South West London Joint Health Overview and Scrutiny Committee

Meeting Date:
Wednesday, 13 December 2017

Agenda

Meeting Time:
7:00 pm

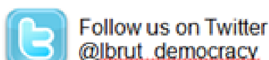
Meeting Venue:
Terrace Room - York House

Paul Martin, Chief Executive

Members
Councillor Carole Bonner (Chairman)
Councillor Sunita Gordon (Vice-Chairman)
Councillor Pathumal Ali
Councillor Rowena Bass
Councillor Margaret Buter
Councillor Annamarie Critchard
Councillor Ian Lewer
Councillor Brian Lewis-Lavender
Councillor Peter McCabe
Councillor Maria Netley
Councillor David Porter
Councillor Andrew Stranack

Committee Administrator
Nicholas Garland, Governance and Scrutiny Officer, 020 8891 7201,
Nicholas.Garland@richmond.gov.uk

IF YOU REQUIRE A COPY OF THIS AGENDA FRONTSHEET IN BRAILLE, LARGE PRINT, ON AUDIO TAPE, OR IN A COMMUNITY LANGUAGE, PLEASE CONTACT DEMOCRATIC SERVICES 020 8891 7275. MINICOM 020 8891 7120.



PLEASE NOTE:

1. This meeting may be filmed for live or subsequent broadcast via the Council's internet site. At the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council. Generally the public seating areas are not filmed. However, the layout of the venue means that the Council is unable to guarantee a seat/location that is not within the coverage area (images and sound) of the webcasting equipment.

   By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

2. To find out how to register to speak at meetings please follow the link below or contact the Committee administrator: http://www.richmond.gov.uk/participating_in_council_meetings

   The deadline for registration is 12noon on the day prior to the meeting

3. For those members of the public with hearing difficulties induction loops have been fitted in the Council Chamber, Terrace Room, Salon and Room 7. In addition, there is an infra-red system installed in the Terrace Room. Neck loops and stetholoops are available in the Reception Office.

4. Members are reminded that they are required to securely dispose of agenda packs that contain private information.

York House
Twickenham
TW1 3AA

5 December 2017

This agenda is printed on recycled paper.

Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

Albanian

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Arabic

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপ্শন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

Bengali

اگرآپ کواِس اشاعت کوسمجھنے میں کوئی مشکل ہےتو، براہِ کرم نیچے دیئے ہوئے ایڈریس کے استقبالیے پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپریٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کرسکتے ہیں۔

Urdu

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.

Gujarati

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫ਼ੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Punjabi

اگر در فهمیدن این نشریه مشکل دارید، لطفا به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Farsi

Civic Centre, 44 York Street, Twickenham, TW1 3BZ
42 York Street, Twickenham, TW1 3BW
Centre House, 68 Sheen Lane, London SW14 8LP
Old Town Hall, Whittaker Avenue, Richmond, TW9 1TP
Or any library

1. Declarations of Interest

Members are requested to declare any interests orally at the start of the meeting and again immediately before consideration of the matter. Members are reminded to specify the agenda item number to which it refers and the nature of the interest.

2. Apologies for Absence

To note any apologies for absence and substitutes for the meeting.

3. Minutes

To approve the minutes of the meeting held on Monday 17 July 2017

4. South West London Health and Care Partnership update

Update on the STP Refresh

5. Consultation on changes in health care: proposed South West London protocol

JHOSC members are asked to

a) To give any comments on the draft;
b) To agree in principle and delegate authority to Chair (with officer support) to complete.

6. Any other business

This page is intentionally left blank

Agenda Item 3

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on Monday, 17 July 2017.

PRESENT: Councillor Carole Bonner (Chairman), Councillor Sunita Gordon (Vice-Chairman), Councillor Andrew Stranack, Councillor Brian Lewis-Lavender, Councillor Peter McCabe and Councillor Ian Lewer

ALSO IN ATTENDANCE: Councillor Bass

112. DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

113. APOLOGIES FOR ABSENCE

Apologies were received from:

Councillor Porter (Richmond)
Councillor Buter (Richmond)
Councillor Ali (Sutton)
Councillor Thomas (Wandsworth)

114. MINUTES

RESOLVED that the minutes of the joint meeting held on 17 April 2017 be approved and signed by the Chairman.

