

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Supplementary Agenda

Monday 14 March 2016

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Hannah Barlow Councillor Rory Vaughan (Chair) Councillor Natalia Perez	Councillor Andrew Brown Councillor Joe Carlebach	Patrick McVeigh, Action on Disability Bryan Naylor, Age UK Debbie Domb, HAFCAC

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Date Issued: 11 March 2016

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4.	UPDATE ON FUTURE PLANS FOR CHARING CROSS HOSPITAL AND THE IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND THE CCG'S RESPONSE TO THE MANSFIELD INQUIRY	27 - 39
	<p>This report from Imperial College Healthcare NHS Trust updates the Committee on the following areas:</p> <ul style="list-style-type: none">• Shaping a Healthier Future - programme recap and patient benefits• Clinical and site strategy• Estates redevelopment• Charing Cross local hospital• The Trust's priorities	

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London Borough of Hammersmith & Fulham

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Imperial College Healthcare NHS Trust

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Shaping a healthier future - recap

- The NHS needs to constantly evolve to make sure it's always meeting the needs of the population and is fit for the future. Through Shaping a Healthier Future (SaHF), the local NHS is making sure we have our expertise in the right place to make the biggest difference to patients, supported by the most effective use of treatment, technology and resources.
- A major public consultation on the proposed changes was carried out in 2012, led by [what became] the eight local clinical commissioning groups for North West London.
- In October 2013, the Secretary of State for Health, on the basis of the advice from the Independent Reconfiguration Panel, agreed that changes to NHS services in North West London should proceed. He also:
 - stated that the A&Es at Charing Cross and Ealing would remain but in a different shape and size, appropriate to a local hospital,
 - specifically recommended that changes to Hammersmith and Central Middlesex hospitals happen as quickly as practicable. The NHS in North West London safely implemented the changes to these A&Es in September 2014.

Shaping a healthier future – benefits to date

- **More GP appointments available across NW London - in Hammersmith & Fulham:**
 - All 30 practices are working together to offer some form of extended access on weekdays
 - All 30 practices are working together to deliver weekend access through five hubs that provide walk in appointments on Saturday and Sunday for all residents.
- **Offering more services closer to people's homes - in Hammersmith & Fulham this includes:**
 - The Community Independence Service (CIS) which brings together health and social care staff to help people stay in their own homes and to support them in getting home from hospital more quickly if they do need to be admitted.
 - A new community gynaecology service allowing more women to be treated nearer to their home.
 - 30 GP practices have come together to deliver 18 new community services to a common standard for all patients in the borough, including 24-hour blood pressure monitoring in the patient's home, anticoagulation services for those on blood thinning medication, and complex wound management.
 - A new single point of access for those needing mental health support from 1 April 2016
 - The new Parkview Centre for Health and Wellbeing, opened in 2014, where four GP practices are co-located alongside a range of social care and specialist health services.

Trust clinical strategy - recap

- Published in July 2014, led by clinicians and with input from all staff
- Key aims are to:
 - create more local and integrated services, to improve access and help keep people healthy and out of hospital
 - concentrate specialist services where necessary, to increase quality and safety
 - ensure better organised care, to improve patient experience as well as clinical outcomes
 - develop more personalised medicine, capitalising on advances in genetics and molecular medicine.
- It also sets out how to best connect the Trust's different services and specialties across its three main sites - and in the community - in order to achieve the best clinical outcomes, sustainably – in line with SaHF.

Trust site strategy – recap

The Trust's clinical strategy sees our three main hospital sites building on their own distinctive, but interdependent, focus:

- **Charing Cross Hospital:** evolving to become a new type of local hospital, offering a wide range of specialist, same-day, planned care, as well as integrated care and rehabilitation services for older people and those with long-term conditions. Charing Cross Hospital will retain a 24/7 A&E appropriate to a local hospital.
- **Hammersmith Hospital/Queen Charlotte's & Chelsea Hospital:** building on their reputations as specialist hospitals, with strong research and education links. For Hammersmith Hospital, with regard to renal, haematology, cancer and cardiology care, and maintaining the regional specialist heart attack centre; and for Queen Charlotte's & Chelsea Hospital, with regard to a range of maternity, women's and neonatal care.
- **St Mary's Hospital/Western Eye Hospital:** developing as the major acute hospital for the region, covering a wide range of specialties. Co-location of hyper-acute stroke unit with 24/7 A&E and major trauma centre. Relocation of Western Eye Hospital to the St Mary's site. Continuing to provide maternity, neonatology and paediatric services.

