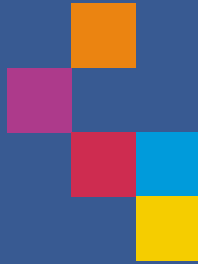


Luton

Brent



# Driving forward the health inequalities agenda in the public sector through the commissioning process

Commissioning for change - tackling health inequalities and modernising services

Camden and Islington

East London and The City

Lambeth, Southwark and Lewisham

## Taking forward key strategic learning

A summary of key strategic learning from the London and Luton Health Action Zones (HAZs) was published in January 2002.<sup>(1)</sup> Its aim was to generate further interest and enable this learning to be taken forward into future planning for mainstream services and area-based initiatives (ABIs).

The response to the first summary has been positive with a demand for more detailed information. In this document we look at the learning around **commissioning for change**. Our purpose is to share learning and develop the model of strategic commissioning to help drive forward the health inequalities agenda in the public sector. The HAZs have found that a key to 'bending' the mainstream is strategic commissioning which aims to tackle health inequalities and modernise services, by achieving a more equitable, inclusive and sustainable process.

Health Action Zones are the only ABIs funded by the Department of Health. The London and Luton HAZs have invested over £40m to date to tackle health inequalities and modernise services. Lessons from HAZs show that often only a small amount of health investment is needed to kickstart initiatives and act as a catalyst for change and unleash potential within the system.

HAZs have been at the forefront of neighbourhood renewal initiatives and have found a way of partnership working which has ensured Primary Care Trusts (PCTs) can be key partners in neighbourhood renewal. The HAZs have now been integrated with the Borough Health Improvement and Modernisation Programmes (HIMPs), and in some cases Local Strategic Partnerships (LSPs), to ensure that HAZs become part of the mainstream decision-making processes.

We would like to thank all the statutory agencies, voluntary sector groups and communities who have responded so positively to the opportunities provided by Health Action Zones. We have learnt from our partners and from everyone working with us to tackle health inequalities.



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<sup>(1)</sup> Investing our learning in the future - key strategic learning from the London and Luton Health Action Zones. January 2002.

<sup>(2)</sup> An evaluation of commissioning in the Lambeth, Southwark and Lewisham Health Action Zone: Report for the HAZ Task Group on Race and Diversity. Mark Bitel, Dawn Hill. January 2001.



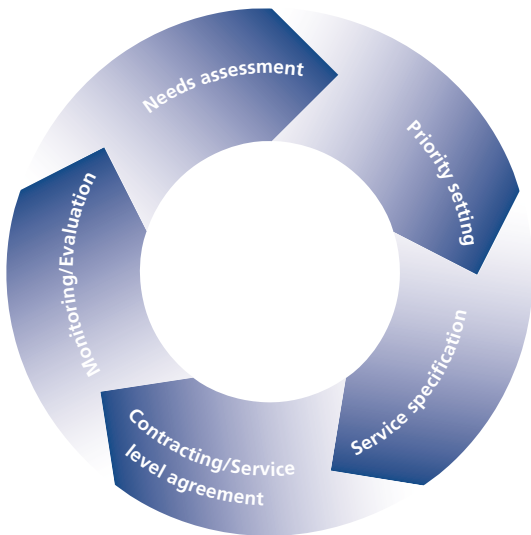
## Enabling change to happen - through the commissioning process

Commissioning is sometimes confused with the procurement or the purchasing of services. However, when addressed at the strategic level, commissioning can provide an essential framework for achieving sustainable change across systems and services.

It becomes central to strategic planning and a mechanism for ensuring the effective engagement and involvement of a number of partners, organisations and communities throughout the commissioning process. It engages communities and the general public in the planning of health services and it can also contribute to meeting the requirements of the Race Relations Amendment Act.

Community involvement must be at the core of commissioning for change. "Commissioning needs to be developed in a way that contributes to the long term development of communities, particularly the black and minority ethnic (BME) voluntary sector, and an increase in social capital."<sup>(1)</sup> The voluntary and community sector needs to be able and supported to influence and implement service delivery, at all stages of the commissioning cycle, shown in simplified form below.

