Joint Health Overview & Scrutiny Committee (JHOSC)

Agenda

Tuesday 3 September 2013
10.30 am
Royal Borough of Kensington & Chelsea, Committee Room 3

CONTACT OFFICER: Sue Perrin
Committee Co-ordinator
Governance & Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

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Members of the public are welcome to attend.

Date Issued: 28 August 2013

Joint Health Overview & Scrutiny Committee (JHOSC)

Agenda

3 September 2013

Item		Pages
1.	**WELCOME AND INTRODUCTIONS**	
2.	**APOLOGIES FOR ABSENCE**	
3.	**MINUTES OF THE PREVIOUS MEETING**	1 - 4
	To approve the minutes of the meeting held on 21 November 2012.	
4.	**DECLARATIONS OF INTEREST**	
5.	**SHAPING A HEALTHIER FUTURE PROGRAMME AND JHOSC RECOMMENDATIONS UPDATE**	5 - 51
6.	**JHOSC: CONTINUING SCRUTINY OF THE DEVELOPMENT OF PROPOSALS**	52 - 54
7.	**WORK PROGRAMME**	
8.	**DATES OF FUTURE MEETINGS**	

Item 5: The report provides the initial response of NHS North West London to the JHOSC's response to the proposals set out in the formal consultation document 'Shaping a Healthier Future'.

North West London Clinical Commissioning Groups will provide an oral update on the Shaping a Healthier Future Programme and the JHOSC recommendations. To support the update, two reports will follow:

(i) A general overview in presentation format.

(ii) A report on Accident & Emergency and Out of Hospital Services and prospects for the coming winter.

Item 6: To consider recommendation nine of the JHOSC's response to the proposals set out in the formal consultation document 'Shaping a Healthier Future':

'*That the JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation.'*

A report on the views of North West London Commissioning Groups on the future of the JHOSC will follow.

Item 7: To recommend items and witnesses to be invited to future meetings.

Item 8: To be agreed.

Agenda Item 3

Minutes

Minutes of the the **NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (NWL JHOSC)** held at 18:30 on Wednesday 21st November 2012 at Council House, Old Marylebone Town Hall

Members Present: Cllr Lucy Ivimy (H&F), Cllr Patricia Harrison (Brent), Cllr Sandra Kabir (Brent), Cllr Rory Vaughan (H&F), Cllr Mary Weale (RBKC), Cllr Dr Sheila D'Souza (Westminster), Cllr Pam Fisher (Hounslow), Cllr Abdullah Gulaid (Ealing), Cllr Krishna James (Harrow), Cllr Vina Mithani (Harrow)

NHS Present: Dr Mark Spencer (Medical Director, NHS North West London), Daniel Elkeles (Director of Strategy, NHS North West London), Lisa Anderton (Service Reconfiguration Director, NHS North West London), Don Neame (Programme Communications Lead)

Apologies: Cllr Anita Kapoor (Ealing), Cllr Sandra McDermott (Wandsworth), Cllr Sarah Richardson (Westminster), Cllr Charles Williams (RBKC)

1. MEMBERSHIP & DECLARATIONS OF INTEREST

1.1 Apologies are noted above. There were no further declarations of interest.

2. MINUTES

2.1 Members identified some errors in the minutes of the meeting of the 26th September:

2.2 Committee resolved to amend 'he' to 'she' (para 2, page 6)

2.3 Committee resolved to amend 'he' to 'she' (para 4, page 7)

2.4 Committee resolved to amend 'psychotherapy' to 'psychiatry' (para 2, page 8)

2.5 Committee resolved to amend 'Central Middlesex Hospital' to 'Northwick Park Hospital' (para 2, page 9)

2.6 Members identified some areas of concern in the minutes of the reconvened meeting of the 26th September 1st October:

2.7 Committee resolved to add the apologies of Cllr Vina Mithani (Harrow), Cllr Pam Fisher (Hounslow) and Cllr Mel Collins (Hounslow) (para 1, page 12)

2.8 Committee resolved to change "The JHOSC supported the case for change..." to "The majority of the JHOSC supported the case for change, but there was dissent..."

2.9 Cllr Gulaid stated that the London Borough of Ealing were unable to accept the points raised in Section Three (page 13, 14)

2.10 Cllr Rory Vaughan stated that he did not support the Case for Change.

3. NHS NORTH WEST LONDON: MAJOR HOSPITAL RECONFIGURATION

3.1 Dr Mark Spencer (Medical Director) introduced the response of NHS North West London to the recommendations of the Joint Health Overview and Scrutiny Committee and directed Members to the written response provided by officers.

3.2 Cllr Ivimy initiated discussions by stating that the responses to recommendations in terms of reconfiguration of the accident and emergency centres were the tip of the iceberg. What is giving rise to many concerns are the wider consequences of the A&E closures. Cllr Ivimy considered that concerns would come with what was under the iceberg, because the response was not comprehensive at this stage. Cllr Ivimy asked NHS NWL for guidance on the timeline of expected decisions and responses to the recommendations. Cllr Fisher asked for a timeline of when the JHOSC could meet to scrutinise the stages before decision-making. Cllr Gulaid stated that the responses should be tailored to different councils, showing the different impact in different Boroughs.

3.3 Dr Mark Spencer said that there had been positive responses even where impacts would be felt more heavily. He gave an indication of the expected movement between the publication of the consultation response and the decision-making in February. The **CCG Commissioning Intentions** would be published before the end of the calendar year and these would feed into the JCPCT. Cllr Ivimy interjected to ask if there would be clarity on the responses to recommendations before a decision was made. Dr Spencer responded that there would be clarity provided in January.

3.4 Cllr Weale reported that the third paragraph of the response to the recommendations was very 'waffly' and vague. Cllr Weale recommended that a matrix could be provided to document milestones and measurement. Dr Spencer agreed with Cllr Weale and said that it was not precise, as it stood. More detail was to be provided to the JHOSC. Cllr Weale asked for this response to stay on the Agenda.

3.5 Cllr Ivimy stated that the response to the JHOSC's recommendations was effectively a 'holding response' and not a 'serious response' due to its brevity. Dr Spencer agreed with Cllr Ivimy's assertion and agreed to bring a more comprehensive response back to the Committee.

3.6 Cllr Kabir asked how NHS North West London would keep a flow of information to Boroughs and the JHOSC given the end of the consultation period. Cllr Kabir recommended that Members should telephone each other, to support one another on the developments in the post-consultation phase. Cllr Ivimy said that Members could do this and asked Members to send details to her to collate.

3.7 Dr Spencer said that CCG Chairs would attend the next meeting. Cllr Ivimy reported that hospitals should also be present, as they do not communicate well enough.

3.8 Dr Spencer said that NHS North West London would undertake an intense programme of work, including: communicating the results of the consultation via the website, sending emails to Committees and making people aware of the latest position. In terms of correspondence with local authorities, NHS North West London would engage with Borough HOSCs, alongside providers and CCGs, and provide updates and continue the multi-agency discussions.

3.9 Don Neame (Programme Communications Lead) stated that the report on the consultation would be produced in the next few weeks. Whilst there were headline

details which could be shared, he indicated a note of caution on the interpretation at this early stage. He reported that 70,000 consultation documents and 400,000 summary documents were circulated across North West London. Further to this, 800 roadshows and events took place, alongside 5,000 'conversations' with groups and organisations. Mr Neame reported that Focus Groups took place in each Borough alongside meetings with hard-to-reach groups (covering 2000 people across 59 groups). The Ipsos MORI report would be published on the 28th November, to document what NHS NWL had heard and a summary of the responses received.

3.10 Mr Neame reported that the consultation had received 17,000 responses, 9,500 of which were supporting Chelsea and Westminster Hospital specifically. Where postcodes were given (3,500 responses), most responses came from Ealing (1,700) and Hounslow (890).

3.11 Cllr Fisher said that from 230,000 residents in Hounslow, 890 responses was 'not great,' given that the consultation responses showed that Hounslow was the second biggest 'responder.' Cllr Fisher stated that NHS NWL should not be complacent. Cllr Gulaid questioned why the consultation only registered 17,000 responses when petitions included over 60,000 people. Mr Neame responded that it was because responses to the consultation which were included in the '17,000' number had answered at least some questions posed in the consultation.

3.12 Cllr James said that a number of residents had been asking questions about the brochures and the reported £7 million spent on the consultation. Daniel Elkeles (Director of Strategy, NHS North West London) reported that the consultation represented a substantial communication and there had been a lot of information to share in the public domain and even more communication needed to respond to the concerns raised by the public. He reported that it was impossible to distil information into a shorter format.

3.13 Cllr Ivimy stated that there were some important dates to highlight. Firstly the Ipsos MORI report would be published on the 28th November at the presentation at the Hilton Metropole. Secondly, in January, it would be important to reconvene to discuss an anticipated full response on the JHOSC submission to NHS North West London. Lisa Anderton (Service Reconfiguration Director, NHS North West London) proposed to share the key dates in the forthcoming weeks, including the proposed JCPCT meetings. The Equalities Impact Assessment document was due to be published in December and could be communicated with the JHOSC electronically. If the JHOSC were to hold a meeting in January, NHS NWL could provide a substantial response to the recommendations. The Committee decided to arrange a meeting for **Thursday 17 January, 6.30pm at Kensington Town Hall** with the CCGs to be invited to be in attendance.

3.14 Daniel Elkeles reported that the JCPCT decision was due on the 19th February and a meeting before this would also be salient. The Committee decided to arrange a further meeting on **Thursday 7 February, 6.30pm at Hounslow Civic Centre**.

4. AOB

4.1 Cllr D'Souza raised a HSJ article which referred to West Middlesex Hospital needing a merger partner in order to be viable. Daniel Elkeles reported that when the merger happens, it would ensure that West Middlesex would be financially viable in the future. Mr Elkeles reported that at the current time the Trust required a short term partner and was actively seeking one out. There would be no conclusion on this until February. Cllr Ivimy questioned whether this situation had been factored in to the

decision-making timetable, and Mr Elkeles responded that it had been a theme in the modelling, and there would be no organisational transaction during the decision-making process. Cllr Ivimy asked whether NHS NWL had taken into account the *financial viability* of Trusts throughout the reconfiguration consultation. Mr Elkeles responded that it was always the case that some Hospital Trusts did not make money and this, in part, drove some of the need for reconfiguration (if financial and clinical improvements could be found).

4.2 Cllr Ivimy wished the Committee Members a happy Christmas and closed the meeting.

5. CLOSE OF MEETING

5.1 7:53pm

North West London

Shaping a healthier future

Response to Joint Health Overview and Scrutiny Committee

05 November 2012

Introduction

This report is NHS North West London's reply to the formal consultation response on 'Shaping a healthier future' from the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

We welcome the positive support noted for the case for change and the vision for the future of healthcare services in North West London. This includes your acceptance of the evaluation process followed to reach the consultation options.

We acknowledge the areas of concern noted, some of which are addressed with each of the recommendations set out below. Some of these will be more fully addressed at a later stage in the process; as implementation plans are developed or during decision making.

Recommendations

1. *Proposals for out of hospital care are developed further, with the direct involvement of non-NHS partners, to arrive at agreed resource models for each borough. Action: Health and Well-being Boards.*

High level implementation plans were developed for the Pre-Consultation Business Case (PCBC) and we agree that plans need to be developed further. These are now being worked up in more detail and will be included with the Decision-Making Business Case (DMBC). This detail will include borough-level plans for implementing out-of-hospital proposals, which will align to 2013/14 commissioning intentions. As with the earlier plans, Clinical Commissioning Groups (CCGs) will be discussing these with Health and Well-being Boards. CCGs are also progressing implementation of the integrated care model of local health and social care, working with local authorities.

We have also commissioned work to explore the impact of the out-of-hospital (OOH) strategies on carers; the outputs of this work will inform the decision-making process and support the detailed planning of each CCG's OOH initiatives over the coming years.

2. *More information is produced on how patient flows will change in the new system and what will happen to patients borough by borough. Action: NHS NW London.*

Further modelling now being carried out for the development of the DMBC and this information will need to be considered as part of the further work on the Equalities Impact Assessment and travel analysis (see recommendation 8 below).

