

A large, stylized graphic of a human figure in shades of blue. The head area is filled with various circular and teardrop-shaped patterns, some containing concentric circles, representing a brain or neural activity. The figure is positioned in the background, with the text overlaid on it.

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

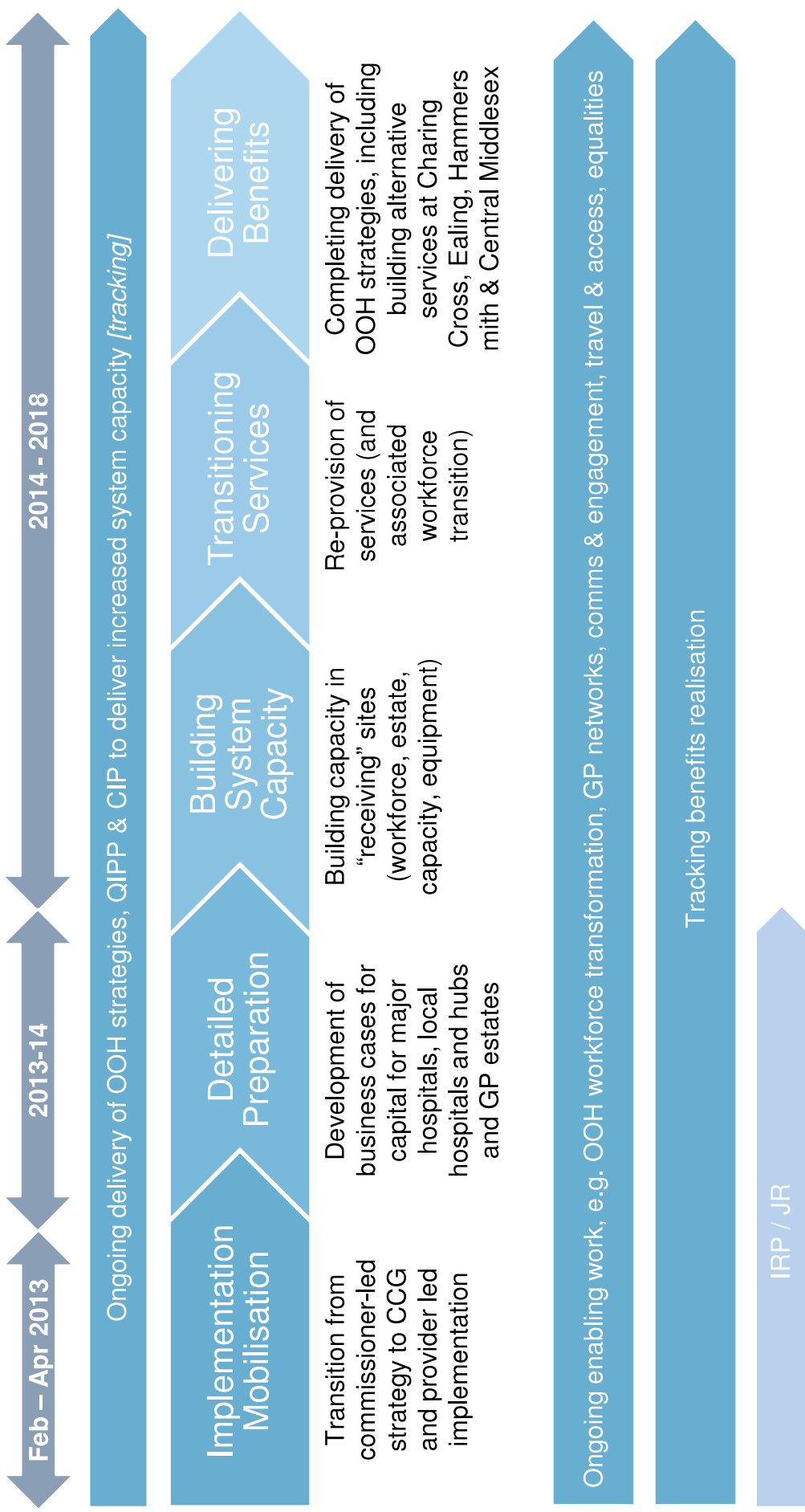




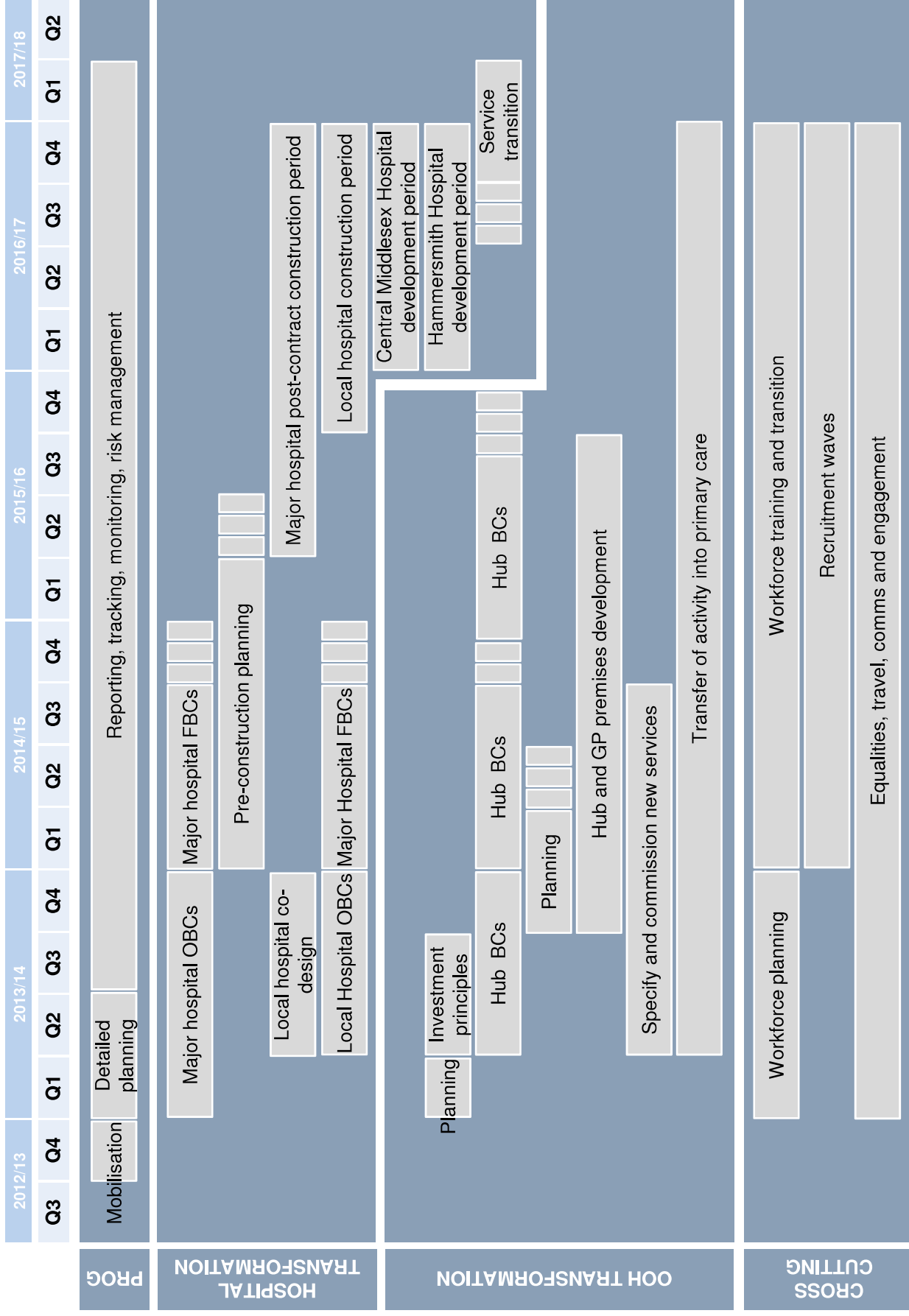
1. Timelines, milestones and update

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

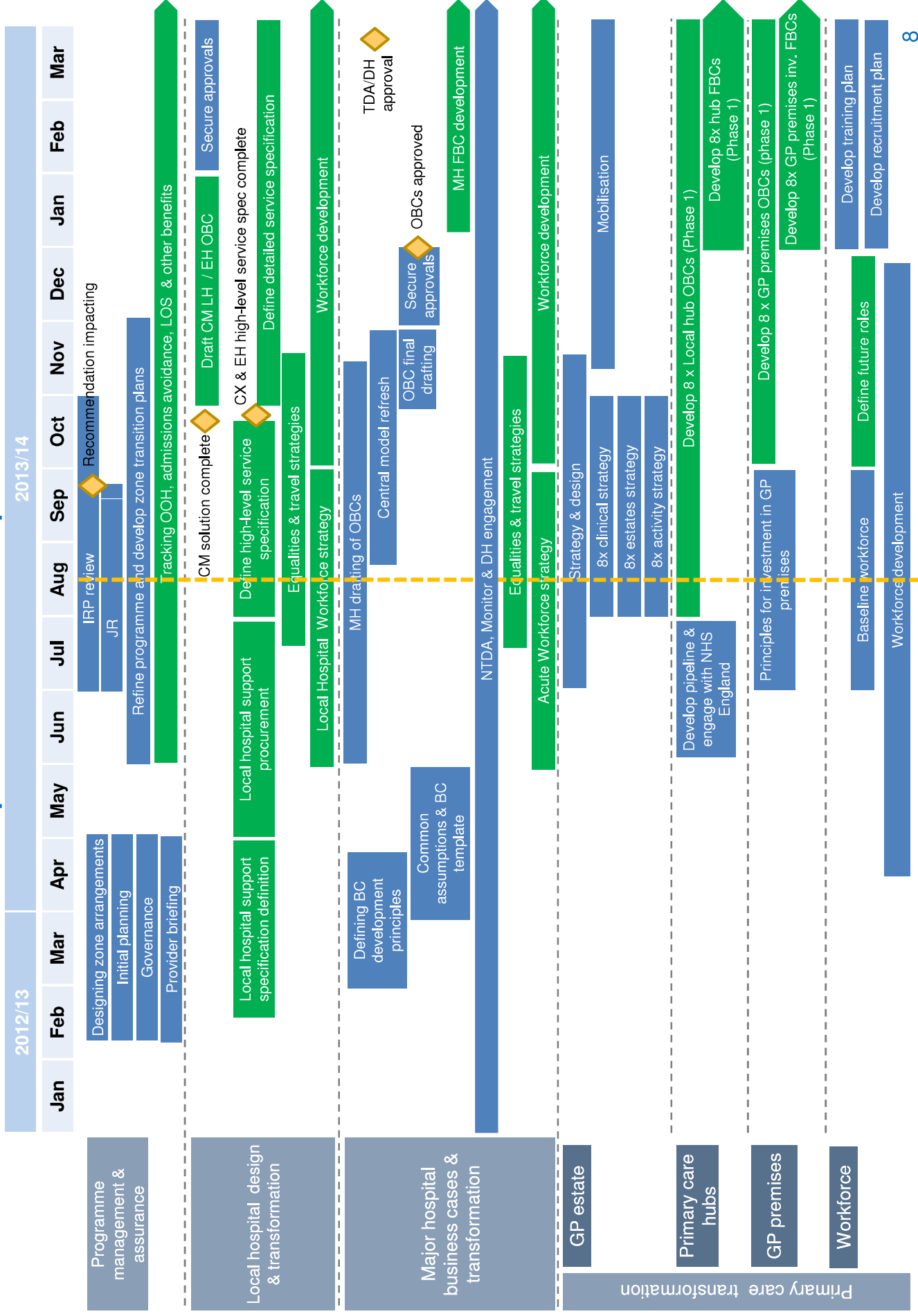
We have a five year plan to deliver SaHF



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



We have a detailed implementation plan for 2013/14



We have made substantial progress on priorities for 13/14

PROGRAMME DESIGN	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Working with HE NWL to develop joint 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)

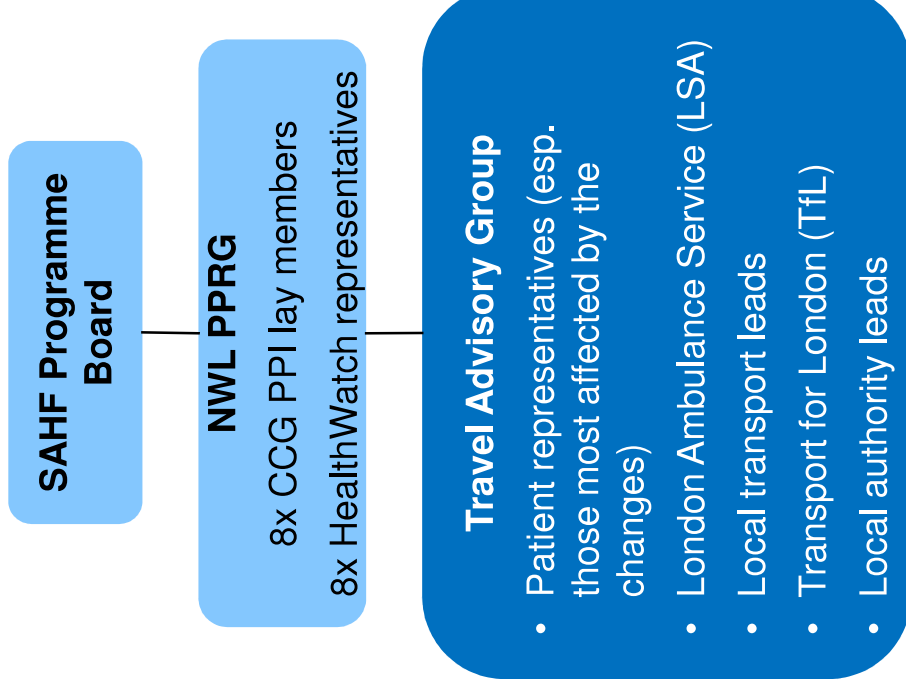
Our Patient and Public Representative Group will play a key role