### The commissioning cycle



### The need for change

The HAZs were established in two waves, in 1998 and 1999, to find new ways of tackling health inequalities and modernising services, and are based in 26 areas of greatest deprivation and poor health. The Government did not impose a commissioning process for HAZs and

each HAZ was able to be flexible in defining its own process. However the timescale in which the funds had to be spent and the need for an open and transparent process led to a traditional competitive bidding process for most HAZs, namely their health authority model.

A framework for a new model of commissioning has been developed and all the London and Luton HAZs have found that their own approach to commissioning requires all, or elements of, this approach with an emphasis on planning, inclusion and partnership.

An evaluation of commissioning in the Lambeth, Southwark and Lewisham Health Action Zone<sup>(2)</sup> found that the traditional commissioning process used unintentionally reinforced some of the inequalities the HAZs sought to address. The report concluded that there was little evidence to show that specific consideration was given to minority groups, including disadvantaged BME voluntary and community groups, and, instead, favoured larger organisations. Other findings included:

- an ongoing tension around health targets between national priorities and local targets identified by local communities;
- lack of support for smaller organisations;
- short timescales prevented certain groups applying;
- an unwillingness amongst voluntary and community groups to compete;
- the growing importance of evidence-based practice meant that smaller organisations which did not have access to or the capacity for research were at a disadvantage.

It was clear that a more strategic focus on resourcing change was needed. The LSL HAZ Partnership agreed that this would not be achieved through a bidding process but upon agreement of future priority areas and whole systems change. A more inclusive model of commissioning was required. This was developed in consultation with partners across the HAZ and piloted through three projects, the learning from which is informed by further work with mainstream commissioning bodies as they seek to embed the model within their own commissioning services.

## Delivering change - a framework for commissioning for change

The London and Luton HAZs have identified some general principles necessary for commissioning for change and emphasise that commissioning should be a continuous and dynamic process.

### Strategic planning

A robust needs assessment is required to inform the commissioning process. Strategic health planning needs the involvement of local people and communities to ensure comprehensive, appropriate and relevant needs assessment and user-focused service delivery. Change from within organisations and communities is an essential element of the HAZ work; learning around community and staff involvement shows greater ownership and capacity for change when people within the organisations or communities are part of the changes and planning.

In order to involve marginalised groups and communities the London and Luton HAZs worked with local voluntary organisations and BME groups and communities to strengthen their participation in local decision-making processes. The HAZs helped to develop formal structures and good practice guidelines for community involvement to support the sustainability of community involvement.<sup>(3)(4)</sup>

### From strategy to action

When commissioning a specific service or initiative, the commissioning organisation or authority should consult fully on priority setting and specification issues. This provides scope for commissioning organisations to discuss and reach agreement on these issues with organisations that represent or work with the service user group such as BME voluntary and community groups before the tendering process begins. This can help ensure that the commissioning brief does not exclude BME organisations, and incorporates the key priorities of the community or population for whom a service is provided.

### Facilitating partnership - drawing up the joint proposal

The commissioning group brings together all appropriate voluntary and statutory agencies to negotiate and draw up the final proposal which may be an expansion or development of the original commissioning brief. This enables explicit targets and performance indicators to be included in the service to be commissioned. It also ensures that each agency, statutory and voluntary,

specifies their particular contribution and responsibilities, as well as agreeing joint responsibilities. All the agencies sign up to one Service Level Agreement (SLA), making each partner's contribution clear. This detailed planning is vital to the success of the commissioning process and is key to turning consultation into action.

It is still possible, through a developmental commissioning process, to collectively identify and agree that one or more organisations are best placed to provide the service, rather than a consortium of providers. In this case commissioners need to ensure that individual groups are able to tender and then continue to work with the community group once commissioned.

This model of commissioning, including the development of the specification through negotiation and supporting the participation of smaller organisations, can redress the inequalities inherent within competitive tendering, whilst enabling commissioning organisations to meet their legal requirements.<sup>(5)</sup>

### Capacity for change

As indicated in the earlier report, a major element in commissioning for change involves building the capacity for that change to take place. Key learning from the HAZs has shown a greater commitment towards change when local communities and staff are supported through the change. Creating and supporting this capacity for change demonstrates an understanding of change processes and allows a longer term view to developing services.