115. SOUTH WEST LONDON FIVE YEAR FORWARD PLAN UPDATE

Officers in attendance

- Sarah Blow - Accountable Officer for south west London CCGs
- Dr Andrew Murray – Merton CCG chair
- James Marsh - Joint Medical Director, Epsom and St Helier Trust
- Kath Cawley - Programme Director

Sarah Blow said that Local Transformation Boards (LTB)s had been set up and were starting to operate. The LTBs would deliver plans for four areas and delivery plans have been developed covering key priorities for 2017/18. Public engagement had been put on hold owing to the General Election. The final public forum in Merton had taken place and a report from external facilitators from the Office of Public Management of the responses would be published. The programme would develop local services with the south west London footprint.

Officers present said that a key principle was that the best place for a patient was support at home in their own bed. LTBs would work in partnership to make the health care system sustainable. The focus until the end of September would be focused on local populations, primary care and working with social care. There would be changes to services and hospitals would be used differently. Epsom & St Helier Trust had recently started an engagement process and a consultation on changes would follow towards the end of 2018.

Ms Blow outlined areas where the joint delivery of care improves services; the Sutton 'Red Bag' hospital transfer pathway was given as an example which had sped up the discharge of patients from hospital. Other services included a new Community musculoskeletal service in Merton and an enhanced care pathway for elderly patients in Wandsworth. There were also Personal Independence Co-ordinators in Croydon, a Kingston and Richmond Crisis House for patients experiencing a mental health crisis and an expansion of Improving Access to Psychological Therapies in Richmond. It was added that the financial position would be improved through transformed local systems, implementation of best practice and measures to provide services more efficiently.

Dr Murray outlined the priorities for south west London for 2017/18. He explained they were cancer, primary care, mental health and urgent and emergency care.
The measure of the 62-day standard would be assessment of the right level of clinical intervention. Also contained within the cancer priority was improved bowel screening take up, review of cancer care and triage colonoscopy. There would be support for patients in recognition that cancer was a long terms condition with care integrated with other long term conditions.

Other work contained within the priorities was mental health support for homeless people. There would be extended access to primary care and patients would be redirected towards hubs from accident & emergency. It was added that workforce is a challenge and cost of living can make recruitment difficult. There was money to develop the primary care estate through the NHS's Estates and Technology Transformation Fund. There would also be improved use of online technology including better system interaction across health and social care.

Members asked about the financial situation and said that there were other challenges including demand for beds and early discharges which places an added burden on social care which was also under financial pressure. Officers said that Croydon and Richmond CCGs were in deficit but they had recovery plans in place. Both locally and at a south west London level there were moves towards joint budgets and working between health and social care. There would also be moves towards care in the community and in patient's own home, reduced admissions to A&E and hospital re-admissions.

Officers said that transformation through the LTBs would be through a bottom up approach. The groupings of LTBs were formed in accordance with acute providers and CCGs. There would still be joint working of providers across the south west London footprint. LTBs would also feed into the respective Health and Wellbeing Boards at each borough. LTBs

would consist of representatives from NHS and other providers, voluntary sector, GPs, mental health and patient representatives. Officers agreed that a list of members should be circulated to JHOSC members.

Members said that there was little information given by officers as to the challenges that would be faced and asked officers to name what the major challenges would be in the coming years. Responses given included working collaboratively across a complex system, workforce and recruitment and getting the quality of care for patients correct. Other challenges were unwarranted variations in care, buildings and planning for increased demand. The financial situation across the South West London was also cited as a major challenge.

In response to a question on the Merton 'Talking Healthcare' event officers said that analysis of the information gleaned at the current round of engagement events would be analysed and a report on the findings would be published in the next few weeks.

Officers said there was work to be done to create more efficient systems which would lead to better outcomes for patients. Dr Marsh said that Epsom & St Helier Trust were engaging with patients and local populations on potential solutions. Buildings within the Trust were not fit for purpose. New clinical models would be developed and a formal consultation would take place towards the end of 2018. It was stressed that the current engagement was not a formal consultation; instead it is looking to engage patients on a number of scenarios of future models of care. This would then be used to formulate a business case prior to a full consultation. The scenarios included care as close to people's homes and services still delivered at the Trust's sites along with a new build specialist single acute facility coterminous with the Royal Marsden site in Sutton. The options for financing the new facility were still being explored.

Officers confirmed that the Kingston and Richmond Crisis House, based in the Royal Borough of Kingston upon Thames was providing temporary residential care for patients who had mental health issues once they were discharged from A&E. There was also a Richmond crisis café and ambulatory crisis support in other boroughs to try and keep patients out of A&E.