This will include further sensitivity analysis to understand how new population growth assumptions suggested during consultation could impact potential options.

3. *Milestones for how the Out of Hospital proposals will be implemented, to what standard and what measures will be used to track reductions in acute admissions and the trigger points for the implementation of the "Shaping a Healthier Future" proposals. Actions: Clinical Commissioning Groups and Health and Well-being Boards (HWBs).*

It is important to note that the 'Shaping a healthier future' proposals include the out-of-hospital proposals and those for local hospitals – the recommendations aim to improve the whole healthcare system. Therefore we agree that it is essential to ensure that out-of-hospital services are working well. Patient safety is critical and we remain committed to ensuring services remain safe when any changes are made. During proposed implementation we expect some services to be 'double run', particularly while capacity in community services is developed.

Whilst a high-level implementation plan was developed for the PCBC, the programme is now undertaking more detailed implementation planning to ascertain the timetable for any transfer of services between proposed local and major hospital sites. The programme is working with proposed local hospital sites and CCGs during decision making to develop the service models for local hospitals and these will feed into the DMBC.

4. *Plans are produced which set out how all parts of the population will be educated in how to use the new models of provision – in particular Urgent Care Centres. Action: Directors of Public Health.*

The Urgent and Emergency Care CIG is working to develop the common Urgent Care Centre (UCC) specification to be used across NWL; this will include quality standards for future contracts to ensure UCC services are safe and consistent across North West London. The CIG will also be defining the expected case mix and activity levels, which will inform the activity modelling to support decision making. This work has included focus groups with user groups to gain better understanding of strengths/ weaknesses of current services and patient's view of how services could be improved.

Whilst we are developing these specifications we will develop communications plans to ensure all residents and other users understand how to make the best of their NHS. We will continue with a programme of stakeholder engagement and, as part of more detailed implementation planning, will include considerations for public education programmes to ensure the public know how and when to access services such as primary care, community services, UCCs and hospital care. This will need to be aligned to ongoing promotion of the NHS 111 service, which goes live across London in April 2013.

5. *Joint commissioning between local authorities and CCGs and between the CCGs themselves should be strengthened to deliver better coordinated care. Action: Health and Well-being Boards and Clinical Commissioning Groups.*

We agree and welcome the involvement of HWBs and a key element of our vision is integrated, more coordinated care. We remain committed to this and recognise the importance of close working with social care colleagues to deliver this.

CCGs presented the OOH strategies to Health and Well-being Boards for discussion and will discuss the more detailed OOH plans and corresponding commissioning intentions as both develop.

6. *Measurable standards and outcome measures are developed. Action: NHS NW London.*

The proposals were developed to deliver clinical benefits and we produced a benefits framework (included in the PCBC) to manage the delivery of these benefits. The benefits framework will be further developed during this next phase to include key performance indicators (KPIs) and reporting mechanisms.

7. *Involvement of staff in the development of the proposals will help to create greater ownership and ensure smooth implementation together with a Workforce Strategy. Action: NHS NW London, provider organisations and Trades Unions.*

We will continue to engage with staff on all sites as proposals are developed. There are plans in place to develop the analysis of workforce requirements to the level required for decision making. Three Clinical Implementation Groups (CIGs) have been established and will define more detailed workforce requirements for their specialties and a strand looking at the out-of-hospital workforce requirements. A Transformational Workforce Strategy is being developed to support this, owned by both commissioners and providers.

We are developing implementation plans with providers to detail the timetable of staff migration and then providers will need to put in place workforce plans and appropriate change management policies and plans following any decisions. This will include engagement with Trade Unions.

8. *Detailed equalities impact assessment is developed and also plans for mitigation are developed. Action: NHS NW London, Transport for London and London Ambulance Service.*

The programme commissioned an Equalities Impact Review for the PCBC and this outlined a number of areas for further consideration. We have since commissioned a more detailed Equalities Impact Assessment (EqIA) to ascertain the specific impacts on protected groups to support the development of the DMBC, this work is planned to conclude in December. An Equalities Steering Group has been set up to oversee this

work, and includes patient representatives, Directors of Public Health and equalities leads.

Further travel analysis is being undertaken to address key focus areas and look at any issues raised during consultation, including those raised by the JHOSC. This analysis will provide the necessary detail for the EqIA; which will ascertain specific impacts on protected groups with relation to access on public transport.

We will continue to work closely with Transport for London and the London Ambulance Service, along with other key stakeholders, through the Travel Advisory Group (TAG). This group will review the further analysis and produce recommendations for mitigating actions for any significant impact. This will include any additional information arising for the EqIA.

9. *That the JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation. Action: Local Authorities.*

We welcome the ongoing role that scrutiny provides and will continue to work with you as the proposals develop, so that you are able to consider the further work described above and to keep you informed in advance of your consideration of the planned decision making in February 2013.

NHS
Shaping a healthier future
JHOSC Update
3 September 2013

Introduction

- This update covers:

    1. Timelines , milestones and updates
    2. Local and elective hospitals
    3. Out of hospital
    4. Whole systems integrated care
    5. A&E and winter resilience
    6. Implementation and Tracker Overview

- As some members are new, and as a refresher, we have provided some slides in the appendix that particularly address issues raised by the JHOSC. These should be read in conjunction with the three previous documents addressing points made by the JHOSC, namely:

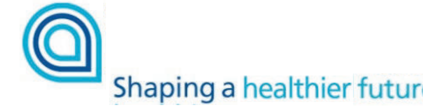
    - 05/11/12 – *SaHF* Report, first response to recommendations
    - 07/02/13 – *SaHF* Presentation Pack with supporting documents, update on first response
    - 23/05/13 – *SaHF* briefing

Over half of the JHOSC recommendations suggested actions by local authorities...

1. Proposals for out of hospital care are developed further, with the direct involvement of non-NHS partners. Action: Health and Well-being Boards (HWBs)
2. More information is produced on how patients flows will change in the new system. Action: NHS NW London (NHS NWL).
3. Milestones, standards and measures for Out of Hospital proposals to be developed and trigger points for implementation. Actions: Clinical Commissioning Groups (CCGs) and HWBs.
4. Plans to be developed on how all parts of the population will be educated in how to use the new models of provision. Action: Directors of Public Health.
5. Joint commissioning between local authorities and CCGs and between the CCGs should be strengthened. Action: HWBs and CCGs.
6. Measurable standards/outcome measures to be developed. Action: NHS NWL.
7. Involvement of staff in the development of the proposals to create greater ownership and ensure smooth implementation together with a Workforce strategy. Action: NHS NW London, provider organisations and Unions.
8. Detailed equalities impact assessment is developed and also plans for mitigation are developed. Action: NHS NWL, TfL and LAS.
9. That the JHOSC is constituted to provide continuing scrutiny of the development of proposals. Action: Local Authorities.

...so we continue to work closely with local authorities on the integration and planning of services

- Local authorities were part of our Out of Hospital steering groups within each CCG from the outset
- All Out of Hospital strategies were approved by the relevant Health & Wellbeing Board prior to consultation and now form part of the health and wellbeing strategy
- We are now implementing these strategies together – e.g. recently submitted joint Pioneer application for whole system care
- Across a number of CCGs, including Ealing, integrated health and care teams are being put in place to meet the needs of the population
- Hammersmith and Fulham and Ealing Councils have agreed to take part in the design of their Local Hospitals



Shaping a healthier future

1. Timelines, milestones and update

Addressing Points 3, 4, 7 & 8 of the JHOSC Recommendation Report

We have a five year plan to deliver SaHF

Feb – Apr 2013	2013-14	2014 - 2018		

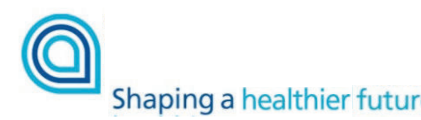
Ongoing delivery of OOH strategies, QIPP & CIP to deliver increased system capacity *[tracking]*

Implementation Mobilisation	Detailed Preparation	Building System Capacity	Transitioning Services	Delivering Benefits
Transition from commissioner-led strategy to CCG and provider led implementation	Development of business cases for capital for major hospitals, local hospitals and hubs and GP estates	Building capacity in "receiving" sites (workforce, estate, capacity, equipment)	Re-provision of services (and associated workforce transition)	Completing delivery of OOH strategies, including building alternative services at Charing Cross, Ealing, Hammersmith & Central Middlesex

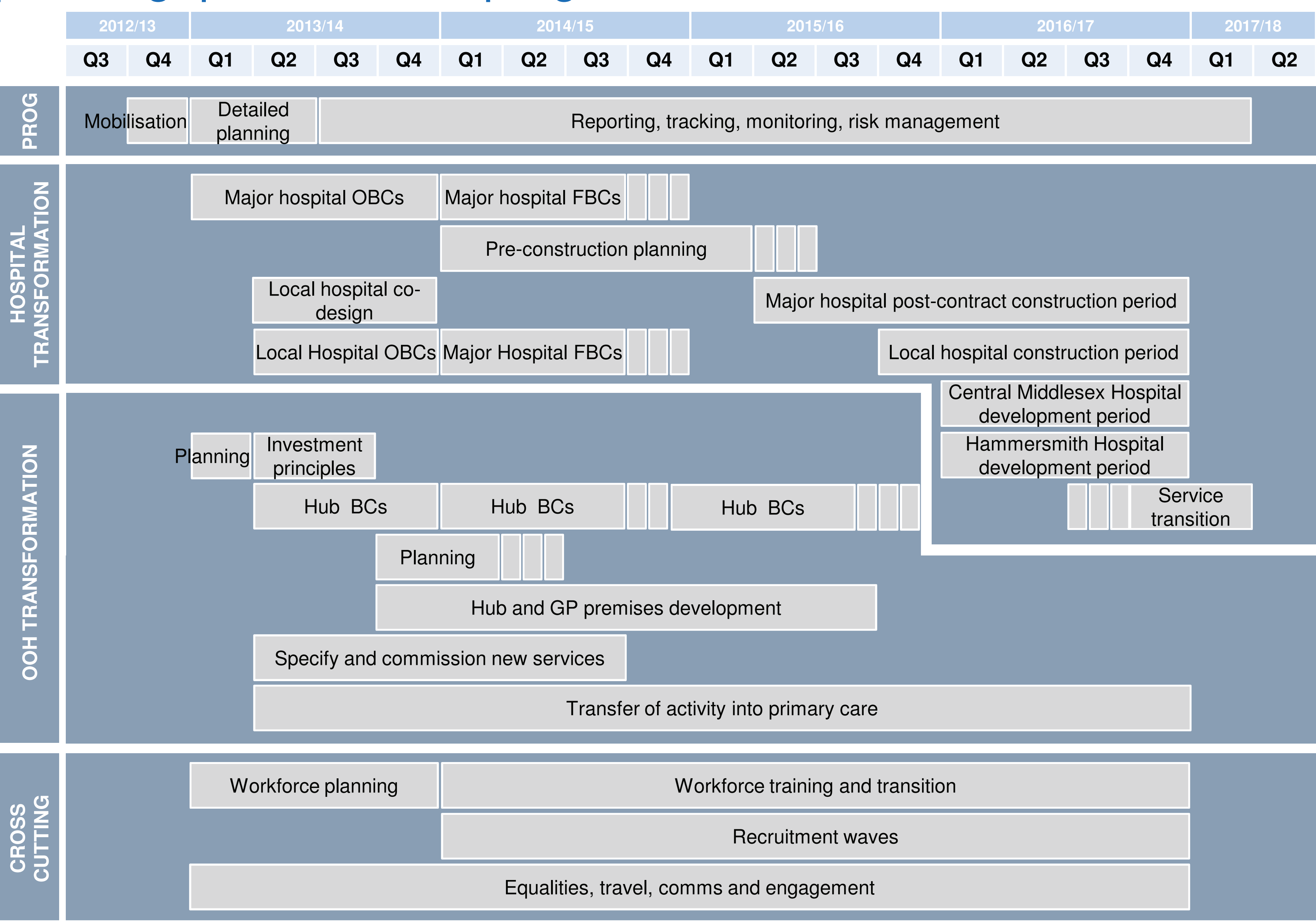
Ongoing enabling work, e.g. OOH workforce transformation, GP networks, comms & engagement, travel & access, equalities