### Ongoing review

Finally performance management needs to be evaluative, qualitative, participatory and iterative to ensure service delivery is responsive to user needs and that change is leading to desired outcomes. Time, skill and resources are required to continually review and evaluate the quality of services. All mainstream services need to be performance managed on a similar basis to ABIs in order to tackle health inequalities.



## In summary

**Developmental commissioning is a valuable tool for reducing inequalities in health and in other priority areas.**

Linked with capacity building, strategic planning and inclusive reviews this model can provide a framework for a fundamentally different approach to commissioning. Building capacity within local communities and supporting development is essential to tackling differences in health between communities especially from BME communities. It is also vital to provide transitional support and ensure the capacity for change in the statutory sector, the voluntary and community sector and within strategic partnerships.

Commissioners can play an important developmental role for effectively addressing inequalities by building on learning to influence future services. They can add value by monitoring existing service delivery and where necessary working with partnerships and procurers to redefine methods or models of service delivery. This requires that commissioners be given more freedom to take an holistic approach to service delivery and change

processes. Longer timescales are required and planning cycles and schedules may need to be adjusted.

While this model of commissioning needs longer term evaluation it has already contributed to creating community cohesion. By having its foundations within negotiation and mutual support, this model of commissioning facilitates equity within partnerships that may include organisations of hugely different resources and capacity. Integrating the issues raised by smaller groups from the outset can ensure services reflect local concerns and by enabling those smaller groups to participate fully in service design and delivery it can enable services to reach the communities they serve more effectively.

The new PCTs, with their focus on the community, are well placed to develop further the challenges and opportunities of commissioning for change.

<sup>(3)</sup> Health Action Zones: Lessons from London. Andrea Wild and Professor Sir Michael Marmot, Department of Epidemiology and Public Health, University College and Royal Free Medical School. July 2002.

<sup>(4)</sup> Examples will be included in the next planned report in the series, Investing our learning in the future, which will focus on community development and involvement.

<sup>(5)</sup> The Model for Taking Forward Developmental Commissioning - The Race Relations Amendment Act and its Implications for Commissioning Procurement.

Dr Kathryn MacDermott, Director, LSL HAZ. April 2002.

## Brent Health Action Zone

### Developing the voluntary sector

Brent HAZ was set up in 1999 and is now based within Brent PCT. Brent is a dynamic multicultural and diverse borough with a population of over 250,000 with approximately 55 per cent or more from BME communities. In the past decade it has seen a new population of refugees and asylum seekers. In partnership with the statutory and voluntary sectors, Brent HAZ has levered in an additional £8 million over the last 2 years.

Brent HAZ has developed a strategic approach to building and supporting the capacity of the voluntary and community sector as valuable partners in the commissioning and delivery of services to vulnerable communities.

Brent HAZ in partnership with local stakeholders commissioned a rapid mapping exercise<sup>(6)</sup> of all the key ABIs in Brent investing in tackling health inequalities. This reviewed 95 projects across ten ABIs for the financial years 2001/2002. Initial results show that Brent HAZ is one of the few ABIs to have invested substantially in tackling health inequalities and that there are significant gaps in health inequalities provision. For example women are linked into health inequalities as family members and it is recognised that sometimes their own needs are not met. There is a need to consider how to engage women more directly to enable them to be involved in health inequalities planning. It also found that the position of health programmes, especially health inequalities, within regeneration work is not strong. Recommendations on how to ensure the work on health inequalities remains focused will be put forward in the final report.

Brent HAZ has also commissioned a Social Enterprise Strategy<sup>(7)</sup> for Brent in recognition that the voluntary and community sector need to build capacity and confidence as key providers and partners, of services to socially-excluded communities. This model is a new approach to funding and commissioning for the PCT and Social Services. The strategy involves a person-centred approach to tackling health inequalities by working with organisations focused on health improvement, in deprived areas where healthy living initiatives have been established. It involves testing new types of social enterprises and developing strategic partnerships in

order to identify creative solutions to overcome health inequalities and to help ensure that the voluntary and community sector make the most of the opportunities to provide services. The Social Enterprise Strategy is aimed at supporting the local LSP regeneration strategy and PCT annual delivery plan. Central to building the strategy has been close liaison with PCT Joint Commissioning Managers from Brent Social Services to identify their key performance indicators, when seeking tenders from the voluntary sector.