Officers said there would be signposting to extended hours' hubs including explanations of the services available at each facility. Services would be working as a single system and wrapped around the community to ensure that patients were directed to the correct service. This information would be circulated.

Officers confirmed that there was still funding for GP training and this was not an issue in south west London. Officers said that GP receptionists provided a key role in management of demand for example through the administration of repeat prescriptions. Officers said it was important that the NHS was open to change and new ideas.

Members said that many constituents had reported that the care they'd received at St Georges had been positive was but there were issues with the administration. Officers said any problems would be addressed through leadership, improving systems and addressing any staffing issues.

Officers said that Queen Mary's Hospital Minor Injuries Unit was an example of a minor injuries unit where patients can get treated without attending A&E. It was added that only a minority of patients who attended A&R were acutely ill. The definition of minor injury was contained in national plans. Urgent treatment centres would have diagnostic equipment, a mix of clinicians with different skills, rapid diagnostics, blood test facilities and would be open until 10pm. Ambulance crews would be made more aware of urgent treatment centres.

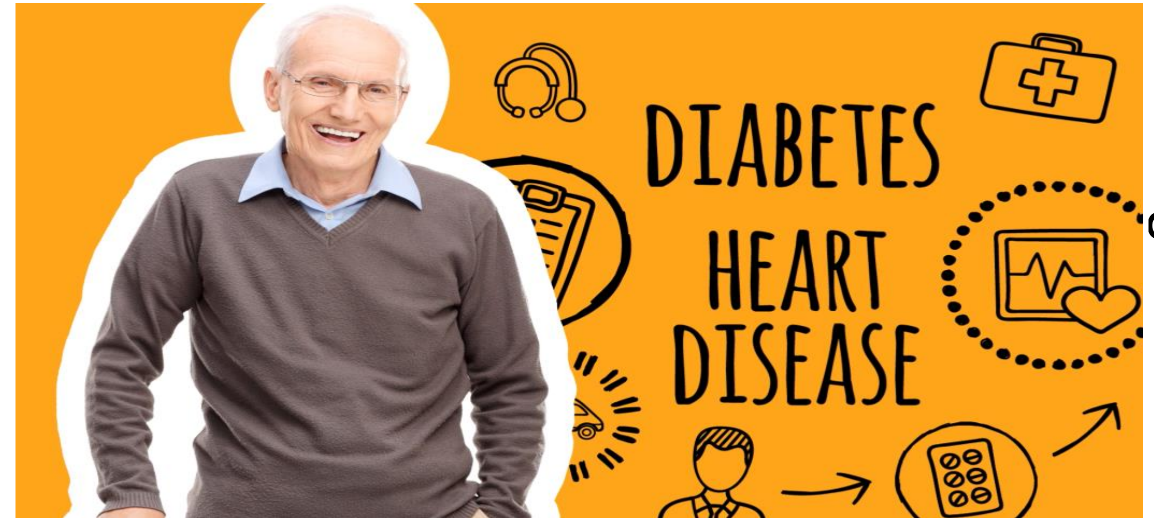
In response to a question from Members, officers said that the Wilson Centre in Mitcham which was recently closed didn't meet the prescribed criteria for an Urgent Treatment Centre. Officers said that urgent treatment centres would take pressure off A&E.

Officers said that the 111-service operated nationally but was commissioned locally. All complaints about the service are investigated but many patients report that their experiences have been positive.

Ms Blow said that there was a current process of engagement and no decisions have been made. By the end of September 2017 initial proposals would be further developed and by the end of October 2018 it was expected that there would be formal engagement. Officers said that was a clear intention to engage with patients and patient representation groups and the difference between engagement and consultation would be highlighted. In autumn 2017 there would be analysis of the business case of given scenario before a process of consultation after the London elections in May 2018.

CHAIRMAN

The meeting, which started at 7.02pm, ended at 9.05pm.



South West London Health and Care Partnership

An update on the STP Refresh – A discussion document

Start well, live well, age well

Aim of the presentation:

NHS

- To provide an update on the STP Refresh ***The South West London Health and Care Partnership: One year on***. This is not a final document, it is a discussion document
- Share with you the priorities outlined in the document
- Outline how you can feedback
- Outline next steps

Page 10

NHS

Page 11

Why have we refreshed the STP?

We are taking a two stage approach to the STP refresh

We listened to feedback and developed a two stage approach to the refresh to allow time for discussions with organisations and with relevant key stakeholders, and more time to develop fully worked up ***Local Health and Care Plans***.