Tracking benefits realisation

IRP / JR



There is a *SaHF* critical path that will drive the programme planning, priorities and progress



We have a detailed implementation plan for 2013/14

2012/13: Jan, Feb, Mar | 2013/14: Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

Programme management & assurance
- Designing zone arrangements
- Initial planning
- Governance
- Provider briefing
- IRP review
- JR
- Recommendation impacting
- Refine programme and develop zone transition plans
- Tracking OOH, admissions avoidance, LOS & other benefits

Local hospital design & transformation
- CM solution complete
- Draft CM LH / EH OBC
- Secure approvals
- Local hospital support specification definition
- Local hospital support procurement
- Define high-level service specification
- CX & EH high-level service spec complete
- Define detailed service specification
- Equalities & travel strategies
- Local Hospital Workforce strategy
- Workforce development

Major hospital business cases & transformation
- Defining BC development principles
- Common assumptions & BC template
- MH drafting of OBCs
- Central model refresh
- OBC final drafting
- Secure approvals
- OBCs approved
- TDA/DH approval
- MH FBC development
- NTDA, Monitor & DH engagement
- Equalities & travel strategies
- Acute Workforce strategy
- Workforce development

Primary care transformation

GP estate
- Strategy & design
- 8x clinical strategy
- 8x estates strategy
- 8x activity strategy
- Mobilisation

Primary care hubs
- Develop pipeline & engage with NHS England
- Develop 8 x Local hub OBCs (Phase 1)
- Develop 8x hub FBCs (Phase 1)

GP premises
- Principles for investment in GP premises
- Develop 8 x GP premises OBCs (phase 1)
- Develop 8x GP premises inv. FBCs (Phase 1)

Workforce
- Baseline workforce
- Define future roles
- Develop training plan
- Develop recruitment plan
- Workforce development

8

We have made substantial progress on priorities for 13/14

PROGRAMME DESIGN

- Collaboration of 8 CCGs who lead SaHF formed
- With NHS England agreed multi-year multi-million financial strategy to support implementation
- Established four regional zones for implementation, and recruited teams to manage them Developing detailed implementation plans for service transition
- Developed a tracking tool to monitor quality, shape change, activity change

HOSPITAL TRANSFORMATION

- Acute Trusts all provided with financial support to develop their business cases
- Major and Local hospital business cases on track for delivery this financial year
- Have agreed with the NTDA on the approvals process
- NTDA leading work to develop options for the future of Central Middlesex Hospital
- Commissioned external support to develop proposals for enhanced services at Ealing and CX

OOH TRANSFORMATION

- Developed OBC pipeline for GP hubs and premises and securing support
- Commissioned work to develop a set of common principles for investing in primary care
- Submitted an application to become an Integrated Care pioneer site and we have been shortlisted

CROSS CUTTING

- Working with HE NWL to develop joints plans and establish a baseline to support modelling
- Established Finance group and developed a granular activity model
- Clinical Board reconvened and working to identify key risks, established Maternity, Paediatric and Urgent and Emergency Care CIG
- Re-formed the Patient Group (PPRG) and Travel Advisory Group (TAG)

Our Patient and Public Representative Group will play a key role

- The Patient and Public Representative Group (PPRG) will continue the work of the previous patient and public group
- Membership includes representatives of all eight NW London Healthwatches, Equalities Champion, all eight CCG PPI Lay Members and invitees from surrounding CCGs
- Patient and public representatives will sit on all key workgroups including Programme Board, Clinical Board, Finance & Business Planning Group, Travel Advisory Group and Equalities Impact Review Steering Group etc
- PPRG will also advise on the implementation plans, public materials and delivery, including all aspects of patient and public engagement
- The PPRG met for the first time on 16th Jun. The next meeting is on 4th Sep

The Travel Advisory Group will oversee delivery of the travel action plan

- TAG work programme will be agreed with the PPRG – this may include:
  - Trip rate data collections from each site
  - Developing improved travel plans and information by sharing best practice
  - NHS organisations being included in public transport liaison committees
  - Consideration of door-to-door transport solutions
  - Active engagement with TfL
- The first TAG meeting is planned for 9th Sep

SAHF Programme Board

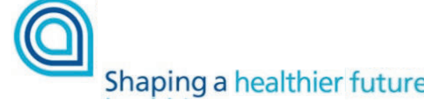
NWL PPRG

8x CCG PPI lay members

8x HealthWatch representatives

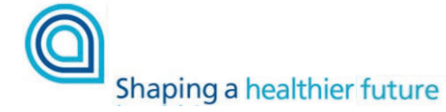
Travel Advisory Group

- Patient representatives (esp. those most affected by the changes)
- London Ambulance Service (LSA)
- Local transport leads
- Transport for London (TfL)
- Local authority leads



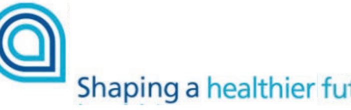
Equalities work is focused on identification of issues and resources

- Briefed all eight CCGs on the outcomes of the SaHF equalities work
- All eight CCGs have developed a set of equality objectives for 2013/14 (a key theme is around maternity and interpretation services – concerns that were raised during consultation)
- SaHF objectives have been integrated with CCG objectives
- Appointed Ealing Zone manager who has responsibility for equalities for the programme across NWL
- Recruiting an independent equalities champion
- Engaging with those who may be less likely to engage / respond to traditional communication processes.

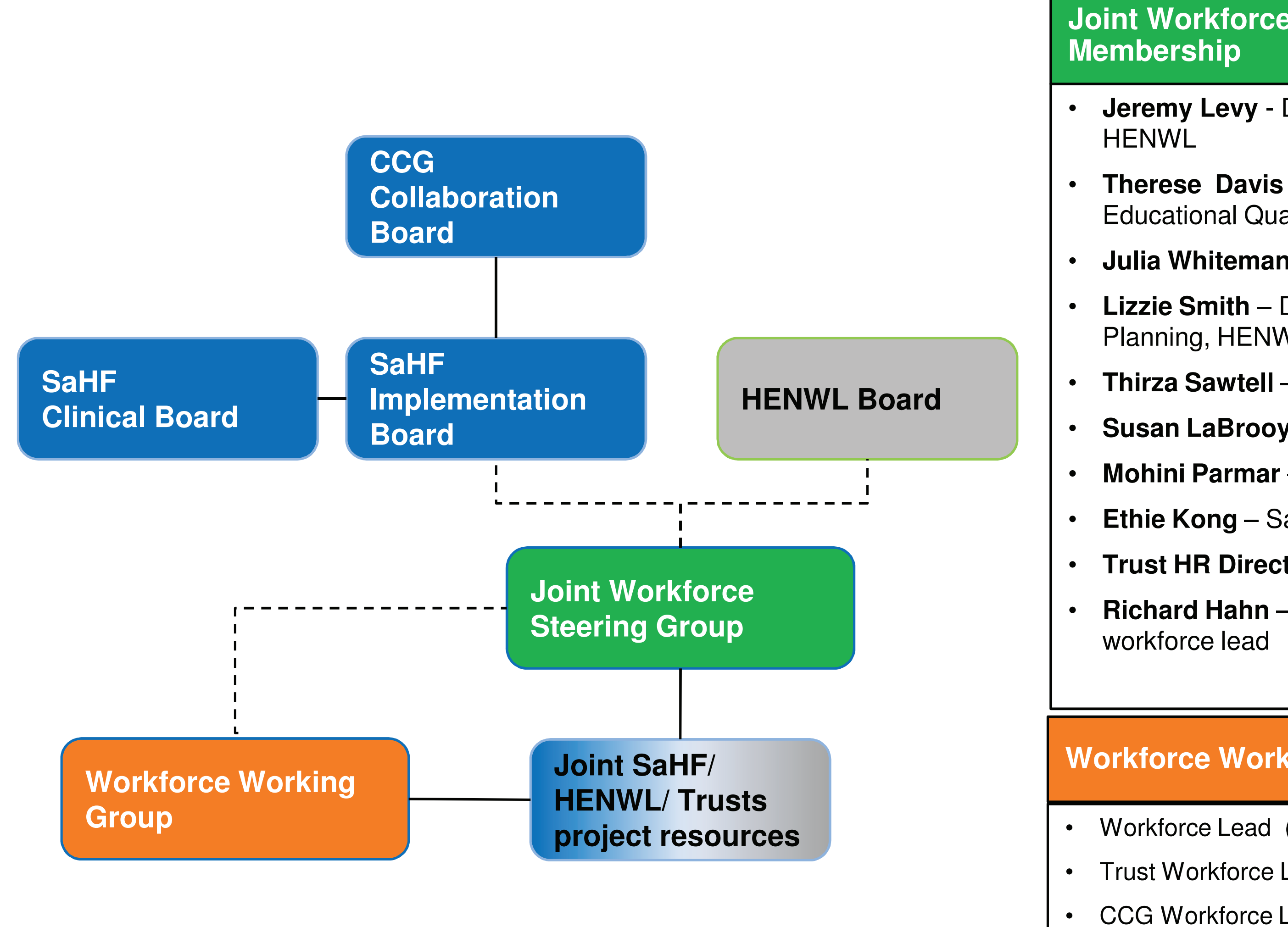


We have followed a consistent approach to engaging with staff

1. Meetings with providers and staff before and during consultation
2. Emergency Department and Urgent Care Centre site visits to listen to staff ideas and concerns
3. Clinical Implementation and Planning Groups (CIGs)
4. Co-ordination with London Health Programmes on standards
5. Workforce modelling



The workforce governance structure brings together key partners to ensure successful workforce transformation



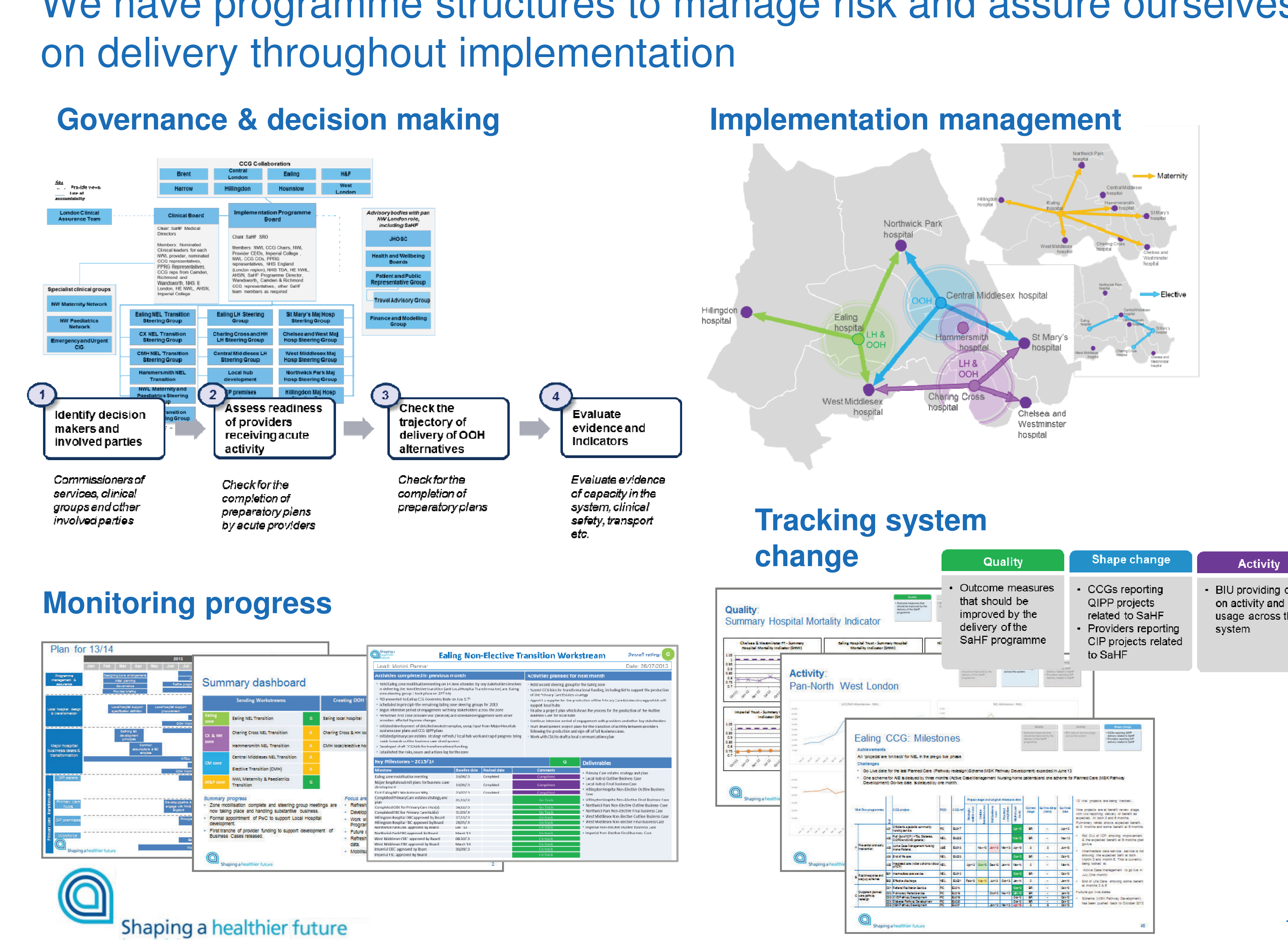
Joint Workforce Steering Group Membership