- 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

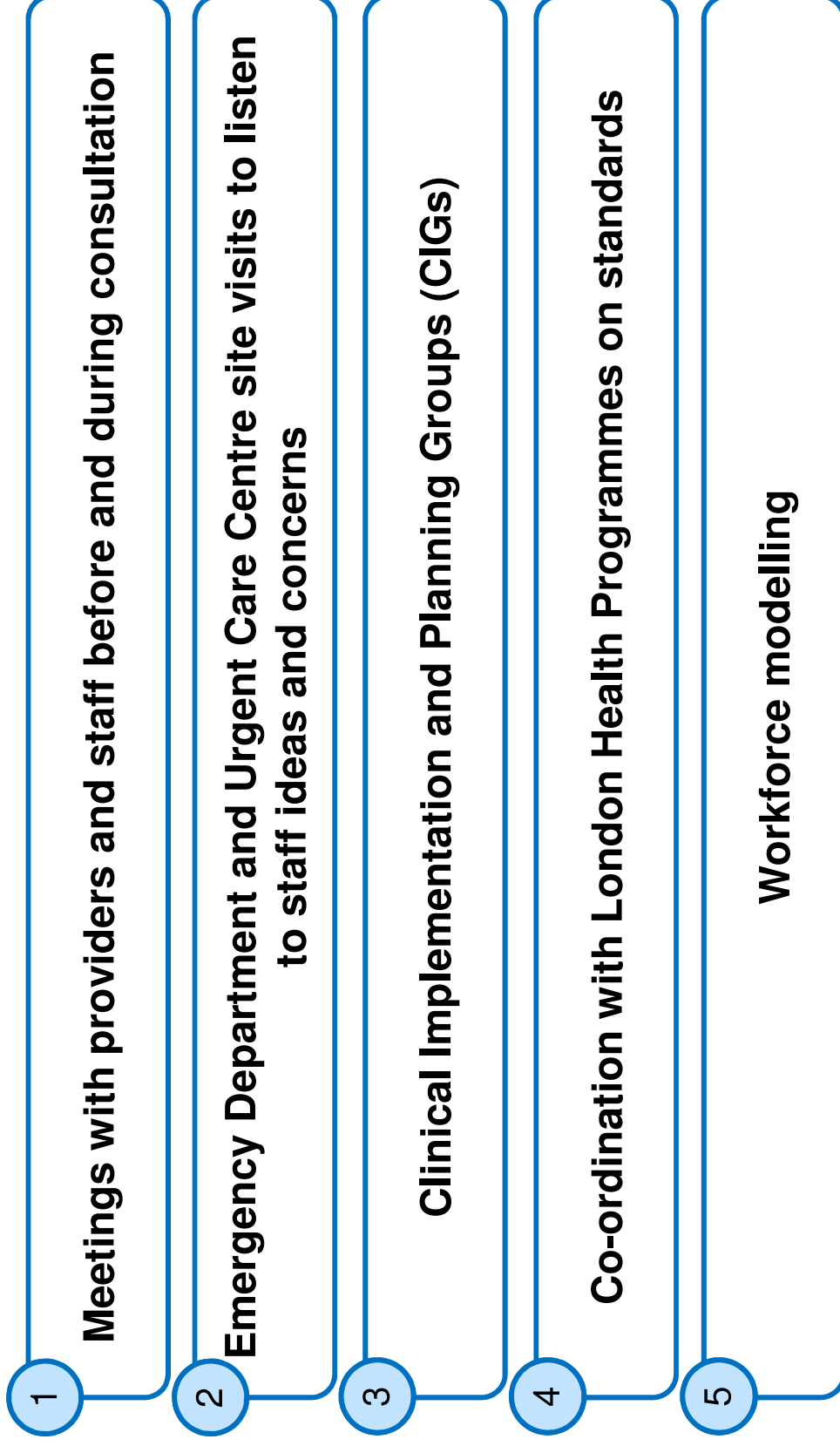


Equalities work is focused on identification of issues and resources

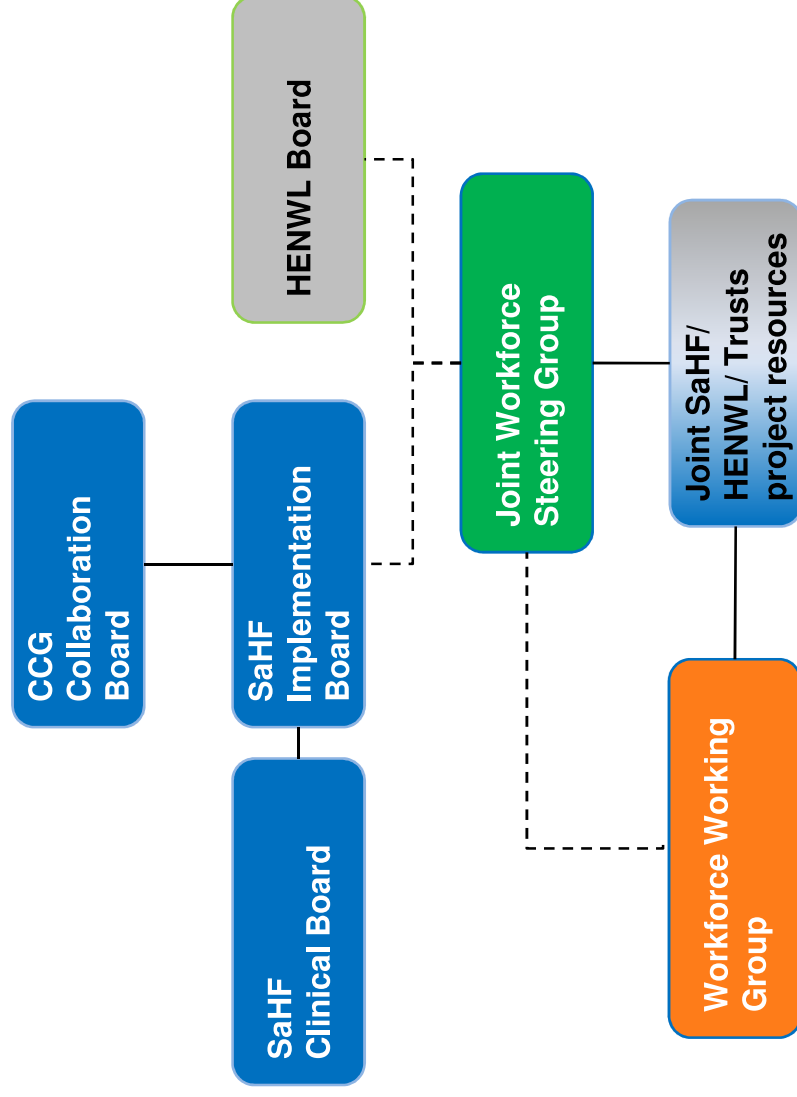
- Briefed all eight CCGs on the outcomes of the SaHF equalities work
- All eight CCGs have developed a set of equality objectives for 2013/14 (a key theme is around maternity and interpretation services – concerns that were raised during consultation)
- SaHF objectives have been integrated with CCG objectives
- 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



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



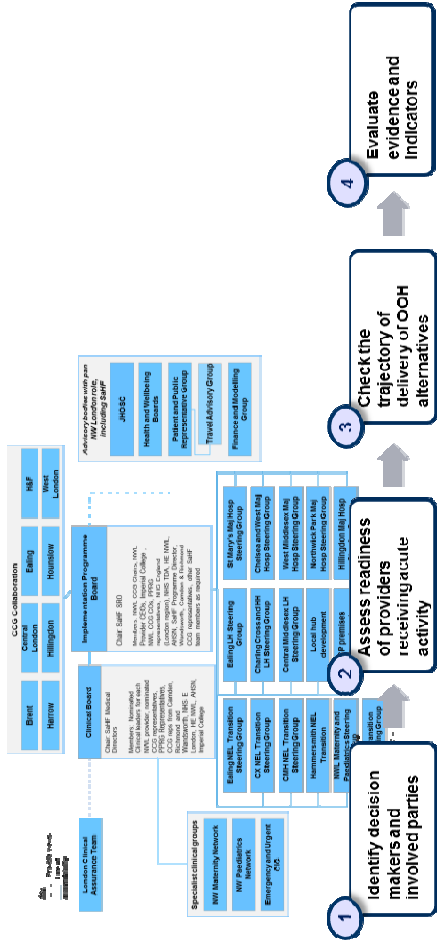
Joint Workforce Steering Group Membership	
•	Jeremy Levy - Director of Educational Quality, HENWL
•	Therese Davis – Deputy director of Educational Quality, HENWL
•	Julia Whiteman – Postgraduate Dean, HENWL
•	Lizzie Smith – Director of Workforce and Planning, HENWL
•	Thirza Sawtell – Director, NWL S&T
•	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

SUBJECT TO AGREEMENT WITH HENWL ON 22.08.13

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

Governance & decision making



1 Identify decision makers and involved parties

2 Assess readiness of providers receiving acute activity

3 Check the trajectory of delivery of OOH alternatives

4 Evaluate evidence and indicators

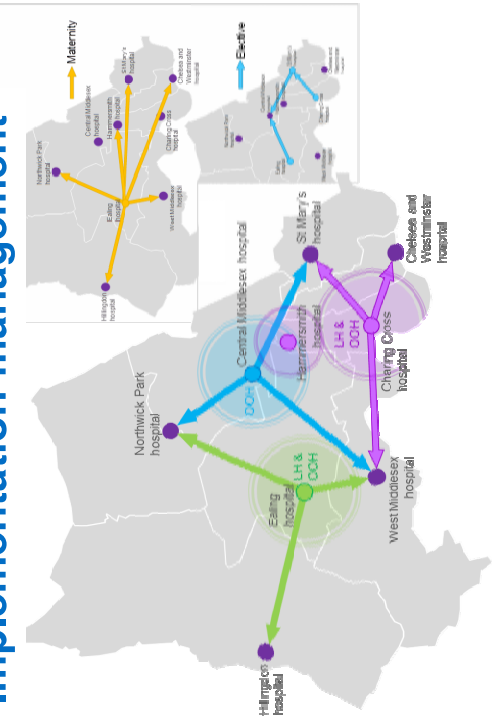
Commissioners of services, clinical groups and other stakeholders

Check for the completion of preparatory plans by acute providers

Check for the completion of preparatory plans by acute providers

