

London Borough of Hammersmith & Fulham CABINET 9 OCTOBER 2017		 hammersmith & fulham
HEALTH SERVICES OPTIMISATION		
Report of the Leader of the Council – Councillor Stephen Cowan		
Open Report		
Classification - For Decision		
Key Decision: Yes		
Wards Affected: All		
Accountable Director: Sarah Thomas, Director of Delivery and Value		
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1. EXECUTIVE SUMMARY

- 1.1 This report updates Cabinet on a continuing programme of work to support the council's priority of optimising and improving local health services – specifically to continue to oppose proposals to close services at Charing Cross and Ealing hospitals.

2. RECOMMENDATIONS

- 2.1 To approve the allocation of resources to continue the work programme opposing the proposed downgrade of Charing Cross Hospital, including the closure of the 24 hour Accident & Emergency unit.
- 2.2 To note that, despite strategic differences with the NHS over the Shaping a Healthier Future (SaHF) proposals, the Council will continue to work closely with NHS agencies to provide high quality integrated health and social care services for residents and service users.
- 2.3 To delegate authority to the Interim Chief Executive, in consultation with the Cabinet Member for Adult Social Care, to agree activities and expenditure of up to a maximum of £150,000 in line with the work programme set out in this report.

3. REASONS FOR DECISION

- 3.1 Since the publication in 2012 of NHS NW London's proposals to reform acute hospital provision in north west London ('Shaping a Healthier Future' (SaHF)), agreed by the NHS in 2013, officers have been engaging with local residents in calling on NHS management to rethink its proposals to downgrade local hospital services, particularly at Charing Cross Hospital. Collaborative work with Ealing Council in 2016 to reject the Sustainability and Transformation Plan (STP) for the sub-region, which endorses the downgrading of both Charing Cross and Ealing hospitals, has also taken place.
- 3.2 Improving health outcomes locally relies heavily on established adult social care and health services including a robust healthcare infrastructure. The protection of the local hospital configuration and accessible acute and emergency services is a critical component today and in the future in light of population growth predictions.
- 3.3 This report seeks approval for a continued programme of work to challenge current NHS proposals, including a survey of local residents' views on the proposals and any legal action the council might take in fighting closure plans.

4. BACKGROUND

- 4.1 Cabinet will be aware that the SaHF programme has been running since 2012. Officers have opposed the proposals, as they are contrary to council priorities and the borough's reasonable healthcare needs. This was set out in the findings of the independent healthcare commission in 2015, chaired by Michael Mansfield QC, which concluded that the SaHF proposals are 'deeply flawed' and should be halted immediately.
- 4.2 In 2016, the North West London STP was developed. Whilst the council shared many of the goals of this programme around prevention, it incorporated the SaHF proposal to downgrade Charing Cross and Ealing hospitals to 'local hospital' status including the closure of the 24 hour A&E units at both sites. Hammersmith & Fulham Council, along with Ealing Council, declined to support the North West London STP.
- 4.3 The North West London Collaboration of Clinical Commissioning Groups published, in December 2016, the "Shaping a Healthier Future Strategic Outline Case (SOC) Part 1". The purpose of SOC Part 1 is to secure the capital funding to progress the downgrading of Ealing Hospital. Publication of the business case relating to Charing Cross Hospital has been postponed, with a scheduled publication for Part 2 of the SOC of "later in 2017".
- 4.4 However, demand for local hospital services continues to remain high and hospitals across the North West London region are consistently missing the A&E performance target that 95% of patients should be seen within four hours.

- 4.5 The council shares the NHS objectives of preventing health problems escalating and ensuring that, where problems do occur, residents are treated in community settings where appropriate. The proposed SaHF investment in GP and other out of hospital settings is welcome. Officers have also worked closely with NHS partners on the integration of health and social care and hospital discharge processes, for example through the Better Care Fund, and will continue to do so.
- 4.6 However, the council does not believe that the proposals for reconfiguration of acute care, being pursued by the NHS, are in the best interests of residents nor that they will meet the reasonable healthcare needs of local people. This concern is shared widely by the local community, as evidenced by the attendance and comments made at the public engagement and consultation events held by the council over the past three years.
- 4.7 This report asks Cabinet to approve ongoing active campaigning work on the issues, including continuing to seek the halting of proposals to downgrade Charing Cross Hospital. This will build on action taken since 2012, in partnership with other local authorities (particularly Ealing in respect of the similar proposals for Ealing Hospital) and community groups.

5. PROPOSAL AND ISSUES

- 5.1 The borough is expecting a significant population rise over the next twenty years as a result of a migration and demographic changes and development in the borough's regeneration areas. The borough's population is expected to increase by 11,895 people (6.7%) between 2011 and 2021; this compares to a 9.1% increase in London as a whole¹. The further projected increase in population between 2021 and 2031 is 8.2%; a similar level as the London average (8.3%). These population increases will have implications for health provision in the borough. The closure already of Hammersmith Hospital A&E, together with the proposed closure of Charing Cross Hospital A&E, could result in the health needs of the increasing local population not being adequately met.
- 5.2 The council is proposing new planning and regeneration policies in its emerging Local Plan, due to be adopted this year, with a projected target of 22,000 new homes to be built before 2035. The Local Plan proposes new planning policies to ensure that the borough has an adequate supply of high quality healthcare facilities and retains and enhances existing healthcare facilities, including the A&E services at Charing Cross Hospital. In the council's four regeneration areas, where the projected housing growth is expected to be delivered, it will be essential for new accessible local health services to be provided as part of supporting social infrastructure.