- **Jeremy Levy** - Director of Educational Quality, HENWL
- **Therese Davis** – Deputy director of Educational Quality, HENWL
- **Julia Whiteman** – Postgraduate Dean, HENWL
- **Lizzie Smith** – Director of Workforce and Planning, HENWL
- **Thirza Sawtell** – Director, NWL S&T
- **Susan LaBrooy** – SaHF Workforce clinical lead
- **Mohini Parmar** – Chair, Ealing CCG
- **Ethie Kong** – SaHF Workforce clinical lead
- **Trust HR Director representatives** (TBC)
- **Richard Hahn** – SaHF zone manager / workforce lead

Workforce Working Group Membership

- Workforce Lead (SaHF)
- Trust Workforce Leads
- CCG Workforce Lead
- HENWL representation
- Comms representation

We have programme structures to manage risk and assure ourselves on delivery throughout implementation

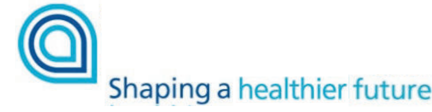


Update on IRP

- Following a request made by Ealing Health Overview and Scrutiny Committee, on 23rd May the Secretary of State referred *SaHF* to the Independent Reconfiguration Panel, requesting a full report by 13th Sep
- IRP conducted ‘familiarisation visits’ and ‘NHS evidence sessions’ during Jun-Jul with key stakeholder groups and providers including hospitals
- IRP held a range of meetings and events with other interested stakeholders, including the public, to hear their views on the programme
- Final ‘wrap up’ sessions held on 12th and 20th Aug
- Publication of the IRP report will be determined by the Secretary of State

Judicial Review

- 9th Aug – Judge considered Ealing Council's application and found no grounds for a judicial review
- Ealing Council have applied for an oral hearing to challenge this decision
- Oral hearing set for 9th Oct with a possible spill-over into the 10th Oct
- If judge agrees that a judicial review is required this is likely to take place in Dec



2. Local and elective hospitals

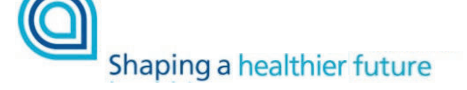
Addressing Points 1, 2, 3, 6 & 7 of the JHOSC Recommendation Report

We are developing exciting proposals for enhanced services at Local Hospitals and a sustainable Central Middlesex elective hospital

- The JCPCT recommended that:
  - **Ealing** should become a local hospital delivering as a minimum urgent care (via an urgent care centre), outpatient appointments and supporting diagnostics including x-ray and ultrasound
  - **Charing Cross** should become a local hospital delivering as a minimum urgent care (via an urgent care centre), outpatient appointments, supporting diagnostics, mental health and teaching
  - **Central Middlesex Hospital** become an elective and local hospital delivering urgent care (via an urgent care centre), outpatient appointments, a range of elective procedures, supported by a Level 2 ITU and supporting diagnostics

- The JCPCT also recommended that further work should be taken forward:
  - By Ealing CCG – with local stakeholders – to confirm the enhanced services and develop the Local Hospital model for **Ealing hospital**
  - By Hammersmith and Fulham CCG – with local stakeholders – to confirm the enhanced services and develop the Local Hospital model for **Charing Cross hospital**

- Our analysis indicated that the Central Middlesex site would operate with a £11million deficit – we committed to exploring further options to address this challenge during implementation

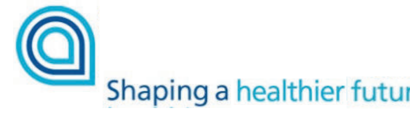


Central Middlesex

- The NHS Trust Development Authority (NTDA) has commissioned further work to define options for the future of Central Middlesex Hospital led by Ruth Carnall
- A major stakeholder meeting took place in August and there is broad consensus around a package of services for the site. Options that are being worked include:
  - Extended range of community based services for Brent CCG
  - Elective orthopaedic centre for NWLH, Ealing and Imperial
  - Rehabilitation centre for local, regional and specialist services
  - Transfer of mental heath services for Brent from adjacent site
- Confirmation that DH allowing PFI affordability analysis to be conducted for this site that resulted in recurrent subsidies being provided to other PFI sites earlier in 2013. CMH originally excluded from this analysis
- This exercise will conclude in Oct and will be followed by the development of an **outline business case**
- This work is integrated with the SaHF programme arrangements, reporting into our Central Middlesex and elective zone and the Implementation Programme Board

Ealing, Charing Cross

Site	Current status	Additional considerations
Ealing Hospital	▪ External resource commissioned to produce the business cases ▪ Includes mobilisation work in August with local people - including councils - to get all views in order to inform co-design offer ▪ A co-design process will take place in the Autumn to agree a specification for services at Ealing Hospital and Charing Cross Hospital with the local population ▪ This work engages a range of stakeholders, including the CCG, Trust, and other providers ▪ **This work will produce outline business cases by January 2013 and full business cases by mid-2014**	▪ Ealing Hospital's own analysis confirms there is not sufficient activity to sustain it becoming an elective site ▪ No decision has yet been taken about changes to **Clayponds Hospital**. It was not included within the Decision Making Business Case, though it may become an option as part of the enhanced offer if we develop rehabilitation beds in Ealing local hospital
Charing Cross Hospital		▪ **Charing Cross as an elective site** was not considered by the JCPCT ▪ Imperial Trust are considering the options for retaining some elective services at the site that fit with the model of care being worked up for Central Middlesex



An illustrative vision of a fully integrated local hospital

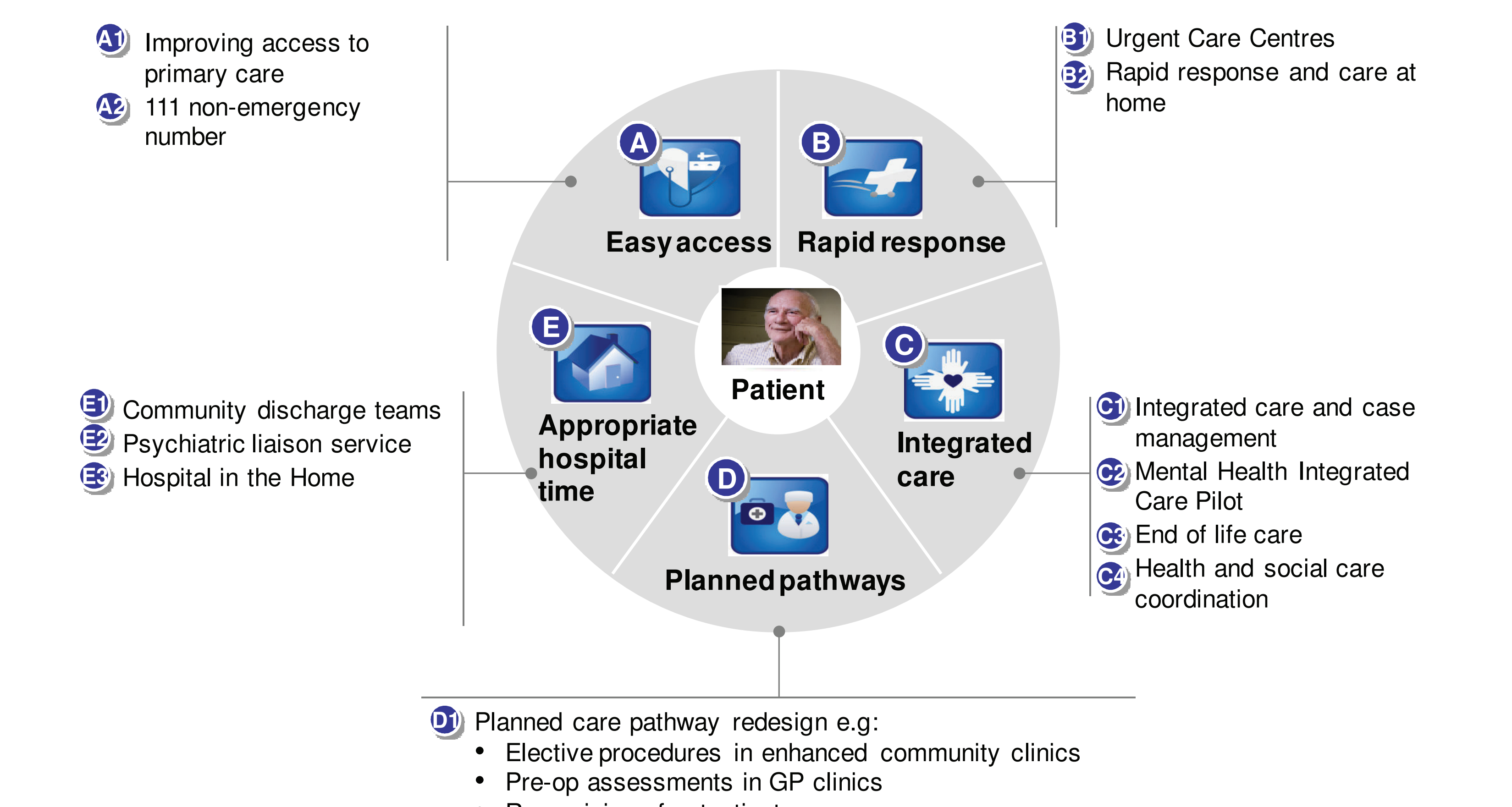
22

3. Out of hospital

Addressing Points 1, 2, 3, 6 & 7 of the JHOSC Recommendation Report

By 17/18, we will be spending an additional **£190 million annually** on out of hospital services

Details of each CCG's plans can be found in Appendix 2



A1 Improving access to primary care
A2 111 non-emergency number

B1 Urgent Care Centres
B2 Rapid response and care at home

C1 Integrated care and case management
C2 Mental Health Integrated Care Pilot
C3 End of life care
C4 Health and social care coordination

D1 Planned care pathway redesign e.g:
- Elective procedures in enhanced community clinics
- Pre-op assessments in GP clinics
- Reprovision of outpatients

D2 Referral facilitation services and peer review

E1 Community discharge teams
E2 Psychiatric liaison service
E3 Hospital in the Home