Evaluate evidence of capacity in the system, clinical safety, transport etc.

Implementation management



Tracking system change

Quality	Shape change	Activity
<ul style="list-style-type: none"> Outcome measures that should be improved by the delivery of the SaHF programme 	<ul style="list-style-type: none"> CCGs reporting QIPP projects related to SaHF Providers reporting CIP projects related to SaHF 	<ul style="list-style-type: none"> BIU providing data on activity and bed usage across the system

Monitoring progress

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 £11 million deficit – we committed to exploring further options to address this challenge during implementation



Central Middlesex

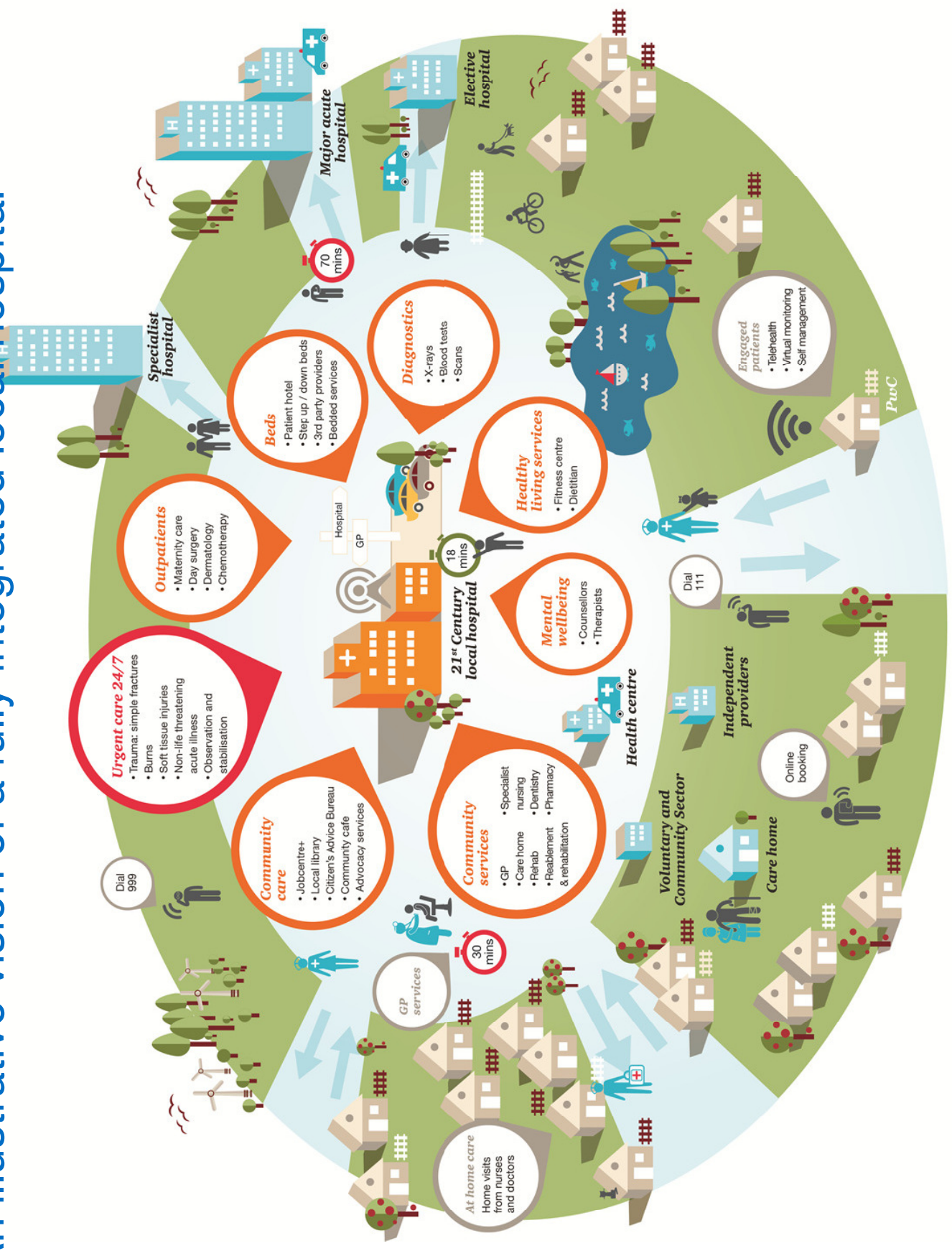
- The NHS Trust Development Authority (NTDA) has commissioned further work to define options for the future of Central Middlesex Hospital led by Ruth Carnall
- A major stakeholder meeting took place in August and there is broad consensus around a package of services for the site. Options that are being 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 health 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
<p>Ealing Hospital</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Claypolds 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
<p>Charing Cross Hospital</p>	<ul style="list-style-type: none"> This work will produce outline business cases by January 2013 and full business cases by mid-2014 	<ul style="list-style-type: none"> 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