As part of the Social Enterprise Strategy, health and social care organisations are provided with an in depth business, IT and finance infrastructure diagnostic or health check and findings are supported with a comprehensive and challenging development plan.

A Geographic Information System (GIS)<sup>(8)</sup> has been developed by Brent HAZ and Brent Council to utilise satellite mapping technology and personal address-level data to map out the health needs of the Brent population. The data is informed and shared by all the agencies such as the police, education, social services, health and the voluntary sector and community groups. The links between health care activity data and deprivation indicators are also explored. This data can be used to support and inform the commissioning process, ensuring a shared understanding of the local population, so that all partners and agencies can work with the same baseline data. It can also be used for monitoring and evaluation purposes. An example is the production of a map which highlights the location of all GPs aged over 50 in Brent. This information could be utilised to commission workforce strategies to recruit GPs to specific localities within Brent where a shortfall of GPs is likely to occur in the future due to expected GP retirement.

<sup>(6)</sup> The results of a rapid mapping exercise across regeneration and other area-based initiatives 2001-2002. Catherine Pearson and Marcus Ward, Peach Consultancy, November 2002.

<sup>(7)</sup> Social Enterprise Strategy for Health and Social Care Organisations in Brent. Marianne Alapini. Autumn 2002.

<sup>(8)</sup> The Neighbourhood Health Economy: A systematic review. Les Mayhew. December 2002.

## Camden and Islington Health Action Zone

### Whole systems change

Camden and Islington was awarded HAZ status in 1999 and key national priorities including mental health were identified as local HAZ targets.

#### Background

Mental health is a major issue in Camden and Islington with levels of mental illness extremely high in comparison to other areas, with hospital rates 50 per cent above the average for inner London and the fourth highest suicide rate in England.

At the same time that HAZ was launched, work began on developing a comprehensive, whole systems approach to mental health services. The aim was to introduce a new whole systems configuration of services and to improve partnerships. This included service user involvement in the provision of services, especially that of minority ethnic communities. HAZ initiatives were built into the existing strategy and commissioning infrastructure as integral and complementary to the overall strategic planning.

#### Using existing structures

This proved to be a key learning point for HAZ locally. There is more likelihood of long-term change and ongoing funding when initiatives are led or owned by the commissioning process and form part of the infrastructure from the outset.

The HAZ supported work linked with the Mental Health National Service Framework and offered the potential for HAZ initiatives to be mainstreamed. The overall process received the support of senior leadership and was linked to specific resources, joint working and a build up of a momentum for change.

The process of planning, consultation and implementation involved partnerships with service users, carers, the independent sector and across statutory agencies at all levels; specifically, integrated management between health and social care for community services, the establishment of specialist teams and community involvement.

#### Community Involvement

Community involvement was integral to the strategy, both in planning changes to the mainstream services and through community capacity building projects which are complementary to the mainstream. A Citizen's Jury, a Black and Minority Ethnic Reference Group Development Programme and a Whole Systems Event for people with mental health problems from Black and Minority Ethnic Communities were part of this process for community involvement.

The focus of the HAZ funding was to act as a catalyst for change, supporting staff through change and creating networks which could influence service development, and also to establish mechanisms for ongoing dialogue between statutory services and local people.

Early evaluations of key developments and formal research initiatives are continuing to contribute to the refinement and development of services, with significant changes to the pattern of service now becoming evident.

#### Outcomes

New training programmes for minority ethnic community workers in mental health are being rolled out; capacity building has resulted from community involvement by network development; peer training schemes have enriched the knowledge and expertise of those involved, particularly in the Horn of Africa scheme. These are a flavour of the developments taking place in Camden and Islington.

HAZ input was integral to mainstream commissioning from the start of the mental health strategy. The earmarked funding which flowed from the NHS plan and MHSF enabled the majority of the investment to be mainstreamed.