Shaping a healthier future

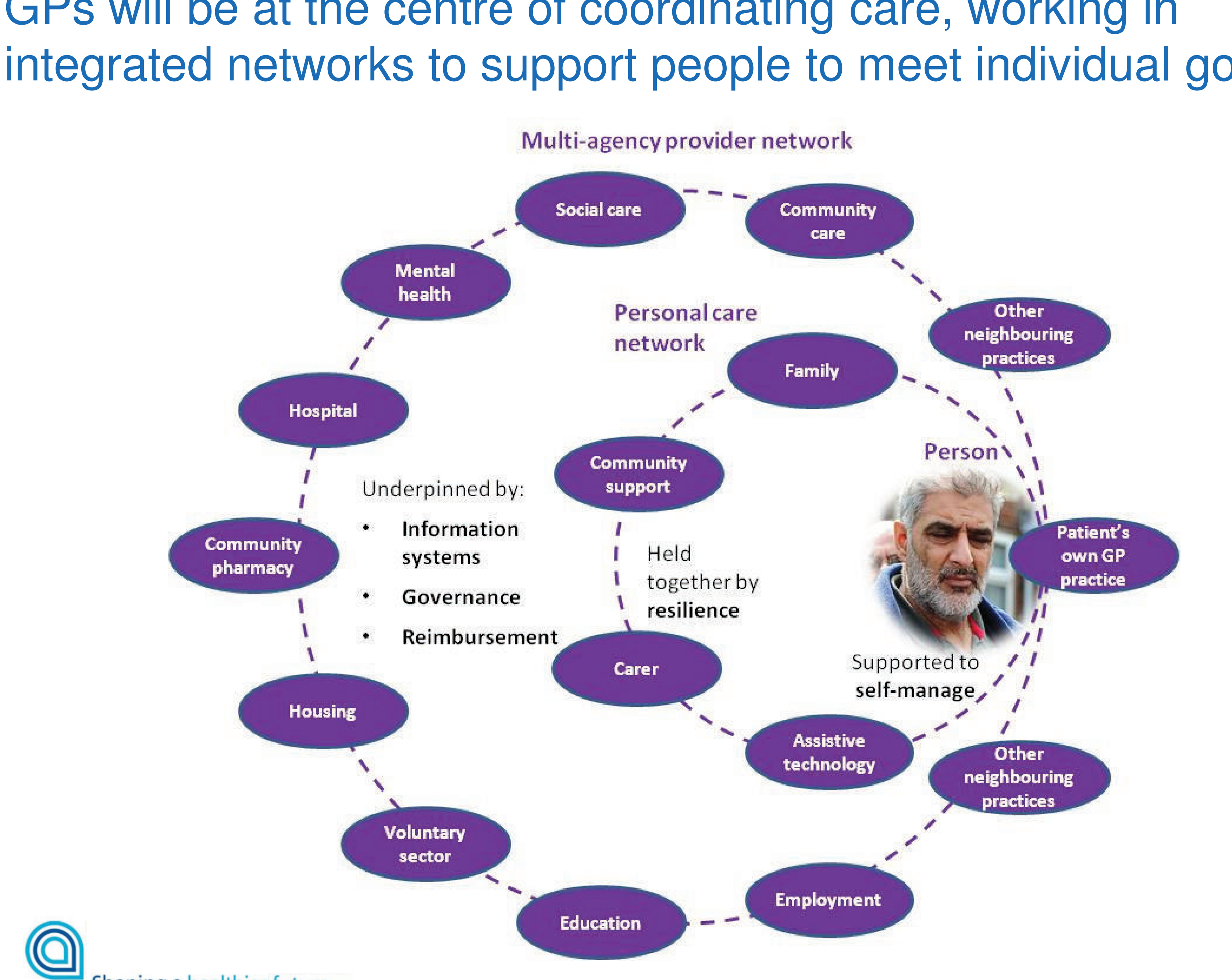
4. Whole Systems Integrated Care

Addressing Points 1 & 5 of the
JHOSC Recommendation Report

The voice of patients, carers and people who use services will be at the heart of the Whole System Integrated Care programme

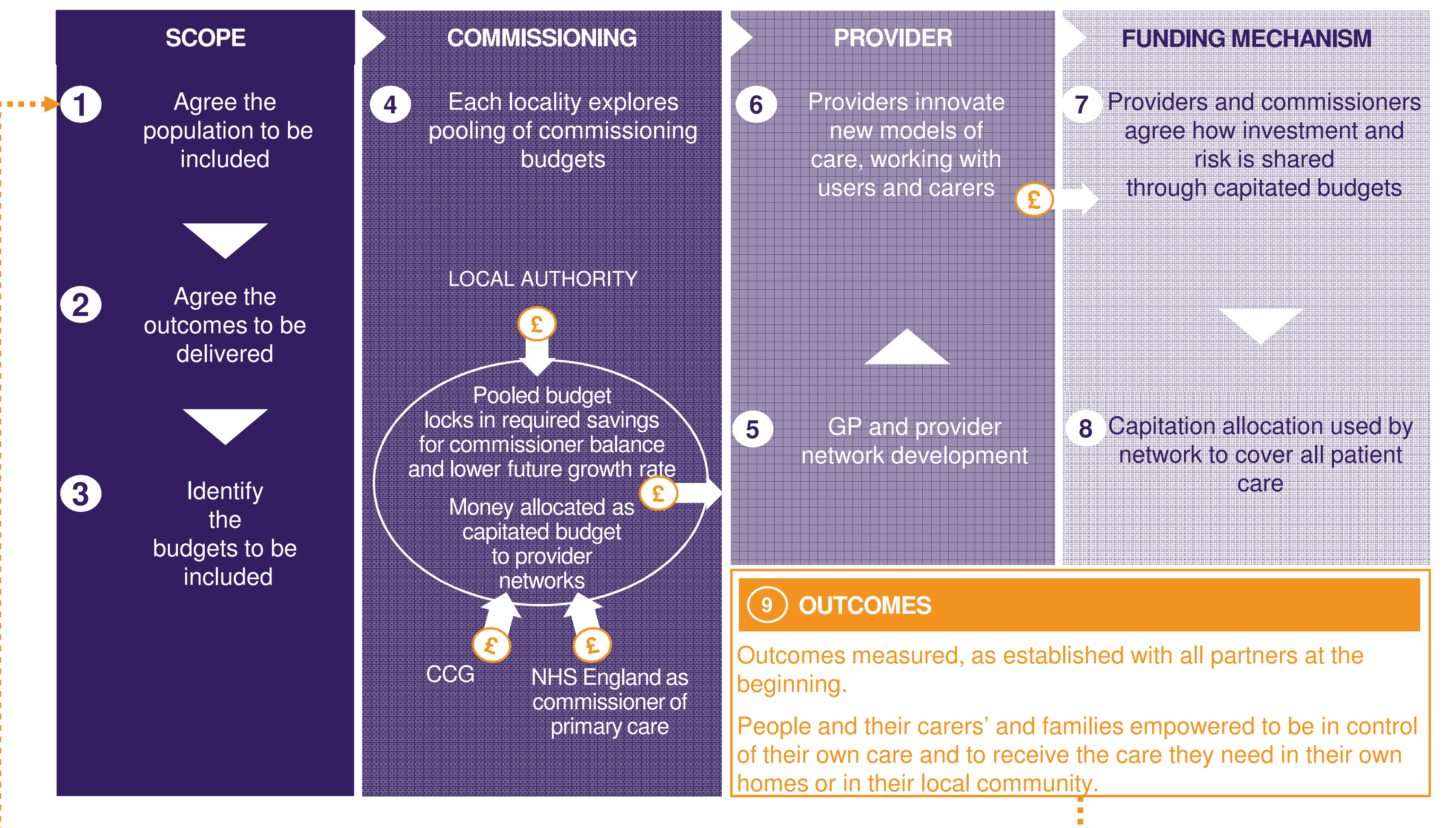
- The overall objective of the programme is to support improved outcomes and experience for patients, people who use services and carers through integration achieved at scale and pace.
- National Voices' *Narrative on Integrated Care* and the government-driven partnership *Think Local, Act Personal* have set out what our commitment to patients, carers and people who use services should be.
- These will serve as a starting point for establishing a person-centred ethos that will underpin the Whole System programme. We will develop this commitment with people, providers and commissioners to discover what this means for North West London in practice.
- Embedding partnerships has been created as a cross-cutting workstream that sits across all of the programme modules with the aim of assuring co-design and co-production throughout the programme.
- Submitted a pioneer application in Jun 2013 (over 100 applications submitted nationally. Panel interview with DoH and Pioneer Team in Sep 2013. Successful pioneer sites to be announced in the Autumn.

GPs will be at the centre of coordinating care, working in integrated networks to support people to meet individual goals

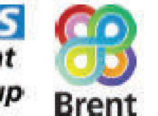


Shaping a healthier future

Next stage of the work



Participating organisations



NHS
Brent
Clinical Commissioning Group

Brent

NHS
Central London
Clinical Commissioning Group

City of Westminster

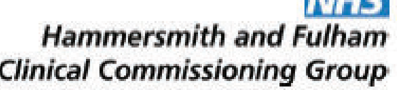
NHS
Ealing
Clinical Commissioning Group

Ealing
www.ealing.gov.uk

NHS
Hammersmith and Fulham
Clinical Commissioning Group

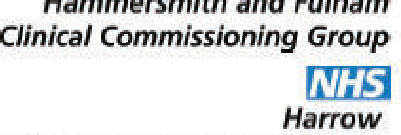
h&f
hammersmith & fulham

NHS
Harrow
Clinical Commissioning Group



Harrow COUNCIL
LONDON

NHS
Hounslow
Clinical Commissioning Group



London Borough of Hounslow

NHS
West London
Clinical Commissioning Group

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

NHS
Hillingdon
Clinical Commissioning Group

Central London Community Healthcare NHS
NHS Trust

Central and North West London NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Ealing Hospital NHS
NHS Trust

Hounslow and Richmond Community Healthcare NHS
NHS Trust

Imperial College Healthcare NHS
NHS Trust

The Hillingdon Hospitals NHS
NHS Foundation Trust

The North West London Hospitals NHS
NHS Trust

West London Mental Health NHS
NHS Trust

West Middlesex University Hospital NHS
NHS Trust

IMPERIAL COLLEGE HEALTH PARTNERS

NIHR CLAHRC
for Northwest London

bucks
new university

NWL
commissioning support unit

NHS
Health Education
North West London

NHS
England

WESTLONDON

Shaping a healthier future

5. A&E and winter resilience

Addressing Points 1, 2 & 3 of the JHOSC Recommendation Report

A&E and winter resilience

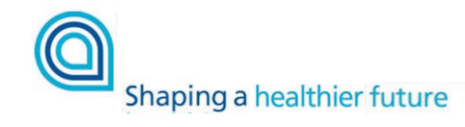
- There are no SaHF plans to reconfigure hospital services prior to winter
- The programme will have no effect on performance this year. Local urgent care boards, CCGs and HWBs, with appropriate scrutiny by OSCs, are in the best position to provide local details, however in general:
  - NHS England requires all Local Area Teams (LATs) to work on recovery and improvement plans. Each CCG will coordinate the production of a local plan. These plans should be complete by Nov 2013
  - Eight urgent care boards (covering the eight local acute providers with A&E departments) have been established. Membership includes local authorities and patient / public representatives. The boards are investigating key drivers of the urgent care pathway such as the availability of primary care and community nursing, psychiatric nursing, delayed transfers of care, patient pathways within hospitals, discharges etc
  - All CCGs, NHS 111 and the London Ambulance Service are required to supply a surge management plan to NHS England by 22nd Sep. A review by North West London CCGs has identified areas of work to focus on including the planning and assurance process, improvements in the management of bed capacity, improvements in working relationships with local adult social care teams, better infection control, improvements in A&Es and in escalation arrangements and making better use of urgent care centres.
  - Despite national negative coverage, local providers of the 111 service are performing well.
  - Overall performance in north west London is good in relation to the four hour target, even during winter pressures. Imperial, Hillingdon and Ealing performed above 96% in Qs 3 & 4 of 2012/13; West Middlesex above 97% and CW at 98.4%. However North West London was below the 95% performance target.

