 2009, 3 November 2009 and 24 November 2009

<sup>2</sup> For terms of reference and scope of the joint Challenge Panel, see report to Harrow Overview and Scrutiny Committee 23 February 2010:

<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=276&MId=4690&J=1>

Mark Easton (NHS Brent) for being so forthcoming with the plans for reconfiguration and consultation throughout the project to date.

Overall we support the changes proposed in the 'Better Services for Local Children' consultation document and wish to reiterate the following points about the proposals and their impact on Harrow residents.

### ***Reconfiguring services***

We are aware that, if implemented, the reconfiguration of the paediatric services is more likely to affect Brent residents than those from Harrow. That the groups and individuals that raised the most concerns during the pre-consultation phase were from Brent<sup>3</sup> may indeed reflect this.

The current provision represents a duplication of paediatric services at Central Middlesex Hospital (CMH) and Northwick Park Hospital (NPH) where there are not the numbers to support this as a good use of clinical resources. Critical mass is vital to achieve best use of resources and more importantly the delivery of the best clinical outcomes for children and young people. Centralising services in one location would help achieve this.

As was highlighted during our tour of the children's facilities at Northwick Park Hospital, effective communication will be key in ensuring that the reconfigured services work, especially given the recent integration of the Urgent Care Centre with A&E.

### ***Capacity at Northwick Park Hospital***

An initial concern of Harrow scrutiny councillors was the capacity of NPH to take on extra services if paediatric inpatient care was to transfer from CMH to NPH. Harrow councillors at previous scrutiny committee meetings had asked for assurances that the changes will not adversely affect other services at NPH and that it can cope with the paediatric integration. Having been on a tour of the facilities and spoken to staff we are now more assured that there is capacity and infrastructure at NPH to accept these changes. The new system of integrating the Urgent Care Centre with the A&E is newly in place, since the start of February. Further, Jack's Ward has space for 28 beds although currently funded for 21 nursing staff, and therefore there is scope to expand to further beds should the transfers from CMH require NPH to accommodate a greater number of beds.

Should the changes require additional staffing, NPH is well placed to recruit paediatric specialists and junior doctors as it rates highly as a teaching hospital for trainee doctors and nurses<sup>4</sup>.

### ***Impact on children, young people and their families***

The Chief Executive of the Hospitals Trust told us at Committee<sup>5</sup> that an independent company had undertaken an exercise to consider the impact the transfer arrangements between CMH and NPH would have on patients. Resulting data had indicated that, with 83% of paediatric care currently being

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<sup>3</sup> Harrow Overview and Scrutiny Committee, 24 November 2009.

<sup>4</sup> Evidence gathered by members of Challenge Panel during tour of NPH children's facilities.

<sup>5</sup> Harrow Overview and Scrutiny Committee, 28 July 2009.



provided on an ambulatory basis and only 12.8% of patients requiring admission to CMH, there would be little impact on the vast majority of paediatric patients.

We would expect the Hospitals Trust to keep track of the patient numbers being transferred from CMH to NPH and ensure that services on both sites are set up appropriately to be able to meet the changing needs of the children, young people and their families. We must also stress that 'children and young people' are not one homogenous group and have different needs. For example, the needs of a teenager in an acute ward would differ from that of a toddler and we would expect the service and care provided at NPH to reflect this. To this end, we were glad to see on our tour that a young people's room is being provided on Jack's Ward to meet the needs and comfort of older children.

### ***Engaging stakeholders***

Clinical engagement, especially with GPs will be important to ensure that health professionals can explain to patients the changes and the ramifications of these. Especially in Brent, there may be concerns over residents having to travel further to access services.

We understand that the decision to reconfigure acute children's service across Brent and Harrow was a clinically led proposal, following much work with clinical clusters and therefore putting forward a clinically robust set of proposals. Further, this is fully in line with the direction set by Healthcare for London. We have heard that during the pre-consultation phase, the proposals secured approval from 96% of stakeholders involved<sup>6</sup>. Any changes will only succeed if stakeholder and clinical engagement is maintained and therefore we would urge the PCTs and the Hospitals Trust to continue in their efforts to engage clinicians at all stages of this reconfiguration.

We would also encourage that the NHS continues to work in partnership with local authority colleagues in developing and delivering the best services for children and their families in the most holistic manner.