Stage one : November 2017

South West London STP one year on: a discussion document which outlines Health and Care commitments and priorities for the next two years, context including financial and clinical issues, and our delivery so far

Page 12

Stage Two : December 2017 – June 2018

Developing "***Local Health and Care Plans***" for each of the four Local Transformation Boards (LTBs): The LTB's vision; model for health and care; local context and challenges; actions to address financial and clinical sustainability issues and meet the health and care needs of the local population. We will co-produce these plans with local authorities and wider partners.

Let's remind ourselves why we are doing an STP refresh

NHS

- **The perception of the South West London STP has been:**
  - Closure of hospitals
  - Hospital bed reduction
  - Stakeholders were not signed up to the financial analysis
  - Some Local Authorities did not feel fully involved and felt social care was not integral enough in the plan

- **Our refreshed approach is emphasising:**
  - Prevention and early intervention - tackling the social determinants of health
  - Local partnerships strengthening focus on locality teams made up of community, primary and social care
  - The actions that we will take to deliver improvements for local people
  - The progress we have made at local level for patients in our first year

Page 13

We have renewed our approach …

NHS

- **A local approach works best** for planning health and care. Each of the four health and care parterships Croydon, Merton&Wandsworth, Kingston&Richmond, and Sutton have set up a "Local Transformation Board".
- **Strengthen the focus on prevention and keeping people well** – the greatest influences on our health and wellbeing are factors such as education, employment, housing, healthy habits in our communities and social connections
- **The best bed is your own bed** – lets keep people well and out of hospital
- **Care is better when it is centred around a person**, **not an organisation.** Clinicians and care workers tell us this.
- **The South West London Health and Care Partnership is coming together to champion children and young peoples' mental health as a shared health promotion and prevention priority.**
- **May mean changes to services locally** - we will continue to need all our hospitals though we do not think every hospital has to provide every service.
- **Involving people at local level** will remain critical.

Page 14

Feedback from local communities has informed the STP Discussion Document

NHS

Keeping touch with local communities

- There have been local events this year for people to discuss the STP with clinicians, managers and local authorities in our six boroughs
- We have written to over 1,000 local voluntary and community organisations at every key stage of STP development, setting out our emerging ideas, inviting feedback and offering to attend local meetings to discuss the issues raised.

Grassroots engagement

- Working with local Healthwatch organisations, we have run an extensive grassroots engagement programme, reaching 5,000 seldom heard people - shortlisted for a national award.

Patient and Public Engagement Steering Group

- Our Patient and Public Engagement Steering Group advises us on all communications and engagement

Tamil first aid course – Richmond

Page 15

We've moved from plan to partnership …

NHS

- Nationally, STPs developed from Sustainability and Transformation **Plans** to become Sustainability and Transformation **Partnerships** – importantly this changed signalled a **way of working** rather than the **production on a document**
- Our partnership has drafted a **series of partnership commitments**

Our overarching commitments:

Overall, the South West London Health and Care Partnership is committed to delivering joined-up services for local people and through this improving their health and care.

The Health and Care Partnership is committed to working together to improve health and care services and outcomes for people in South West London, and to ensuring that our organisational boundaries do not get in the way of providing the very best care for local people.

Specific commitments for each of the following:

- Prevention
- Patient Voice
- Urgent and Emergency Care
- Cancer
- Primary Care
- Buildings and estate
- Mental health
- Workforce
- Learning Disabilities
- Hospital, Specialist and community
- Maternity

Page 16

Progress so far

NHS

Making it easier to see a GP

This is a top priority as we know how important it is to see a GP quickly. We are investing to make it easier for you to see a GP quickly. If you need an appointment at short notice, you may not see your usual GP, but one as close to where you live as possible.

Extending GP hours from 8am – 8pm in every borough to ensure patients have access to an additional 15,000 appointments per month

Residents in Merton, Wandsworth, Kingston and Richmond can now pre-book appointments on line as well as by phone

Better urgent and emergency care

Getting the right advice and care in an emergency really matters. We are working hard to get this right.

Getting it right means fewer people, especially older residents, having an unplanned overnight stay in hospital when they don't need one.

111 has more doctors and nurses at the end of the phone to give advice

Expert clinicians on hand for care homes and ambulance crews to get the right care for older residents

Did you know? - SW London has the best ambulance response times in London for the most serious calls

Helping older people stay well in their own home

Get home **4 days sooner**

In Sutton, if an older person has to go to hospital, they take a red bag with all their relevant information, medicines and personal belongings. This speeds up care, so they get off the ward and back home four days earlier on average.