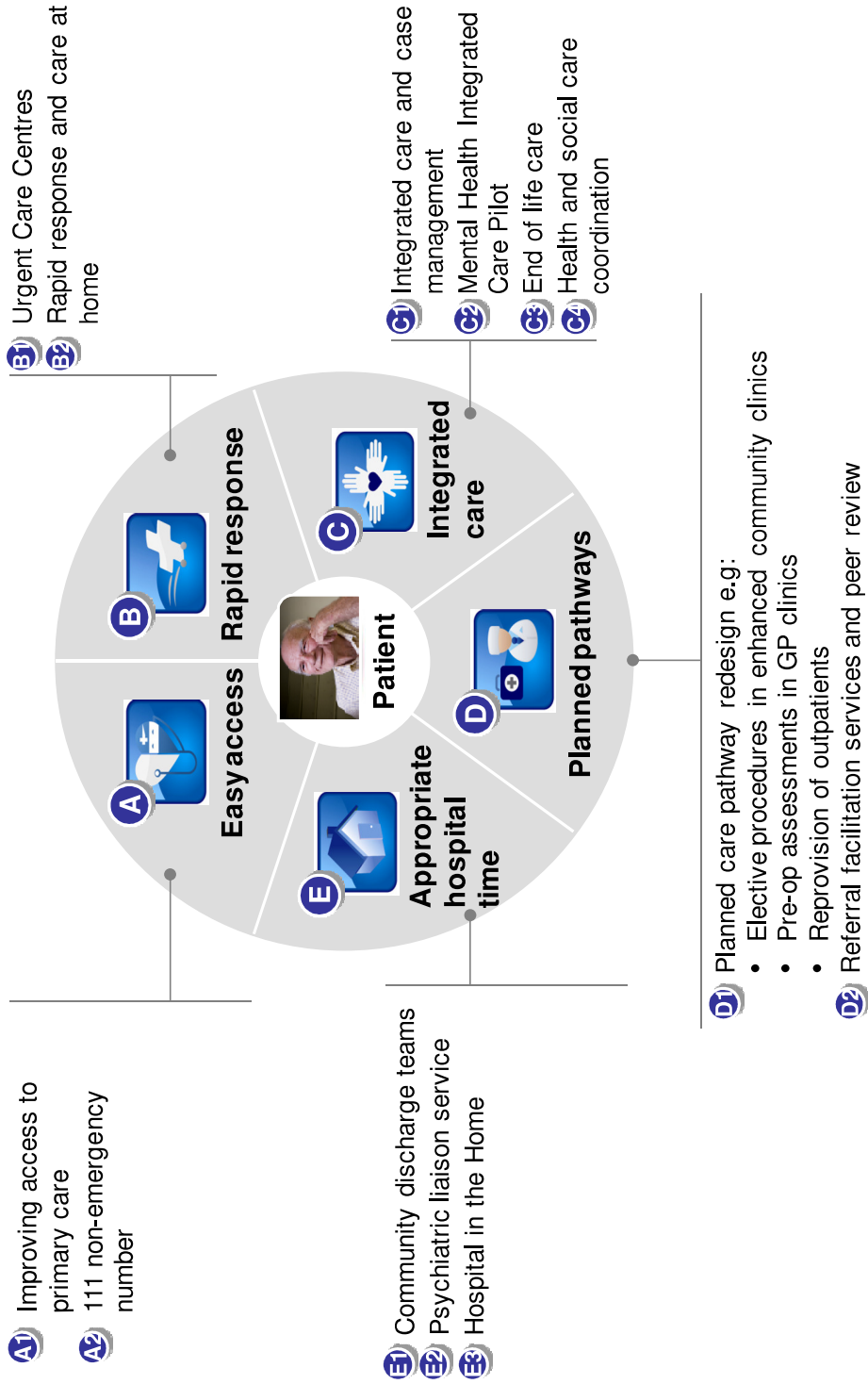


3. Out of hospital

*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





4. Whole Systems Integrated Care

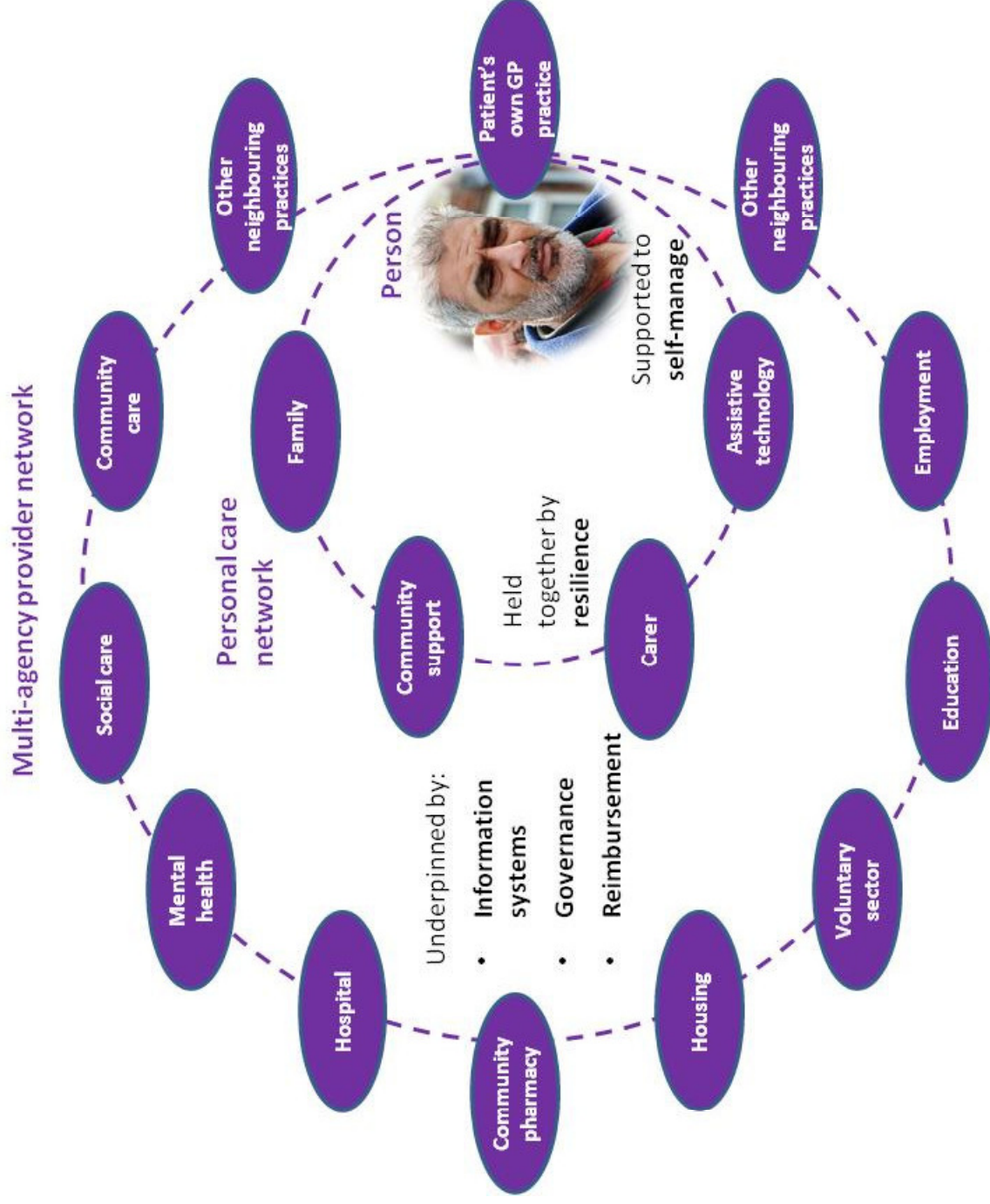
*Addressing Points 1 & 5 of the
JHOSC Recommendation Report*