### ***Future of Central Middlesex Hospital***

We remain concerned that patients may progressively stop utilising the Paediatric Assessment Unit (PAU) at CMH on the basis that they may ultimately be transferred to NPH. This would make the PAU at CMH unsustainable in the long run. As a consequence public perception of the services offered by CMH is likely to suffer. To this end, it is paramount that the public are reassured as to CMH's future and what services (current, new and enhanced) it will offer local people.

Although there is a statement within the consultation document that the A&E department will remain at CMH with a separate communication on this subject planned, we await to see the direction set by the NW London sector's Integrated Strategic Plan on what each hospital in the region should offer in the future.

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<sup>6</sup> Evidence gathered at Challenge Panel on 10 February 2010.

### ***Transport arrangements***

We would urge the Hospitals Trust to firmly state its commitment to children, young people and their families/carers around transport arrangements between the two hospital sites. Repatriation of young patients after overnight stays at NPH should be a key consideration. Although the consultation document refers to expanding the use of the staff shuttle bus to accommodate the needs of patients and families, we now understand that other options may be explored. We would also urge the local NHS to exploit the opportunities afforded by the Chief Executive of NHS Brent being the London NHS lead for liaison with Transport for London to progress local concerns around transport and accessibility to and between CMH and NPH.

### ***Direct engagement with families of sickle cell patients***

CMH has a good reputation for treating patients with sickle cell. Given its demographics, there is a higher than average prevalence of sickle cell in Brent and therefore CMH is particularly accessible for Brent residents who are sickle cell sufferers. We are therefore glad to hear that the sickle cell service will remain sited at CMH and most patients managed there on an outpatient basis. Young sickle cell crisis patients requiring overnight stays will need to be moved to NPH and continuity of care between the two sites will need to be addressed as a priority. This stresses one of the key factors in implementing any reconfiguration of services – the importance of effective communication. We are glad that sickle cell patients were identified as a key target group to approach and gauge the views of in the pre-consultation work. Therefore we are assured that their views have informed the public consultation phase of work.

### ***Strategic landscape***

We have heard that the impetus for timing this review has been to conclude it before the sector-wide review of acute services for children and young people, planned for late 2010. We understand the Acute Services Review Board's concerns that implementation of the sector-wide review would take significant time and this could be to the detriment to meeting the immediate needs of Brent and Harrow children. However we would ask the local NHS to exercise some caution and ensure that their plans align to the wider strategic landscape and there is 'strategic fit' with policy directions for example from Healthcare for London and opportunities across the sector.

Moving towards the Healthcare for London model of care, more children and young people should be treated outside of hospital and with more emphasis on treatment within the community. Polysystems of primary care will promote and facilitate this, as will colocating urgent care centres at acute hospitals, as is the case at NPH. However we are aware that changes will not occur overnight and much of the success of the Healthcare for London vision relies upon changing people's mindsets and behaviours. Much effort and aware-raising is needed in persuading people that hospitals are often not the most appropriate place to go if unwell. More appropriate care may be available in primary care.

Although this consultation focuses upon the acute part of the clinical pathway, this must be complemented by enhanced primary and community care.

Better access to GPs will be important is ensuring the Healthcare for London vision is realised.

We wholeheartedly agree with the sentiments of the Hospitals Trust's Chief Executive who told us that it is more important decisions are made around ensuring the patient sees the most appropriate *person* to deliver their care rather than focus talk on the most appropriate *place* to provide care.

### ***Consultation***

It is scrutiny's responsibility to not only respond to NHS consultation but also evaluate the adequacy of the consultation process and consider the outcomes. As we are providing this response ahead of the close of the formal consultation period, we are unable to fully assess the adequacy of the consultation that the PCT has conducted around these proposals.

We are satisfied that the 18-day pre-consultation campaign across Brent and Harrow that took place in the autumn has informed the efforts for the formal public consultation phase. We hope that the forthcoming public events in both Brent and Harrow will be successful and capture the views of children, young people and their families, as well as more broadly the public. For our part, as elected members and we will use our role as community leaders to raise awareness of the proposals within our communities and encourage people to respond to these proposals.

We look forward to continuing our dialogue with NHS colleagues in the development and implementation of these plans. We ask that a further report is brought to Harrow's Overview and Scrutiny Committee to detail the outcomes of the public consultation exercise, the NHS' subsequent decision and implementation plan, and address the main issues raised in our response. To this end we would like to invite NHS colleagues to a future meeting of the Overview and Scrutiny Committee in the summer to update the Committee.

***(Following consideration at O&S 23 February, to be signed off by the O&S Chairman)***