The HAZ is now being taken forward through two borough-based local health partnerships, one for Camden and one for Islington.

## East London and The City Health Action Zone

### Empowering communities

Set up in 1998, East London and The City Health Action Zone worked across Tower Hamlets, Newham, The City of London and Hackney and developed putting staff, patients, users and local communities at the heart of local services. The HAZ has been taken forward through the three borough HIMPs.

HAZ commissioned Zindaagi, meaning 'life', an innovative project managed in partnership with Newham Asian Women's Project (NAWP), to develop and co-ordinate support services for young Asian women vulnerable to suicide and self harm in East London. Run by Asian women for Asian women, Zindaagi is a good example of the community shaping services. It did this by accessing young women who were not engaged with mainstream services and producing an academically validated report.<sup>(9)</sup> This highlighted the prevalence of suicide and self-harm among Asian women and gave women an opportunity to share their experiences, highlight good practice and identify problems and gaps in service provision.

Zindaagi has a vital role to play in influencing service planners and commissioners in order to achieve more specialist services for Asian young women. It achieves this by providing robust needs analysis involving the community and including employees from the statutory sector on its steering committee. It ensured a wide circulation of the report to ensure awareness and understanding.

Zindaagi has:

- organised conferences to highlight the issue of Asian women and suicide and self harm;
- produced 'East London Guide to support services for Young Asian Women';
- provided advocacy, information and support to young Asian women;

- provided training and awareness-raising for health, education and social care staff;
- provided consultation, to voluntary and statutory professionals;
- established a network and steering group of Asian women's organisations in East London.

Zindaagi has shown that the voluntary sector and health can work in partnership effectively to meet the needs of excluded communities and to fill very specific gaps.

- HAZ played a significantly greater role than just the provision of money and complemented their skills and expertise.
- HAZ funding provided the community organisation access to and partnership with health agencies and has led to participation in the commissioning process.
- From a relatively small investment of HAZ money, the project has been able to lever in additional funds to provide and expand services for people at serious risk of ill health.

Since its inception Zindaagi has become recognised locally, London-wide and nationally as an active leader in the field of Asian women and mental health. It now aims to complete a feasibility study for a crisis house for young Asian women vulnerable to self-harm in East London that can be referred to by both the statutory and voluntary sector.

<sup>(9)</sup> Growing Up Young Asian and Female in Britain'. Newham Asian Women's Project, NAWP.

## Lambeth, Southwark and Lewisham Health Action Zone

### Developmental commissioning

LSL HAZ has invested over £15 million since 1998 to support over 130 initiatives that focus on the health and well being of children and young people and enable system change.

The HAZ has now been integrated with the three borough HIMP Partnership Boards. Since spring 2001 LSL HAZ has been piloting a new style of commissioning, designed to bring voluntary and community groups and the statutory sector together to work together in partnership and redress some of the weaknesses of the competitive tendering process.<sup>(10)</sup>

The LSL HIMP Partnership Board have agreed to take forward the lessons from this key strategic learning and are planning how this model can be incorporated into the commissioning carried out by the PCTs and Social Services. Additionally the South East London Strategic Health Authority (SELSHA) has included developmental commissioning in its performance management framework for all NHS Trusts across the South East Sector. The legal and financial validity of the developmental commissioning approach has been confirmed.<sup>(11)</sup>

Developmental commissioning can be used at all levels:

- **strategic mainstream level** - working with an integrated commissioning group to commission services for elderly adults, those with physical disabilities and continuing care needs in Southwark;
- **thematic or programme level** - the model has been used to commission both the Lewisham and Lambeth Children's Fund Programmes;
- **project level** - three initiatives have been commissioned involving young people to improve sexual health and other local services including PushUp - a sexual health action research project detailed here.

PushUp is a project delivered through a partnership between the Peabody Trust; West African Community Action for Health (WACAH); Blackliners; Puntland Society, South Lambeth Primary Care Group (SLPCG) - now Lambeth PCT - and South London and Maudsley (SLAM) NHS Trust. It was commissioned in March 2001 with the aim of actively engaging young people from a range of backgrounds to inform the implementation of a national sexual health and other local service provision.