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

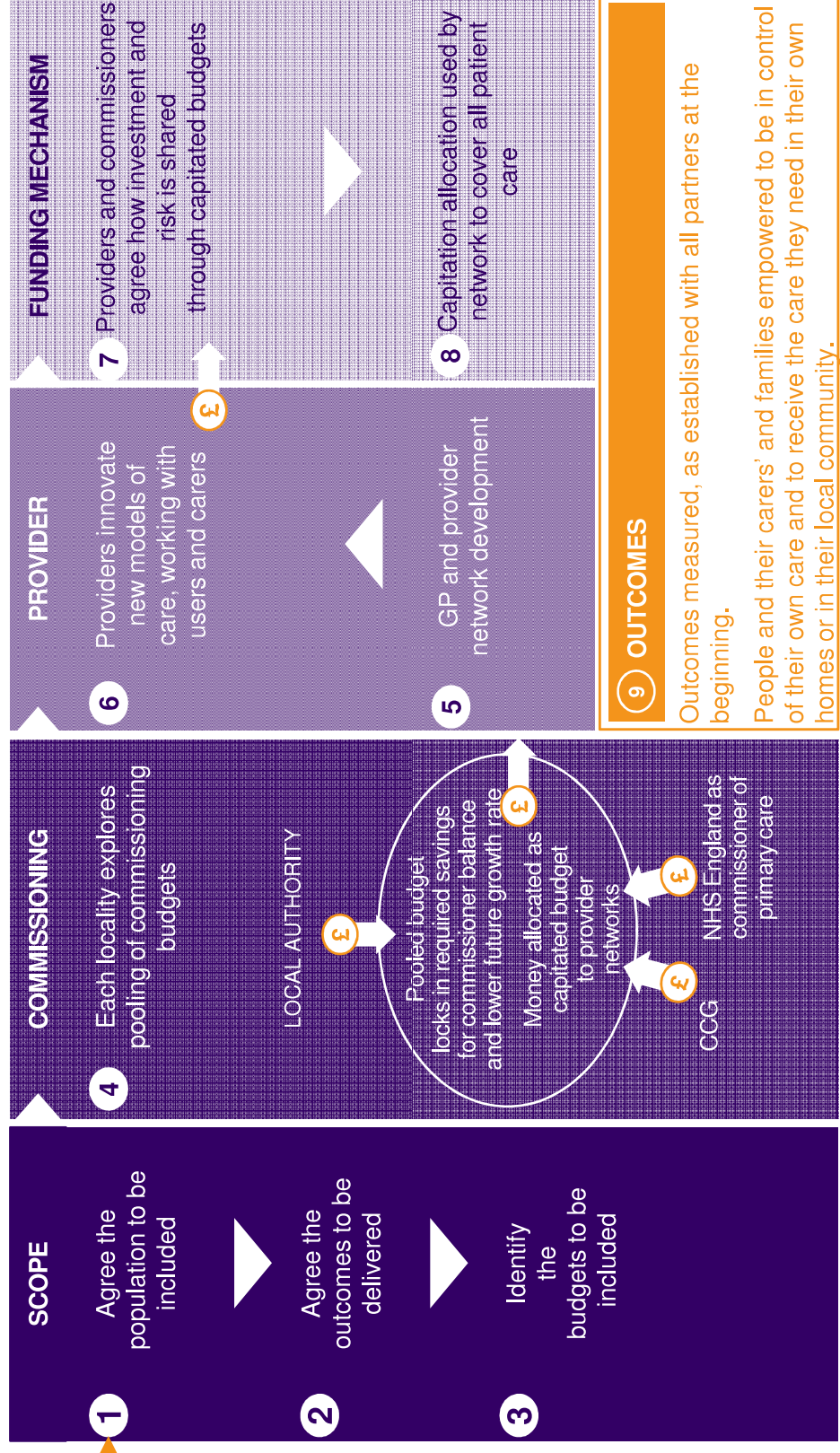
- The overall objective of the programme is to support improved outcomes and experience for patients, people who use services and carers through integration achieved at scale and pace.
- National Voices' *Narrative on Integrated Care* and the government-driven partnership *Think Local, Act Personal* 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



Next stage of the work



10 Formative evaluation within and across networks



Participating organisations

NHS
Brent
Clinical Commissioning Group



NHS
Central London
Clinical Commissioning Group



City of Westminster

NHS
Ealing
Clinical Commissioning Group



NHS
Hammersmith and Fulham
Clinical Commissioning Group



NHS
Harrow
Clinical Commissioning Group



NHS
Hounslow
Clinical Commissioning Group



NHS
West London
Clinical Commissioning Group



NHS
Hillingdon
Clinical Commissioning Group

NHS
Central London Community Healthcare
NHS Trust



IMPERIAL COLLEGE
HEALTH PARTNERS

NHS
Central and North West London
NHS Foundation Trust

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

NIHR CLAHRC
for Northwest London

NHS
Ealing Hospital
NHS Trust



NHS
Hounslow and Richmond
Community Healthcare
NHS Trust



NHS
Imperial College Healthcare
NHS Trust



Health Education
North West London

NHS
The Hillingdon Hospitals
NHS Foundation Trust

NHS
The North West London Hospitals
NHS Trust

NHS
West London Mental Health
NHS Trust



NHS
West Middlesex University Hospital
NHS Trust



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.