Shaping a healthier future

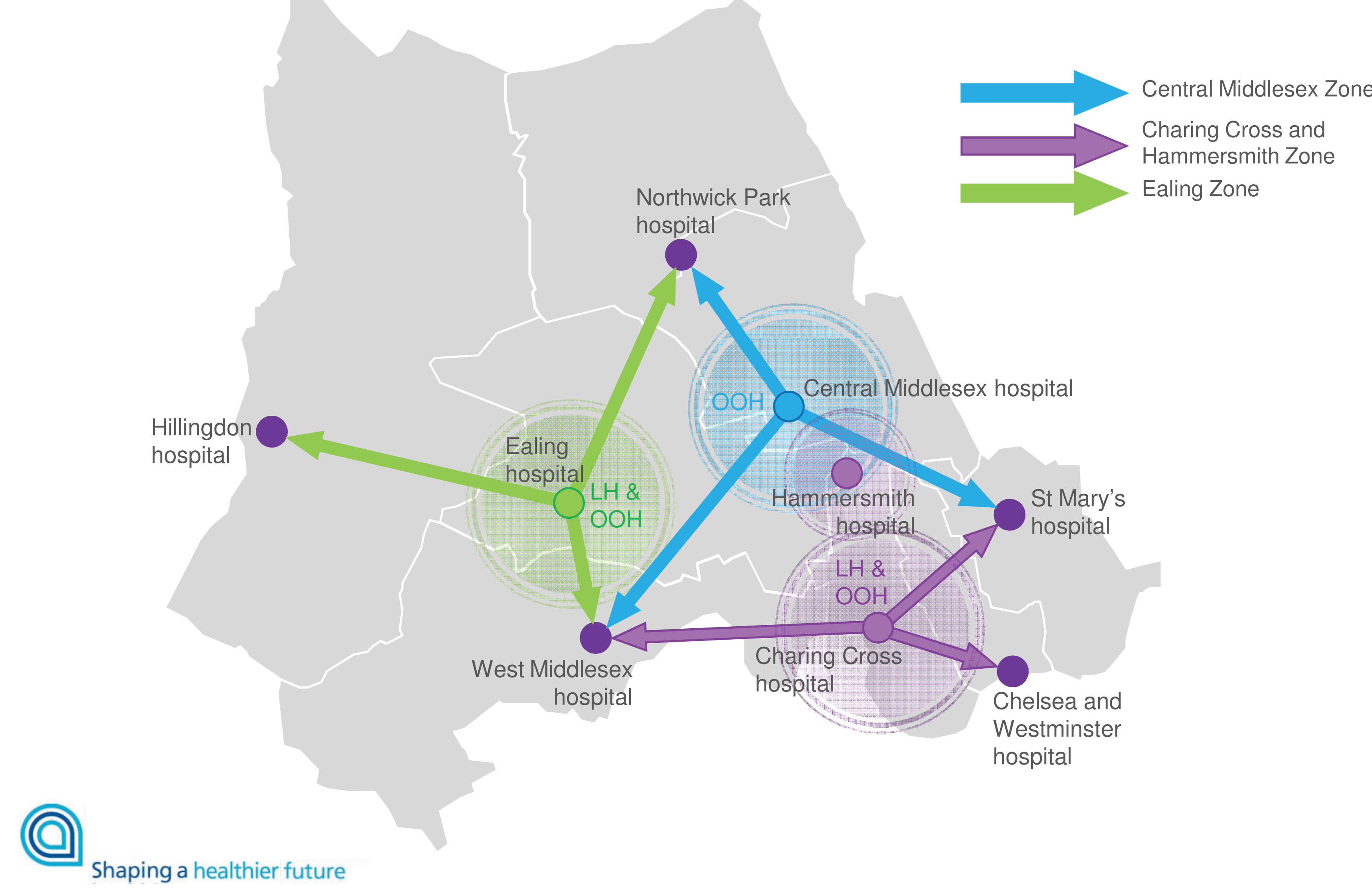
6. Implementation & Tracker Overview

Addressing Points 1, 2 & 3 of the JHOSC Recommendation Report

A CCG led governance structure has been established to monitor and oversee delivery across the programme

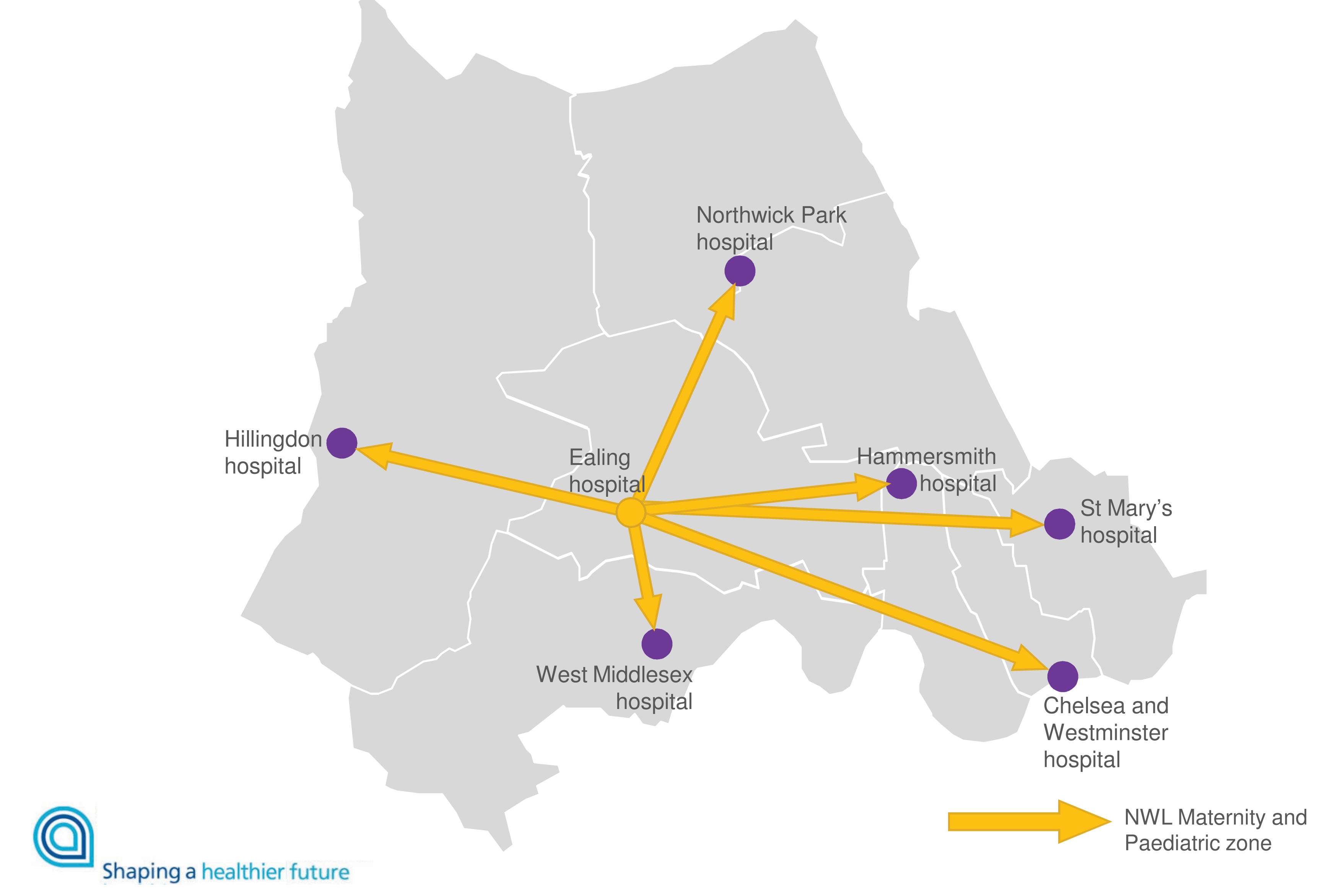


For acute non-elective changes complex interdependencies are best managed by grouping changes into geographical zones and workstreams



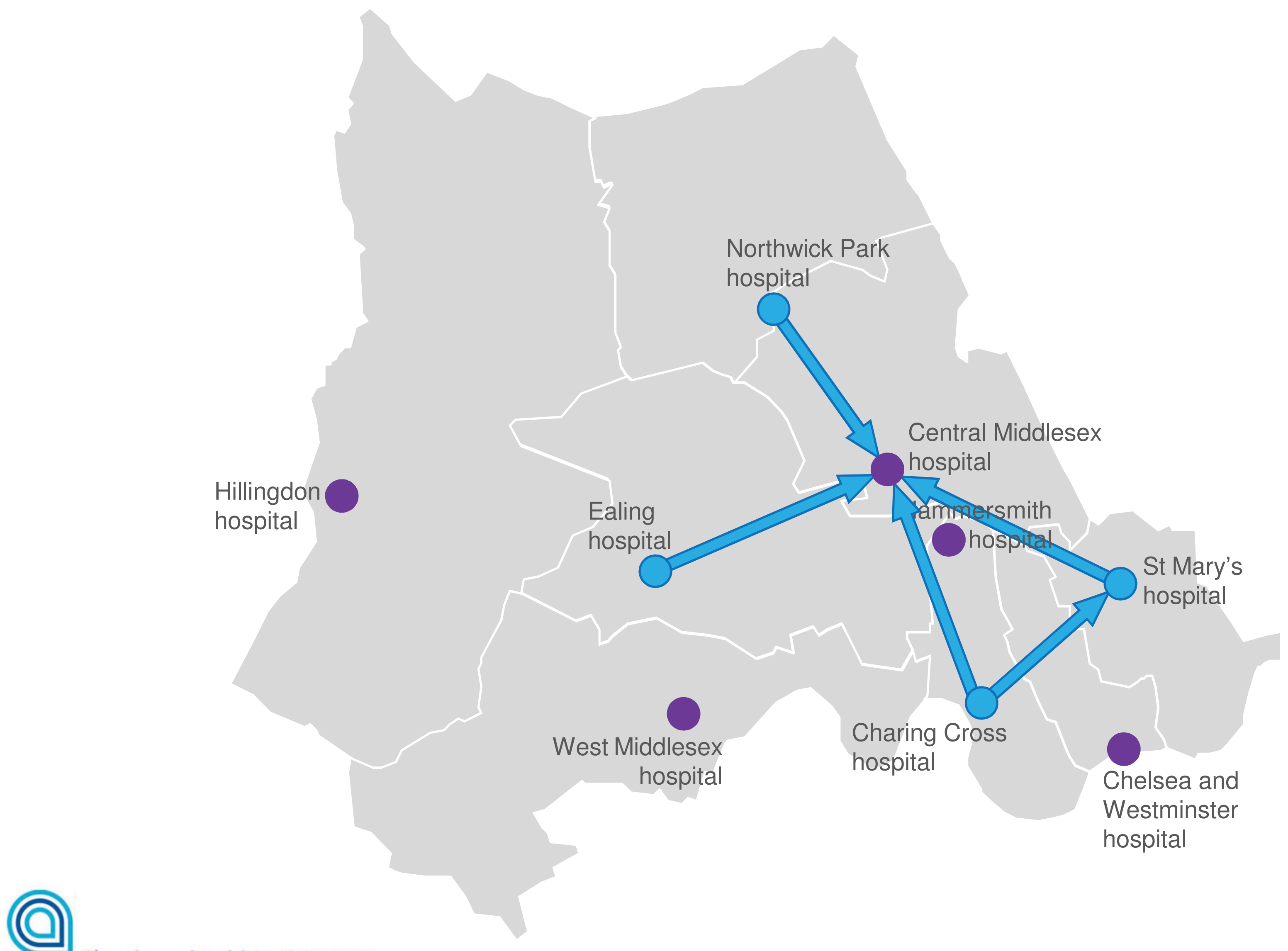
Shaping a healthier future

Transition of maternity and paediatrics involves the majority of providers across the region and will be the final zone