¹ Greater London Authority population projections 2015

- 5.3 The council will continue to explore its options for pursuing a legal challenge to the proposals for the reconfiguration of acute services at Charing Cross Hospital in accordance with the recommendation of the Independent Healthcare Commission for North West London (the Mansfield Commission) that “local authorities should consider seeking a judicial review of the decision to implement the (SaHF) programme if it is not halted.”
- 5.4 In view of the NHS’s lack of engagement or consultation since 2012 with local residents on their intentions for Charing Cross and Ealing hospitals, H&F Council and Ealing Council intend to commission independent market research into residents’ views of the SaHF proposals and their implications for local people. This will inform and shape both councils’ public service planning on health and social care services. The cost to H&F of participation in shared public engagement and possible legal challenge over the year ahead is likely to amount to between £50,000 and £150,000.
- 5.5 The key components of the resident engagement programme include surveys of local opinion on the proposals; mailouts and public information to inform public awareness and debate; and public meetings and events in order to secure wide and varied feedback on the NHS proposals and on the nature and extent of the council’s campaign to challenge the NHS proposals.

6. PROCUREMENT IMPLICATIONS

- 6.1 There are no specific procurement implications identified in the report.
- 6.2 Implications completed by: Alan Parry, Procurement Consultant.
Telephone 020 8753 2581

7. LEGAL IMPLICATIONS

- 7.1 Under the Health and Social Care Act 2012 (section 12) the council has a duty to take such steps as it considers appropriate to improve the health of people in its area. The Localism Act 2011 introduced the “general power of competence”, i.e. that a local authority has power to do anything that individuals generally may do, including for, or otherwise for, the benefit of the council, its area or people resident or present in its area. As with other council powers this power must be exercised reasonably.
- 7.2 The Council must have regard to, and comply with, the Code of Recommended Practice on Local Authority Publicity in all communications issued in relation to this work programme.

Implications completed by Rhian Davies, Chief Solicitor, Litigation and Social Care, tel. 020 7641 2729.

8. FINANCIAL IMPLICATIONS

- 8.1 The cost of delivering activity to oppose the implementation of the SaHF proposals will depend in part on the range of partners that the council can work with and the resources they can commit. Within the council, the starting point will be to prioritise resources from existing budgets. However, it is anticipated that to deliver effectively additional resource is likely to be required. Therefore, this report seeks approval to incur costs of up to a maximum of £150,000 in 2017/18 funded from the Corporate Demands and Pressures Reserve.

Implications completed by Andrew Lord, Head of Strategic Planning and Monitoring, tel 020 8753 2531.

9. IMPLICATIONS FOR BUSINESS

- 9.1 The continuing nature of this programme includes the use of already selected specialist providers, alongside internal resources, hence, there is no scope to consider using local SMEs and/creating local employment and skills opportunities at this stage

Implications verified by Alben Karameros, Earls Court Programme Manager, 020 7938 8583.

10. EQUALITY IMPLICATIONS

- 10.1 The equality of access to healthcare services for vulnerable residents is one of the council's key concerns about the proposals. An equalities impact assessment (EIA) was commissioned by the NHS from Mott McDonald in May 2012 to support the development of the original SaHF proposals. This was supported via an Equalities Action Plan through the Decision Making Business Case (2013). No new EIA has been published alongside the SOC, although it is stated that equalities assessments will be refreshed as further stages in the business case process are reached.
- 10.2 The 2012 NHS EIA concluded that in general terms the protected characteristics groups will benefit disproportionately from the expected improvements in quality. However, the EIA did also include the potential negative impacts, notably the risks to local good practice at meeting the needs of disadvantaged people by local hospitals. It notably highlights the risk that following hospital reconfiguration, such good practice may not be replicated by the "new" receiving hospitals and this may reduce local confidence in the post-reconfiguration arrangements. The EIA's assessment is that this is likely to have the greatest impact on Black, Asian and minority ethnic groups.
- 10.3 The EIA also identifies the following potential negative impacts: negative service impact during the period of transition, disruption of the relationships

between patients and clinicians, and; longer journeys to access emergency, paediatrics and maternity care.

- 10.4 The Mansfield Commission also noted the likely disproportionately negative impact on less affluent communities. Recommendation 4 (ii) of the Mansfield Inquiry report states that: “The Commission calls for an equalities impact assessment to be carried out into the whole SaHF programme, with a particular focus on the communities that will be deprived of services at Ealing and Charing Cross hospitals, as it is clear to the Commission that the selection of these hospitals for service closures will adversely affect the more deprived BME communities in the region.”
- 10.5 The Council retains significant concerns that the downgrade of Charing Cross hospital to local hospital status risks worsening access to healthcare services.

Implications verified by Fawad Bhatti, Policy & Strategy Officer, tel. 020 8753 3437.

BACKGROUND DOCUMENTATION (all published)

Kings Fund, [The reconfiguration of clinical services: What is the evidence?](#) 2014

Michael Mansfield QC, [Independent Healthcare Commission for North West London, 2015](#)

North West London Collaboration of Clinical Commissioning Groups, [Shaping a Healthier Future Strategic Outline Case \(SOC\) Part 1, 2016](#)

Roger Steer, John Lister, Sean Boyle, [A review of Shaping a Healthier Future and the North West London STP, 2016](#)