The umbrella voluntary organisation, Lambeth Voluntary Action Council (LVAC), was approached to provide possible partners against certain criteria including specific skills and experience in engaging young people from BME communities.

Several people facilitated this process building on existing networks, partnership working and a shared recognition of the opportunities presented by this research for addressing some of health inequalities of BME communities. The SLAM strategy officer for Child and Adolescent Mental Health Services (CAMHS) asked the Trust to become a partner in this initiative. At the same time the LSL Health Authority Sexual Health Commissioner engaged the PCG. The LSL HAZ South Lambeth Community Development Co-ordinator was also asked to identify suitable organisations and to facilitate their attendance at initial commissioning meetings which took place at a neutral venue.

The aims and intended outcomes of the research project were discussed and each group described what they wanted to achieve and what they could bring to the partnership. It was agreed that everyone round the table would be included in the commissioned work and negotiations continue until agreement was reached.

As the Peabody Trust was identified as having the most capacity it acted as the lead agency in holding funding and being responsible for performance management on behalf of the consortium. So far:

- a group of young people have been appointed and trained to work as volunteer researchers. A questionnaire was developed and completed by young people and a report from the findings from research analysis is being prepared for dissemination to inform sexual health services;
- the steering group membership for the project has been reviewed to include the Teenage Pregnancy Co-ordinator and HIV Psychologist;
- an event involving young people to identify and focus on sexual health and mental health issues took place at The Fridge in Brixton in August 2001.

<sup>(10)</sup> Investing our learning in the future - key strategic learning from the London and Luton Health Action Zones. January 2002.

<sup>(11)</sup> The Model for Taking Forward Developmental Commissioning - The Race Relations Amendment Act and its Implications for Commissioning Procurement.

Dr Kathryn MacDermott, Director, LSL HAZ. April 2002.

# Luton Health Action Zone

## Strategic planning

Luton's population of approximately 200,000 people is diverse, relatively young and has high levels of health need. Employment and environmental issues are important, and local changes such as the Vauxhall car plant closure and the planned expansion of the airport will have an important effect on health.

Lessons from the HAZ have been summarised in the publication 'delivering change through partnerships', and new arrangements for partnership working on health have been agreed. This includes the establishment of a new Health Executive Group to lead on the wider health agenda, reporting directly to the Local Strategic Partnership.

Throughout this summary the importance of strategic planning and its wider context in the commissioning process has been stressed. Luton HAZ have developed and rolled out a toolkit which informs the strategic planning process by assessing the effect of local policy on health. One HAZ project was the employment of Environmental Health Facilitators (EHFs) by the Councils' Environment and Regeneration Team to begin a process that would help influence healthy decision-making by Health Impact Assessment (HIA) based on a holistic approach to health and is used to help reduce inequalities in health.

The toolkit has been developed as an easy guide to HIAs that allows for a simple and logical process of identifying negative and positive health impacts during the policy/strategy phase and provides the opportunity

for community involvement. It aims to ensure 'that selected council policies, programmes and projects have considered the health impacts of their proposals by applying a workable screening tool to the policies'.<sup>(12)</sup>

The purpose of the guide is two-fold:

- to share the learning experiences gained from conducting a pilot HIA on Luton Borough Council's Local Plan and disseminate this information to our colleagues and others within Local Authorities;
- to provide a useful and practical tool that empowers officers in Local Authorities to confidently carry out a HIA on policies, projects and programmes.

The outcomes for Luton Borough Council were:

- the process helped initiate integrated impact assessments that will be rolled out corporately;
- raised awareness of health issues amongst planners;
- planners positively received recommendations from the health impact process and have written new policies and added to those surrounding policies assessed to reflect the health impact.

The toolkit will be published in electronic form and will be available shortly.

<sup>(12)</sup> An easy guide on Health Impact Assessments for local authorities.



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## Contacts

Each of the London and Luton HAZs has been involved in many projects and initiatives focusing on key issues in our communities and there is a large body of learning at project, thematic and strategic level to be taken forward. For further information or copies of any of the documents mentioned please contact:

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