Shaping a healthier future

Elective transition will be managed by the Central Middlesex regional zone



Shaping a healthier future

All zones have been mobilised, are making progress and addressing challenges

Central Middlesex zone

SRO – Brent CCG Chair

Zone portfolio manager: Deborah McBeal

Major challenges

- Ensuring CMH is developed as a viable elective centre
- Handling potential unplanned closure of an A&E unit

Charing Cross & Hammersmith zone

SRO – H&F CCG Chair

Zone portfolio manager: Oliver Excell

Major challenges

- Imperial College's provision of education facilities
- Imperial College Healthcare Trust preference to locate elective services at Charing Cross
- Development of a local hospital model for Charing Cross

Ealing zone

SRO – Ealing CCG Chair

Zone portfolio manager: Sam Burrows

Major challenges

- Maintaining appropriate staffing at Ealing during transition
- Development of a local hospital model for Ealing

NWL maternity and paediatric zone

SRO – Hounslow CCG Chair

Zone portfolio manager: Richard Hahn

Major challenges

- Developing a workforce with of required skill set and size
- Confirming levels of remaining neo-natal units

Workstreams are being established to coordinate and expedite delivery in the ‘receiving’ organisations with a transition steering group for each of the ‘sending’ organisations

‘Sending’ workstreams

To manage the re-provision of acute services from a “sending” provider to nearby “receiving” providers

- Ealing NEL Transition
- Charing Cross NEL Transition
- Central Middx NEL Transition
- Hammersmith NEL Transition
- NWL Maternity and Paediatrics
- Elective Transition (CMH)

Receiving workstreams

Creating Out of Hospital workstreams

To manage transformation of OOH care in each borough with the development of local hospitals / hubs / GP Premises

Workstream	Activity
Ealing Local Hospital	Develop Ealing LH proposals and build new facilities
Charing Cross & HH Local Hospital	Develop CX LH proposals and build new facilities
Central Middx Local/ Elective Hospital	Monitor CMH LH and EL proposals and any refurbishment activities
Local hub development	Support the development of business cases for local hubs in each borough
GP premises investment	Develop strategy for GP premises investment and principles for receiving investment

Creating major hospitals workstreams

To manage transformation of acute care in each provider

Workstream	Activity
St Mary’s Hospital	Develop St Mary’s and build new facilities
Chelsea & Westminster Hospital	Develop Chelsea and Westminster and build new facilities
West Middx Hospital	Develop West Middlesex and build new facilities
Northwick Park Hospital	Develop Northwick Park and build new facilities
Hillingdon Hospital	Develop Hillingdon and build new facilities

The *SaHF* Tracker provides information to the Implementation Programme Board to support decision making

- The *Shaping a healthier future* Tracker is an internal tool used by the programme to monitor the following dimensions:
  - **Quality**
  - **Activity**
  - **Shape change**

Quality

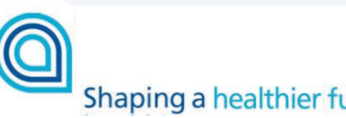
- Outcome measures that should be improved by the delivery of the SaHF programme e.g.:
  - Summary Hospital Mortality Indicator (SHMI)
  - Proportion of deaths at usual residence
  - Infection incidence
  - Never events, Complaints, Serious incidents
  - 4 hour (95%) target compliance
  - Number of last minute cancellations by the hospital for non clinical reasons

Activity

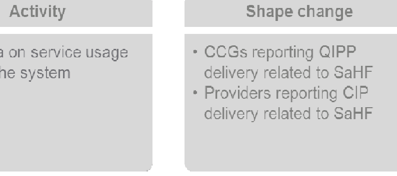
- Business Intelligence Unit data on service usage across the system:
  - UCC attendances
  - A&E attendances
  - Non-elective admissions
  - Rapid response events (community)
  - Average length of stay

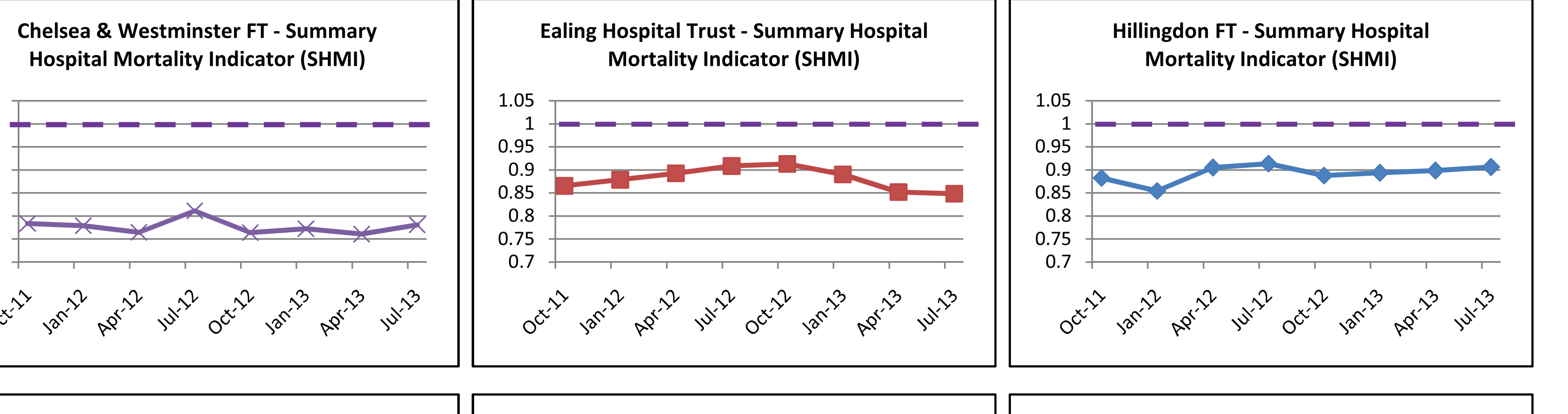
Shape change

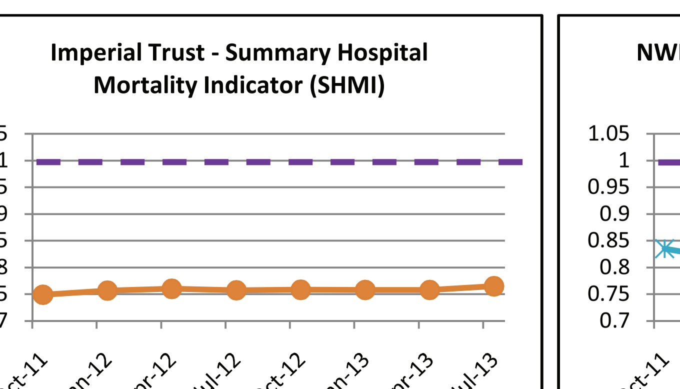
- CCGs reporting QIPP delivery related to SaHF
- Providers reporting CIP delivery related to SaHF

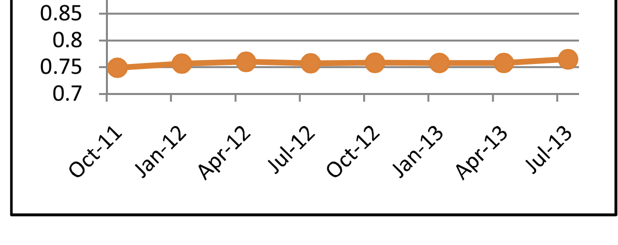


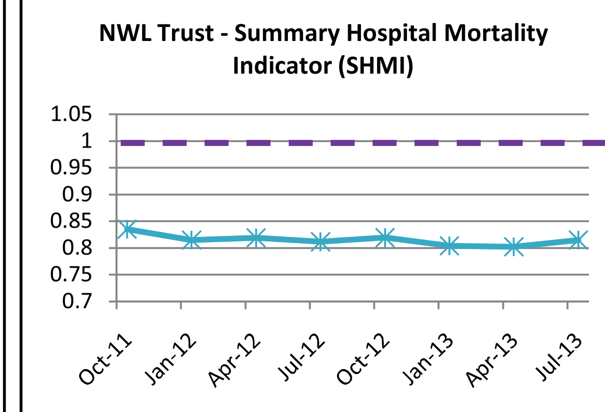
Monitoring quality example: Summary Hospital Mortality Indicator

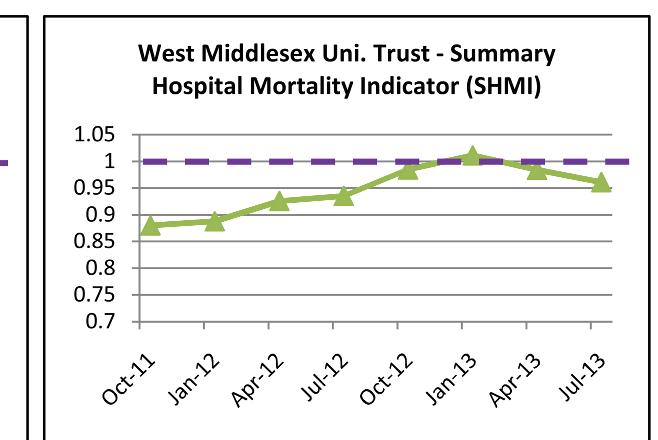






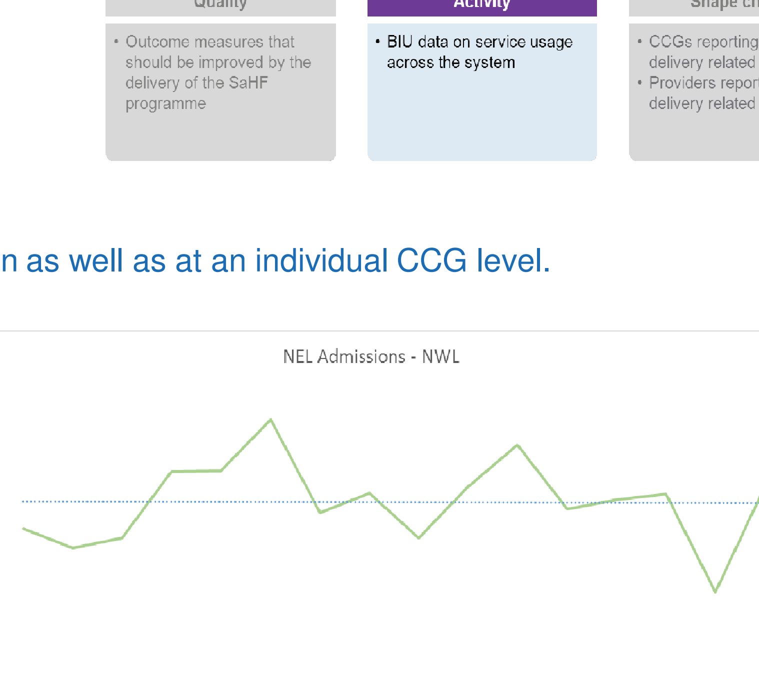




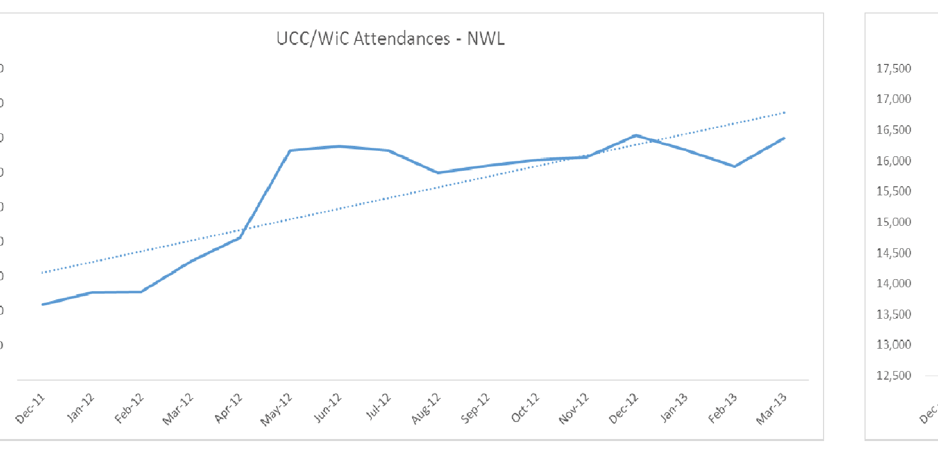


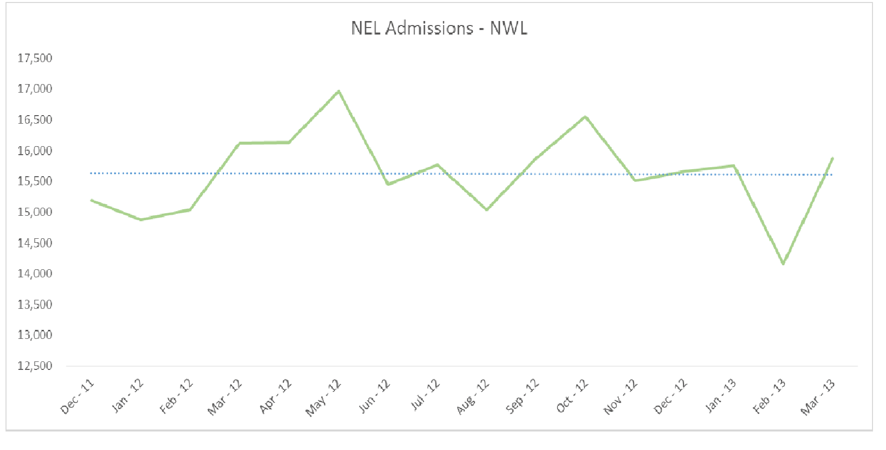
Source: Health and Social Care Information Centre , Indicator Portal