Personal independence co-ordinators providing support for older people with long term health conditions in Croydon, as part of a partnership between Age UK, local GPs, the NHS and Croydon Council.

Teams of doctors, nurses, mental health experts and therapists across Merton and Wandsworth working together to respond rapidly when older people are taken ill – and to help them to be treated in their own home when possible

More mental health support

Investing in a 24/7 safe house to look after people suffering a mental health crisis in Kingston and Richmond has meant nine out of ten visitors return home without needing to stay in hospital. Every hospital in SW London now has 24/7 psychiatric support in place.

An additional **£400,000** of funding for NHS 111, with more doctors and nurses available to give advice to patients, care homes and the ambulance service over the phone

Page 17

Service Quality

NHS

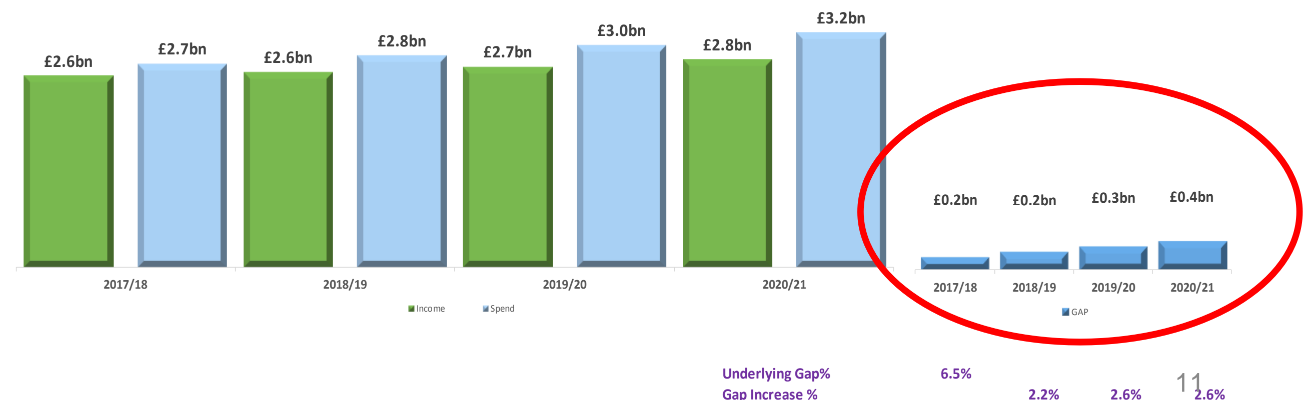
- **A set of clinical standards for south west London** was agreed by the South West London Clinical Senate - made up of clinicians from across every organisation.
- **Ongoing piece of analysis about the way hospitals work** – the first piece of a broader review into wider service quality issues in each area, has been started to look at six core hospital services, focusing on consultant staffing. That has shown there is a challenge at Epsom and St Helier. No decisions have been made about how we address this challenge.
- **The local clinical commissioning groups** - Merton, Sutton and Surrey Downs – will consider the issues set out by the Epsom and St Helier in detail over the next few months.
- **Croydon, Kingston and St George's Hospitals'** analysis shows them to be clinically sustainable.
- **Local Transformation Boards** will continually evaluate the quality of services across primary care, community, mental health and hospital service.

Page 18

The financial assessment

NHS

- The NHS in South West London currently spends £2.7 billion across a range of services
- The last south west London plan identified a financial pressure in South West London that some people thought was not accurate
- We therefore undertook a financial assessment from the bottom up. The assessment shows that the financial challenge has reduced. We have an increasing financial challenge of c£365 million by 2020/21
- Local Authority social care in south west London faces an equally challenging financial position and are estimated to need to make a further £163 million savings between 2017/18 and 2020/21.



Page 19

System-wide focus on one single health prevention priority

NHS

- This year the Health and Care Partnership agreed to work on one health promotion and prevention priority as a system. We have therefore worked with the Directors of Public Health to identify what that priority should be for the next 1-2 years.

As part of our refreshed strategy, the South West London health and care partnership is coming together to champion children and young peoples' mental health as a shared health promotion and prevention priority. With one in ten children aged 5-16 having a diagnosable mental health condition, and increasing levels of self-harm an issue across south west London, we will work with partners to raise awareness and understanding of this important issue. We will also be talking to young people to help us understand what knowledge and support they need, to empower healthy behaviours and encourage them to seek the right advice and services.