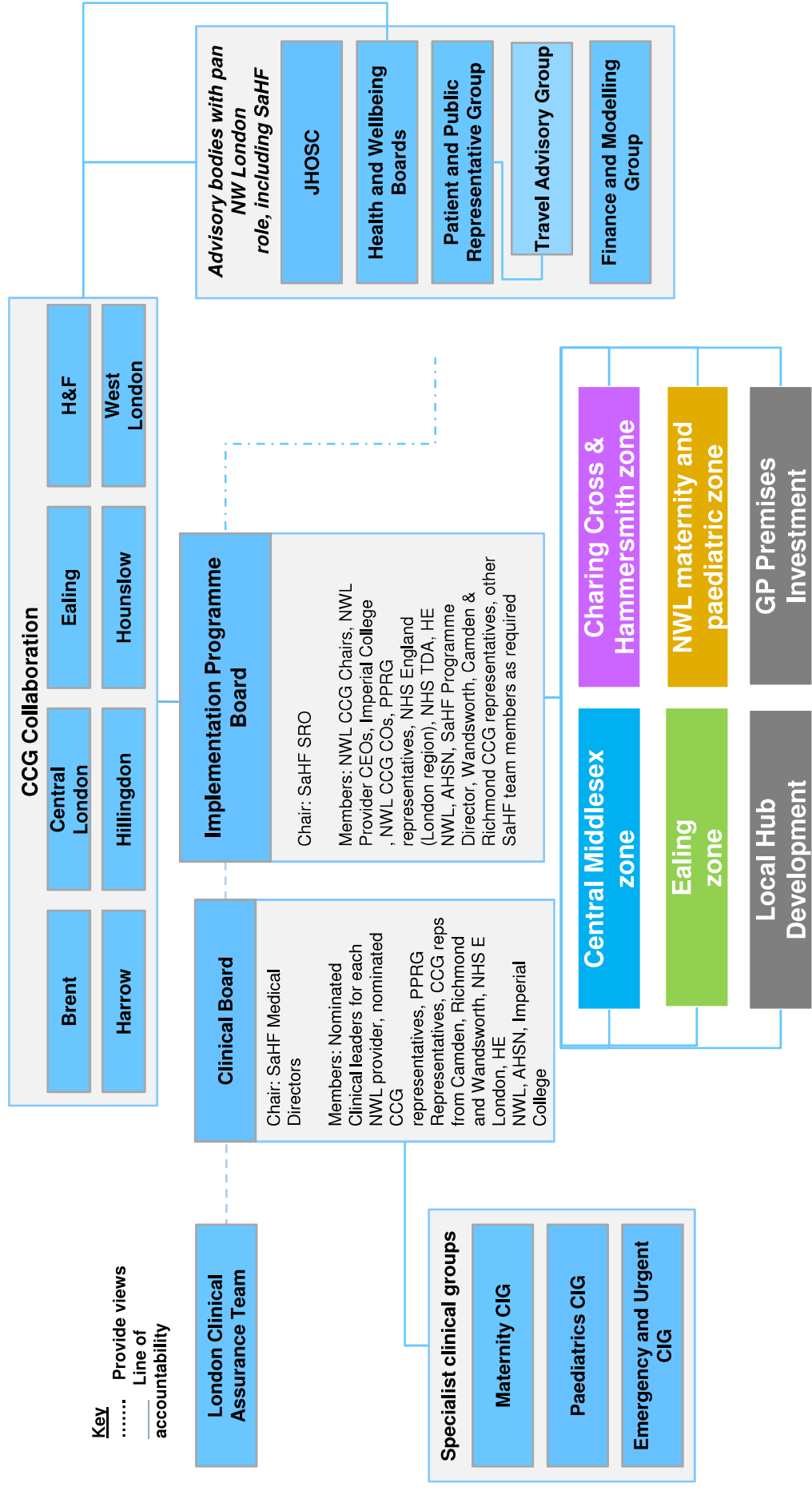




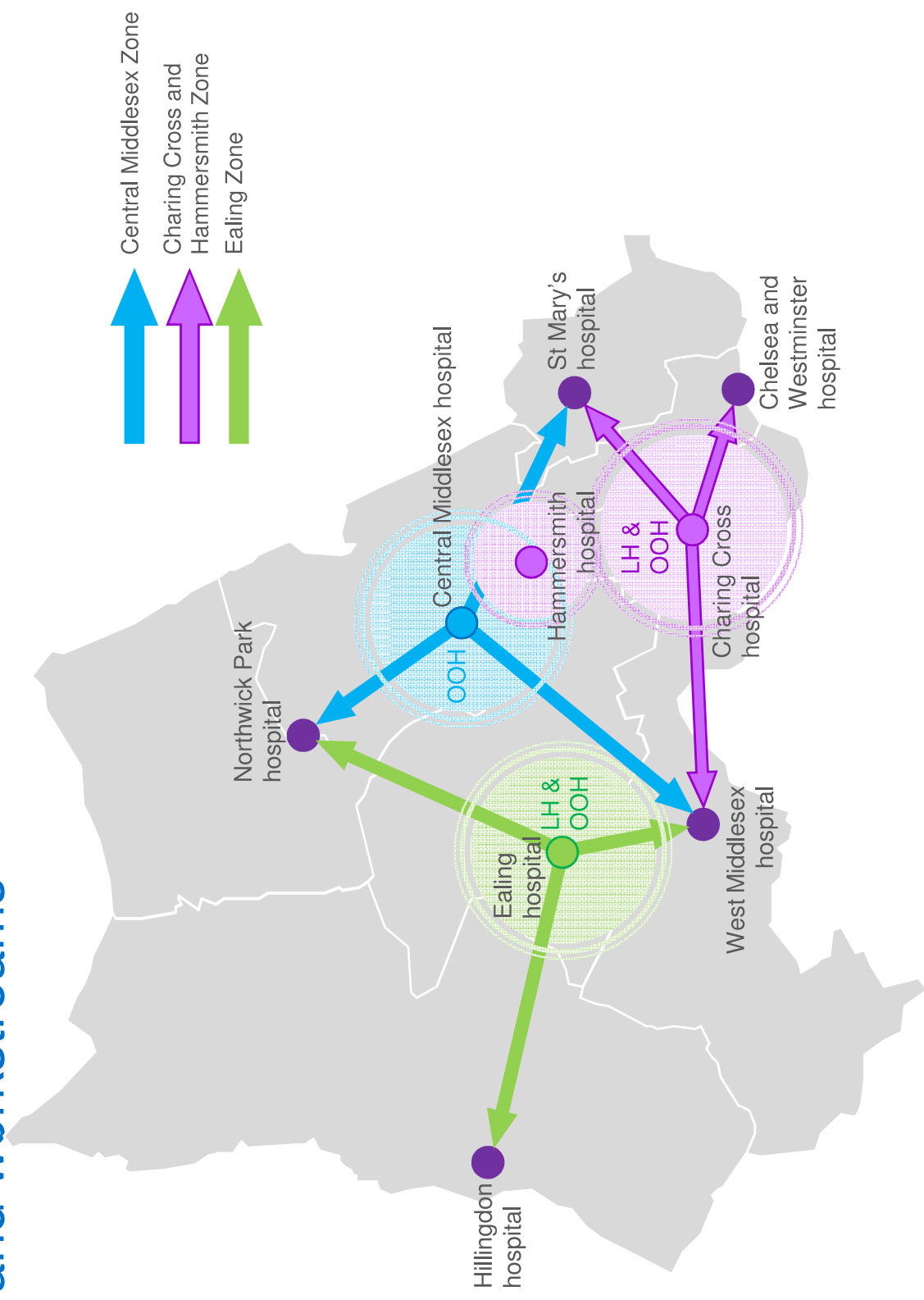
6. Implementation & Tracker Overview

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

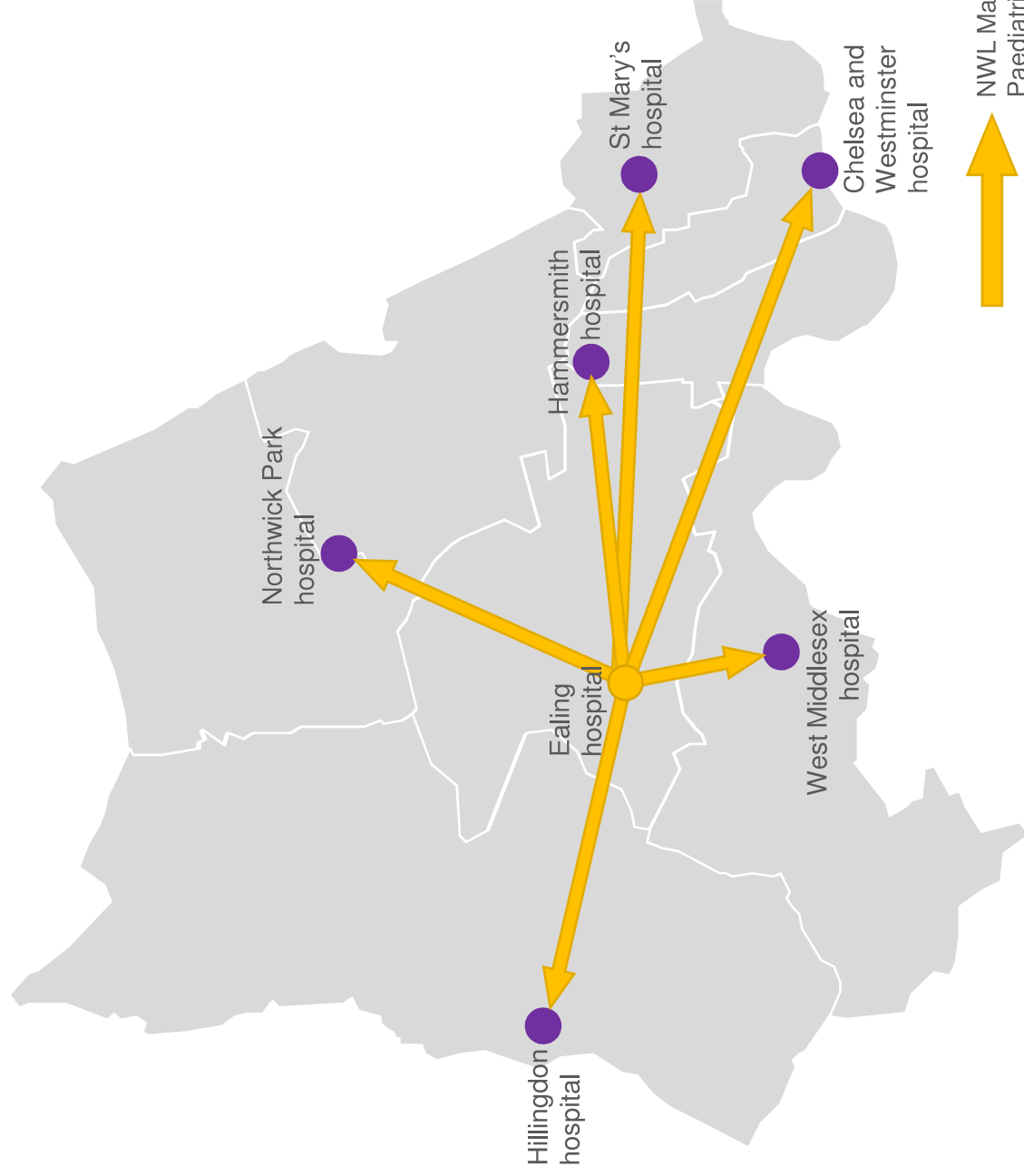
A CCG led governance structure has been established to monitor and oversee delivery across the programme