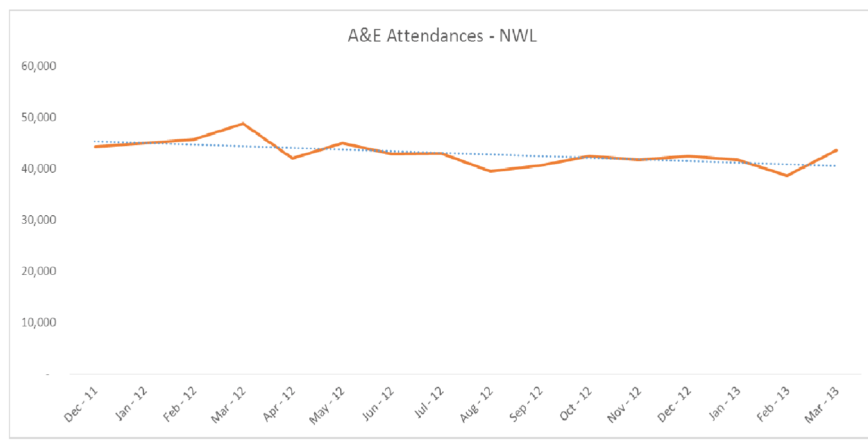
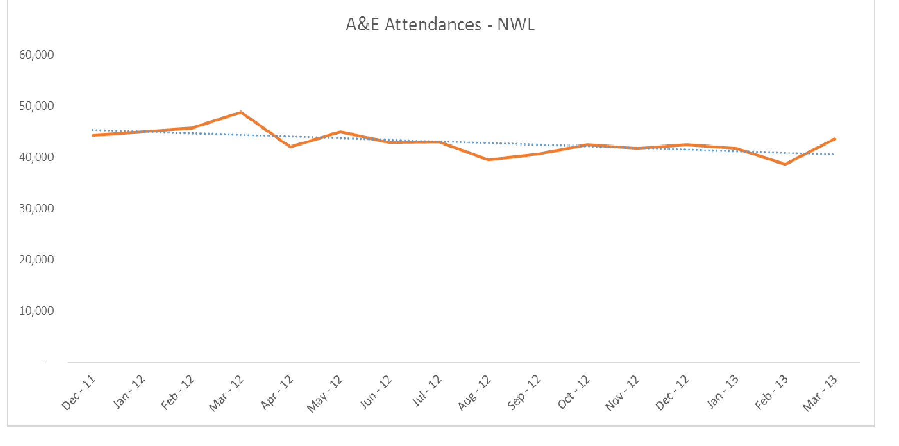
Monitoring activity example:
Pan-North West London UCC attendances, A&E attendances, NEL admissions and rapid response events

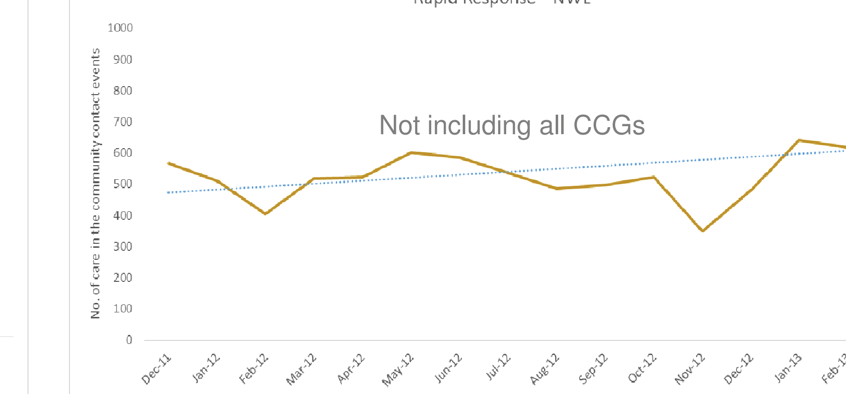


Activity metrics are monitored collectively across North West London as well as at an individual CCG level.







Source: NWL CSU System measures tool

Shaping a healthier future

Note: Activity being verified

Monitoring shape change example: A NWL CCG example of QIPP scheme reporting

Quality	Activity	Shape change
• Outcome measures that should be improved by the delivery of the SaHF programme	• BIU data on service usage across the system	• CCGs reporting QIPP delivery related to SaHF • Providers reporting CIP delivery related to SaHF

Each CCG and provider submit progress information to the programme on their QIPP & CIP schemes where it is considered in conjunction with the activity data .

Achievements

All 'vital projects' are expected to go live on plan.
Some benefits are being delivered in planned care pathway re-design: community cardiology.

Also within pathway re-design MSK, Dermatology and Gynaecology have been newly procured.

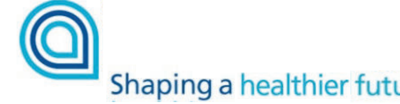
Challenges

Understanding the shortfall in community cardiology and developing plans to close this gap.

	Vital Few programmes	Ref	CCG project	POD	CCG ref	Project stage and original milestone date: Strategic outline case	Outline business case	Full business case	Practical completion	Staffed and ready	Current stage	Go live delay (mths)	Go live2 date
A	Prevention and early intervention	A01	WellWatch 13/14	NEL	CL006	Jan-13			Mar-13	Apr-13	1	-	Apr-13
		A02	End of Life Care	NEL	CL009				Jan-13	Apr-13	BR	-	Apr-13
B	Rapid response and step up schemes	B01	Integrated Health and Social Care Redesign*	NEL	CL007				Aug-13	Oct-13	4	-	Oct-13
C	Outpatient planned care pathway redesign	C01	Pathway-redesign	PC	CL001a	Mar-13	May-13	Oct-13	Nov-13	Jan-14	1	-	Jan-14
		C06	Inter Practice Referral Service	PC	CL003	Jul-13	Aug-13	Oct-13	Dec-13	Jan-14	1	-	Jan-14

Where we use Tracker and how it is evolving

- The programme currently uses the Tracker report in the following forums:
  - Implementation Programme Board
  - Zone Steering Group meetings
  - Individual CCG and Provider meetings
- The programme is continuing to review content and presentation of data in the tracker to ensure that it:
  - Enables effective monitoring of programme progress
  - Informs and enables effective programme decision making
  - Informs the baseline that programme benefits will be measured against
  - Is tailored to its audience enabling the most important monitoring information for that audience to be primarily visible



Agenda Item 6

North West London Joint Health Overview & Scrutiny Committee

Continuing Scrutiny of the Development of Proposals

1. The North West London Joint Health Overview & Scrutiny Committee (JHOSC) was established to respond to the proposlas set out by NHS North West (NW) London in the formal consultation document "*Shaping a Healthier Future*".

2. The JHOSC comprises elected members drawn from the boroughs geographically covered by the NHS NW London proposals. The list of original members and co-opted members are at Appendix 1.

3. The JHOSC formally adopted the following terms of reference:

   i) To consider the "Shaping a Healthier Future" consultation arrangements including the formulation of options for change, and whether the formal consultation process is inclusive and comprehensive.

   ii) To consider and respond to proposals set out in the "Shaping a Healthier Future" consultation with reference to any related impact and risk assessments or other documents issued by or on behalf of NHS North West London in connection with the consultation.

4. In its response to the NHS consultation on Shaping a Healthier Future, the JHOSC recommended that a 'JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation.'

5. The London Boroughs of Camden and Wandsworth have advised that they have 'reached the view that the implications of Shaping a Healthier Future are not sufficiently great for Camden and Wandsworth to justify their continued participation in this Joint OSC.'

RECOMMENDATION:

That members consider:

(i) the continuation of the JHOSC to provide ongoing scrutiny of the development of proposals and the responsiveness to the JHOSC response and other responses received to the consultation;

(ii) frequency of meetings; and

(iii) the duration of the JHOSC.

Appendix 1

Members of the JHOSC

Councillors :

Ivimy (Chairman) LB Hammersmith and Fulham
Kabir (Vice-chairman) LB Brent
Bryant LB Camden
Collins LB Hounslow
D'Souza City of Westminster
Fisher LB Hounslow
Gulaid LB Ealing
Harrison LB Brent
James LB Harrow
Jones LB Richmond upon Thames
Kapoor LB Ealing
McDermott LB Wandsworth
Mithani LB Harrow
Richardson City of Westminster
Vaughan LB Hammersmith and Fulham
Usher LB Wandsworth
Weale RB Kensington and Chelsea
Williams RB Kensington and Chelsea

Ms Maureen Chatterley LB Richmond upon Thames (Co-opted Scrutiny Committee Member)

North West London Collaboration of Clinical Commissioning Groups

Joint Health Overview and Scrutiny Committee Briefing Paper – Future of JHOSC

1. Purpose

This briefing paper is to provide a North West London CCG view on the future of the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

2. Background

In November 2011, Dr Anne Rainsberry, Chief Executive of NHS North West London wrote to the eight local authorities covered by NHS North West London to establish a JHOSC pursuant to the 2003 Directions issued under the Health & Social Care Act 2001.

The request was that a time-limited JHOSC be formed of representatives from each individual Health Overview and Scrutiny Committee (HOSC) in the area - Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. Once established, the JHOSC could:

- Make comments on the *Shaping a healthier future (SaHF)* consultation programme
- Request *SaHF* to provide information about the proposal
- Request an officer of *SaHF* to attend to answer questions in relation to the proposal.

Neighbouring boroughs were also invited to take part if they believed that there was a good reason or significant interest for representatives of their HOSC to be involved in the NWL JHOSC.

3. The future of the JHOSC

Since the JCPCT made its agreement to the proposed changes in NWL on the 19th February there has been significant activity and developments in the *SaHF* programme and in the NWL health economy more generally.

The *SaHF* programme is now being taken forward by eight clinical commissioning groups (CCGs). The next five years offers the prospect of significant service change that will affect NWL as a whole.

Whilst we will continue to engage with key stakeholders including all eight HOSCs, individually, we believe there is significant value in the JHOSC continuing to function as an Overview and Scrutiny body by providing a forum where NWL issues relating to *SaHF*, which cross borough boundaries, can be scrutinised and discussed.

As this is a continuum of the previous activity of the JHOSC we believe it makes sense for it to continue in its present format and terms of reference.

However it is worth noting that there needs to be careful consideration and agreement by both the JHOSC and the NHS that the issues to be discussed do not cut across the properly constituted governance and involvement structures already in place (e.g. OSCs, HWBs, Healthwatch, CCG, and NHS provider trusts' governing boards and patient and public involvement mechanisms).