Trust estates redevelopment - recap

- A major investment in a redevelopment of the Trust's estate is planned - to implement SaHF and the Trust's clinical strategy.
- The Trust also needs to address the poor condition of much of its estate – it has one of the largest amounts of backlog maintenance in the NHS.
- The Trust's preferred redevelopment option set out in July 2014, at the same time that it published its clinical strategy, was for a significant re-development and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller re-development on the Hammersmith/Queen Charlotte's & Chelsea site.
- These redevelopment plans, which include selling off surplus land and using the money to reinvest in the re-development, were submitted as an outline business case (OBC) to the local CCGs to include in an overall implementation business case (ImBC) for SaHF.
- Since July 2014, the Trust has been undertaking further work on its estates redevelopment OBC and has also been exploring an additional, more significant redevelopment of the Hammersmith/Queen Charlotte's & Chelsea site to improve facilities, enable expansion of specialist services and tackle backlog maintenance.

Charing Cross local hospital – the vision

- The majority of care for H&F residents is delivered outside of hospital, in GP practices, health centres, pharmacies or the resident's own home. When more specialist expertise is required, Charing Cross forms part of a network of hospitals that serve the H&F population. In 2014/15, 86% of H&F hospital activity was at one of the three main Trust sites or at Chelsea and Westminster NHS Trust. 32% of H&F hospital activity was at Charing Cross Hospital.
- The strategy is to build on that and ensure that H&F residents are able to access the best possible services, in the most appropriate location. In most cases this will be within the borough; at GP practices, health centres, the Hammersmith/Queen Charlotte's and Chelsea hospitals or at Charing Cross Hospital.
- The vision of a local hospital at Charing Cross is an easily accessible facility offering a wide range of responsive and integrated primary, mental health, acute and specialist care, drawing on new service models and making best use of new technologies – especially for the growing number of frail, elderly people and those with long term conditions.

Charing Cross local hospital – the goals

Overall, goals are to develop a facility that:

- puts the patient at the centre of their own care and recognises the value of outcome and experience
- offers coherent and rapid access to expertise, assessment and coordination, in order to maximise an individual's potential for independent living at home
- recognises the normality of multiple issues and is able to manage complexity without fragmentation
- works as a single unit with primary and community services through practices, hubs and networks
- encourages and develops community services through supporting and providing education and training for carers
- has a coordinating function for vulnerable patients who may require reablement and ongoing care in their normal place of residence, in supported housing, and in residential and nursing homes
- develops today's workforce and trains tomorrow's people, patients, professionals and carers.

Charing Cross local hospital – next steps (1)

We are working to further develop the models of care planned for Charing Cross so that we can share and engage with our stakeholders on them as part of the overall development over the coming months. There are four areas in particular where thinking is still evolving:

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Specialist diagnostics centre – state of the art diagnostics are increasingly critical for identifying and enabling the best treatment for a range of conditions, including the early detection of cancer. We also want to develop care pathways that enable stable, acute patients to have access to diagnostics and treatment without having to be admitted to hospital.

- **Non-acute inpatient care** – there is a range of evidence that around a third of patients currently in acute hospital beds do not need to be there. The reasons they are there include waiting for a diagnostic test, transport, or a social care assessment or a lack of family or social support at home.
- While we are working to address these challenges, we recognise there will always be some requirement for non-acute inpatient care.
- We recognise that acute bedded services cannot be removed from the site without provision being made to manage this demand elsewhere in the system.

Charing Cross local hospital – next steps (2)

- **Urgent and emergency care** – there is sector-wide work underway to develop plans for what our network of urgent and emergency care should look like given the framework developed by NHS England.
- **Digital technology** - we know that there is much more that digital technology can do to support self care and self management and reduce the need for people to travel to face to face appointments.

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We are ensuring good co-ordination between the development of the local hospital model and the wider SaHF implementation with development of community-based services to create more care for people closer to home.

- The Community Independence Service continues to help people to get back on their feet following an intense period of reablement; integrated hospital discharge processes are being rolled out across the borough, enabling social care to access the process earlier; and better care for patients in community and primary care hubs is being developed.

Charing Cross local hospital – ongoing engagement

- We undertook a process of engagement with local people and stakeholders in 2014 to test proposals for Charing Cross which has fed into plans to date.
- We are currently developing plans for the next stages of engagement with patients, the public, clinicians and other stakeholders around Charing Cross local hospital.
- We would like local authority input to these plans, including through the OSC.
- Engagement is likely to cover activities such as:
 - Roadshows to local patient and community groups
 - Online information and feedback
 - Large-scale, facilitated involvement events
 - Exhibition areas

Our priorities for Hammersmith & Fulham

Our priorities for the next two years include:

- Developing services for the H&F population in line with the future vision of care, including:
 - Specialist services for frail elderly people at Charing Cross
 - Improved ambulatory care services at Charing Cross
 - Single discharge processes across health and social care, based on assessment of patient need
 - Further development of the Community Independence Service
 - Access to seven day services
- To continue to engage with patients and stakeholders in the development of the local hospital service model
- To complete the strategic outline case for capital to fund the local hospital development (the ImBC).
- To address any areas of clinical services where improvements are identified that could lead to better outcomes for the population of H&F