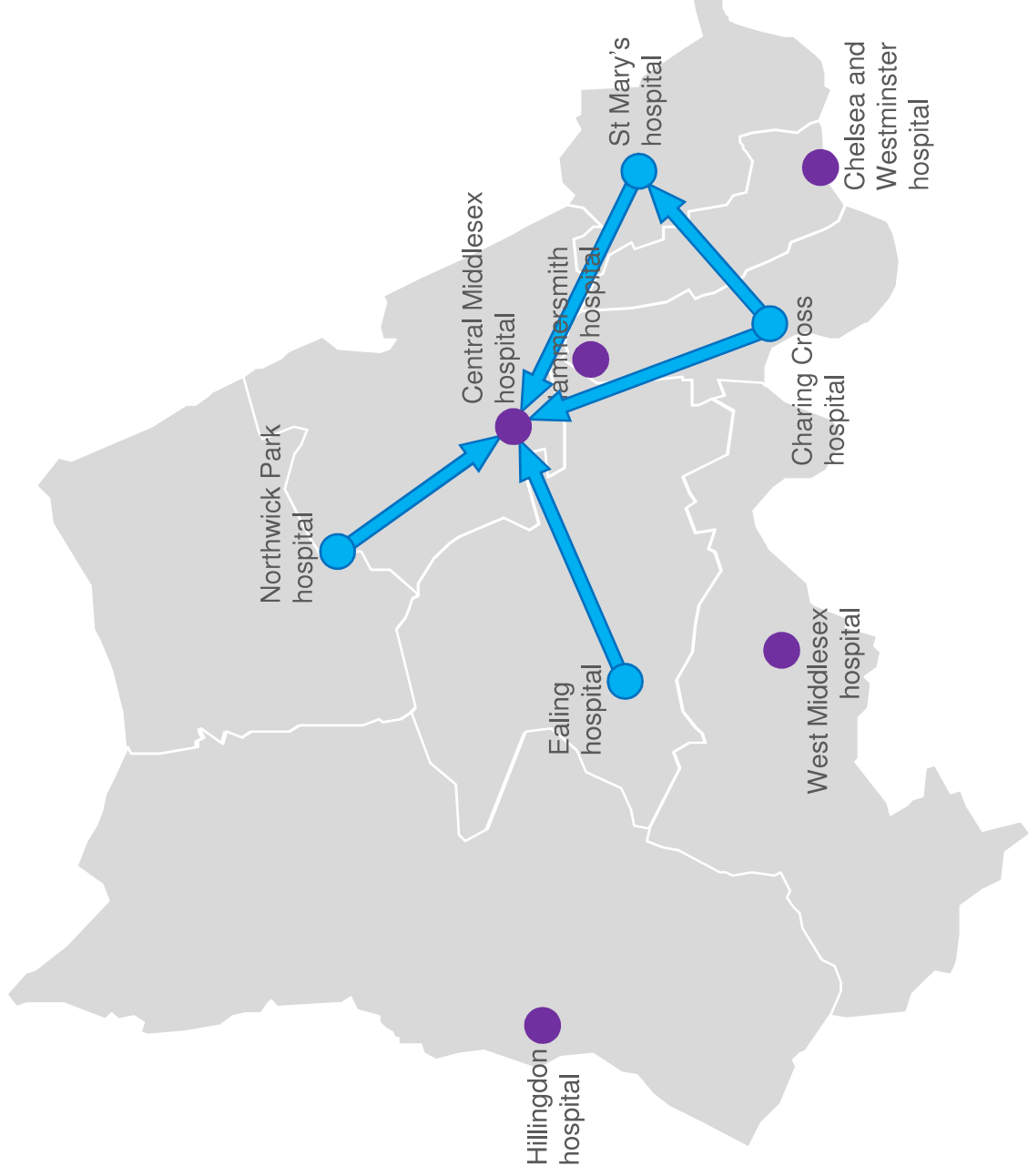
For acute non-elective changes complex interdependencies are best managed by grouping changes into geographical zones and workstreams



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



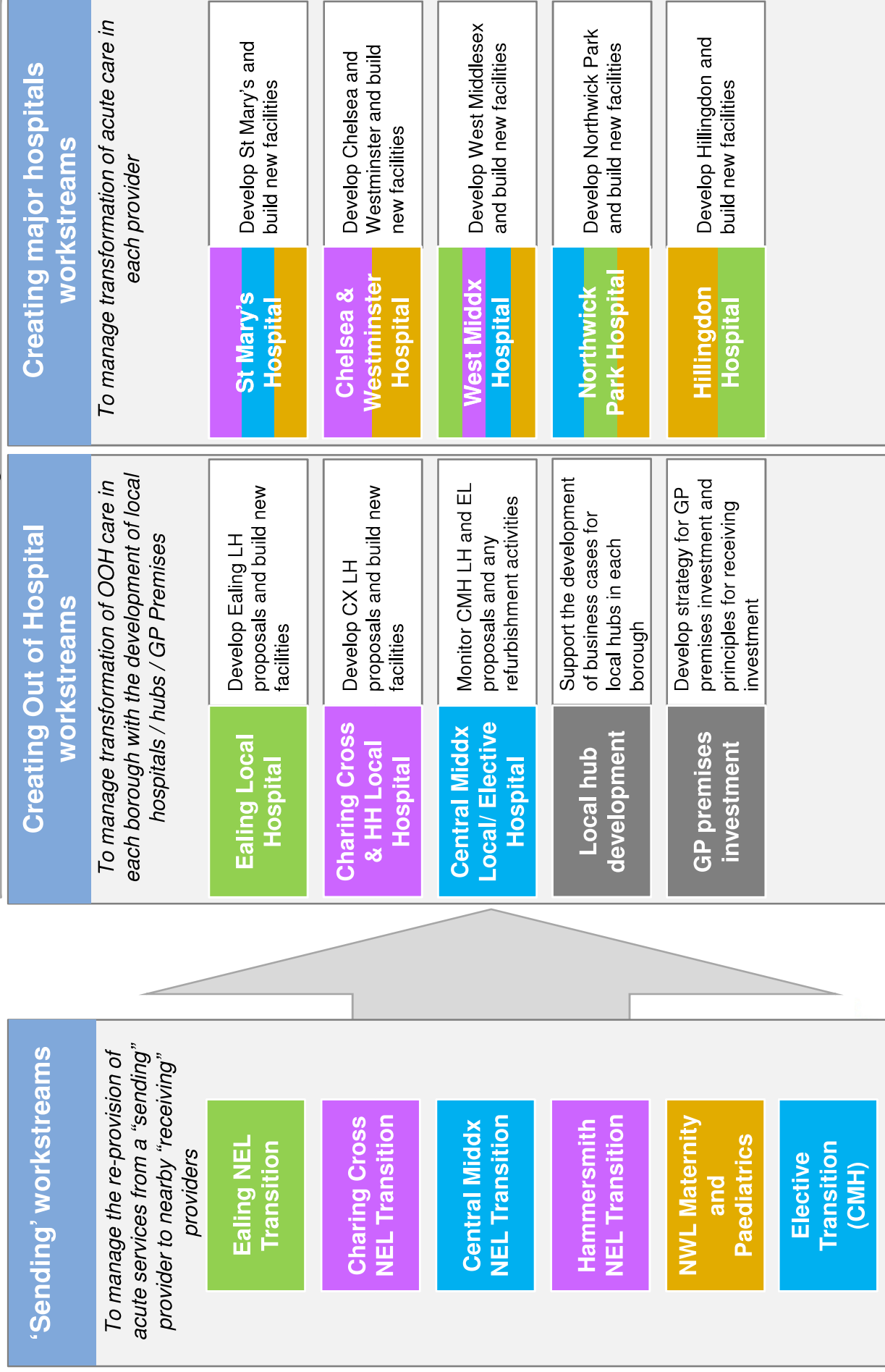
Elective transition will be managed by the Central Middlesex regional zone



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

Central Middlesex zone	Charing Cross & Hammersmith zone	Ealing zone	NWL maternity and paediatric zone
<p>SRO – Brent CCG Chair</p> <p>Zone portfolio manager: Deborah McBeal</p> <p>Major challenges</p> <ul style="list-style-type: none"> • Ensuring CMH is developed as a viable elective centre • Handling potential unplanned closure of an A&E unit 	<p>SRO – H&F CCG Chair</p> <p>Zone portfolio manager: Oliver Excell</p> <p>Major challenges</p> <ul style="list-style-type: none"> • 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 	<p>SRO – Ealing CCG Chair</p> <p>Zone portfolio manager: Sam Burrows</p> <p>Major challenges</p> <ul style="list-style-type: none"> • Maintaining appropriate staffing at Ealing during transition • Development of a local hospital model for Ealing 	<p>SRO – Hounslow CCG Chair</p> <p>Zone portfolio manager: Richard Hahn</p> <p>Major challenges</p> <ul style="list-style-type: none"> • 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



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

Quality

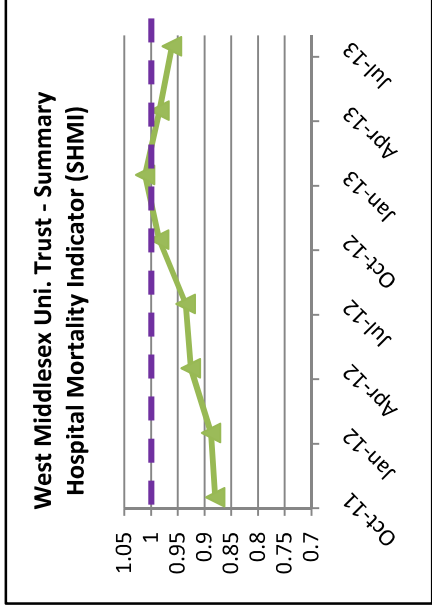
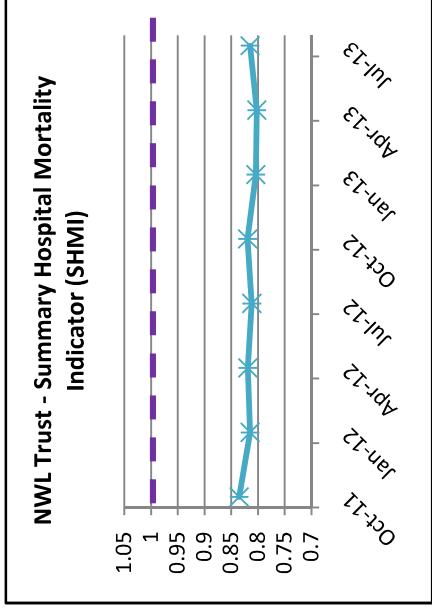
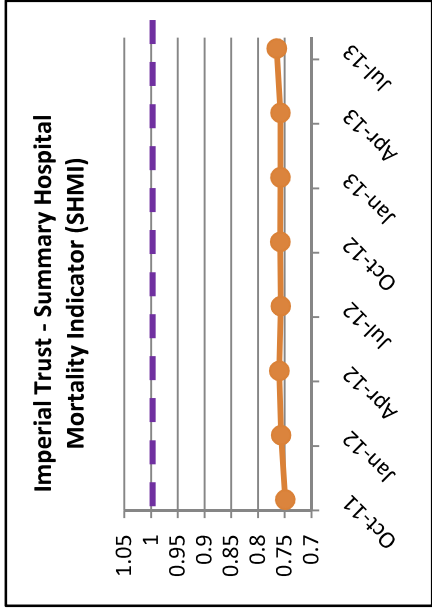
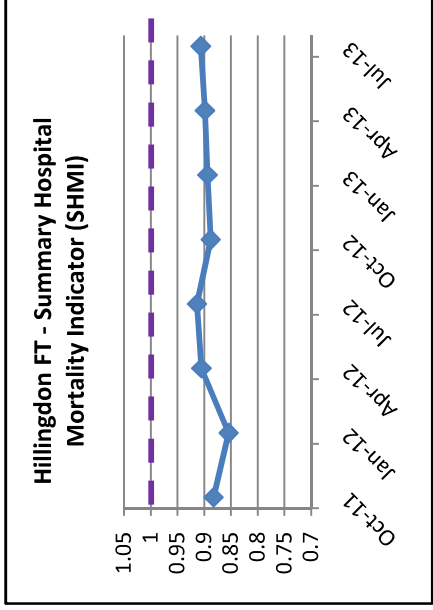
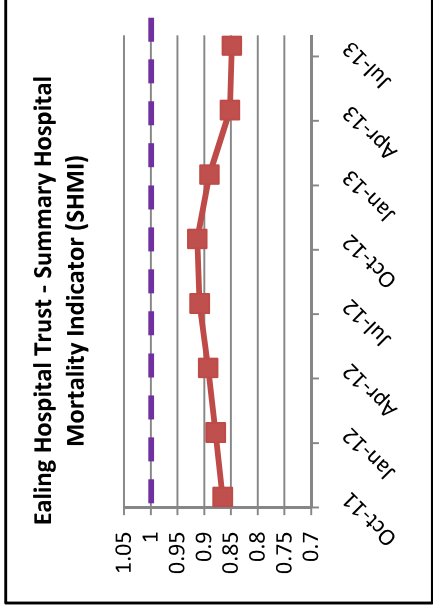
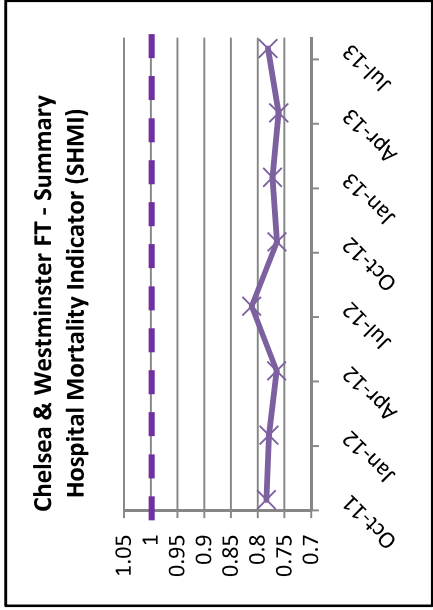
- Outcome measures that should be improved by the delivery of the SaHF programme

Activity

- BLU data on service usage across the system

Shape change

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



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

Quality

- Outcome measures that should be improved by the delivery of the SaHF programme

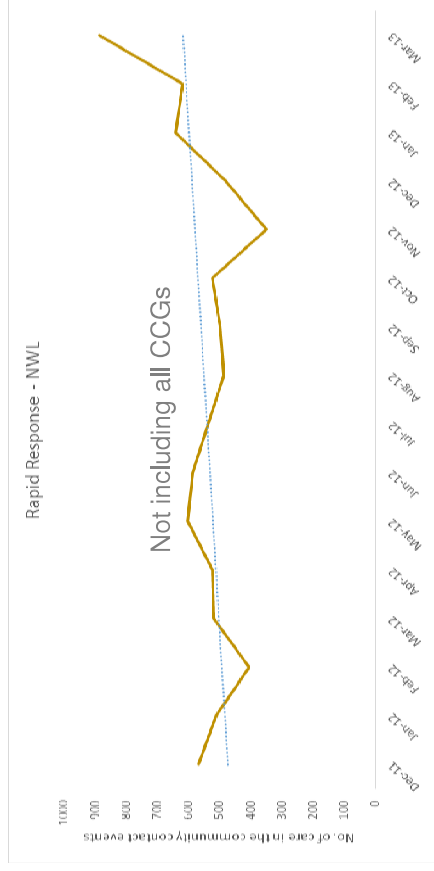
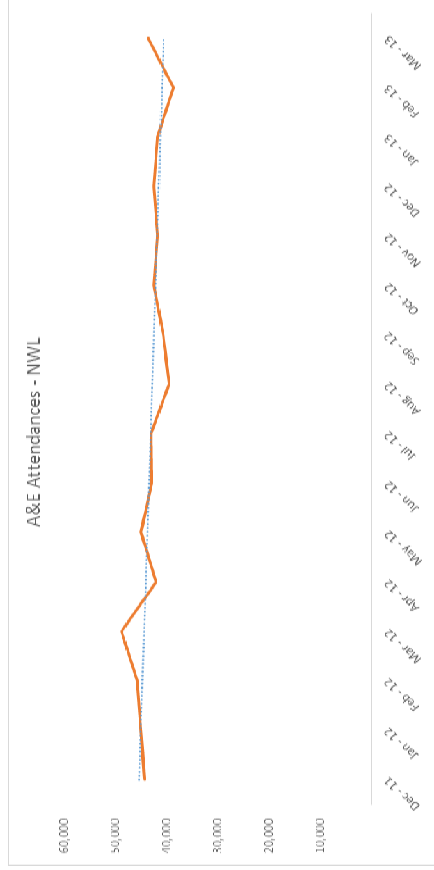
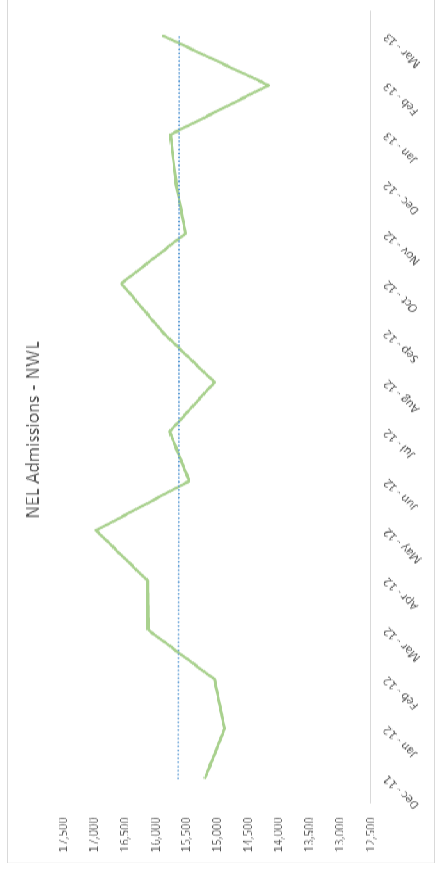
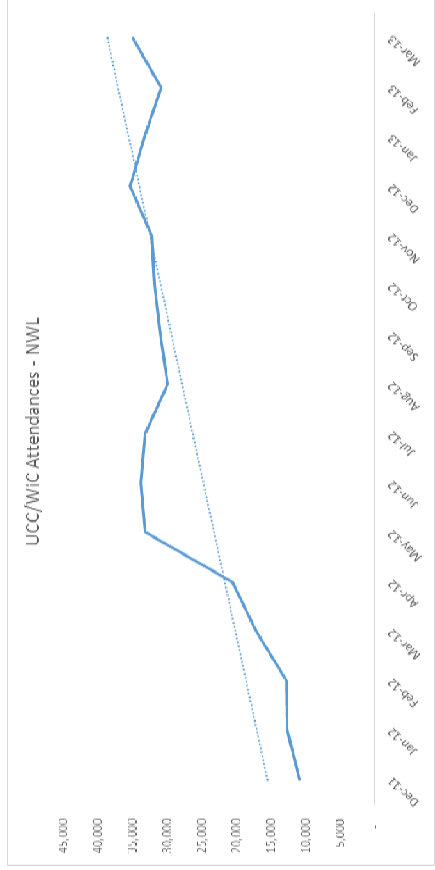
Activity

- BIU data on service usage across the system

Shape change

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

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



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

Quality

- Outcome measures that should be improved by the delivery of the SaHF programme

Activity

- BIU data on service usage across the system

Shape change

- 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	CCG project	POD	CCG ref	Project stage and original milestone date					Current stage	Go live delay (mths)	Go live2 date
				Strategic outline case	Outline business case	Full business case	Practical completion	Staffed and ready			
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