Page 20

Adult social care and children's services

NHS

- Adult social care is a vital part of the south west London health and care system supporting people to keep well and independent in their own homes and communities. It works closely with the community and voluntary sector to support people to live in their own homes and be active in their own communities
- In 2015/16 the six south west London boroughs provided long and short term support to over 25,000 people and spent £464 million on adult social care.
- By focusing on prevention, providing early and short term support in people's own homes and communities social care is a critical component in managing the demand for hospital and NHS services.
- Adult social care also provides long term support for some of our most vulnerable residents enabling them to live fulfilling and as independent lives as possible in their communities. It helps people to navigate the complex healthcare system and access the services they need - at the right time in the right place.
- Social care needs to be at the heart of integrated community based health and social care.
- In developing Local Health and Care Plans local authorities and the NHS will work with their voluntary and community sector partners to build this partnership and ensure that contribution of social care is fully reflected in developing high quality integrated and holistic community based health and social care support.
- The above focuses on adult social care and we will work together with Directors of Children's Services, Directors of Public Health and other partners to ensure children's needs are addressed in developing the local health and care plans.

Page 21

Developing Local Health and Care Plans

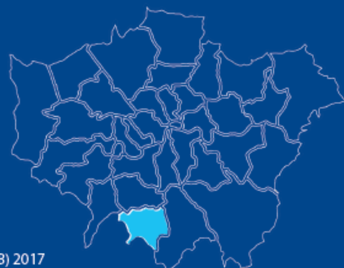
NHS

- Local Transformation Board (LTBs) will co-produce these local health and care plans with local authorities and wider partners.
- The LTB's vision; model for health and care; local context and challenges and actions to address financial and clinical sustainability issues; and meet the health and care needs of the local population.
- December 2017 - April 2018 LTBs engage with partners and stakeholders on their "Local Health and Care Plans"
- May 2018 – Reviewing feedback and writing "Local Health and Care Plans" for each LTB
- June 2018 - "Local Health and Care Plans" published showing: LTB's joint vision; their model for Health and Care; the local context and challenges the face, including financial and clinical sustainability; their priority focus for the next 2 years to meet the health and care needs of their local populations

Page 22

Local transformation boards

Key facts about Sutton



Produced by the Sutton Local Transformation Board (LTB) 2017
The LTB includes Sutton Clinical Comissioning Group and Sutton council.

Your health and social care in Sutton

Sutton residents live in one of the healthier boroughs in England, and has an increasingly young population. People living in Sutton live longer than average and are less likely to have illnesses like diabetes. However, there are big differences across the borough.

Compared to the average Londoner, people in Sutton ...

.. live longer

... have lower rates of diabetes and heart disease

... do less than the recommended amount of exercise each day

... are more likely to be aged either 5-19 or 30-49

The population in Sutton ...

... are positive about their health. In a recent survey, 75% said they feel in good or very good health.

... can feel lonely, with one in ten people saying they do not get enough social contact

... is younger and less diverse than the London average.

Main health challenges for Sutton today

1. Too many people die too early from cancer
2. There are big differences in how long you live across the borough
3. Too many people, especially young people, are suffering with mental health problems

Over the next three years, the L TB will focus on...

... early diagnosis and treatment of cancer

...giving everyone across the borough the same high standard of support to live well

... more specialist mental health care, especially for young people

supporting older people to keep well in their own homes.

Key facts on health in Sutton

Sutton is home to around **200,000** people

There are over **25** GP practaces in Sutton

There are over **1,800** careers in Sutton

Life expectancy is **80.8** years for men and **83.5** years for women which is slightly above the national average

Key facts about Merton & Wandsworth

Produced by the Merton & Wandsworth Local Transformation Board (LTB) 2017
The LTB includes Merton & Wandsworth Clinical Comissioning Group and Merton & Wandsworth council.

Your health and social care in Merton & Wandsworth

The residents of Merton and Wandsworth are, on average, less deprived compared to other boroughs in London. However significant health and social inequalities in both boroughs with an associated gap in life expectancy.

Compared to the average Londoner, people in Merton & Wansdworth...

...are more obese as children

... have higher rates of diabetes and heart disease

...take more exercise, especially walking

...are less likely to smoke as teenagers

The population in Merton & Wandsworth...

has more woman then men 56% women 44% men

There's a particularly high proportion of 25-39 year olds (39%) in Wandsworth

has lots of older people, and lots of teenagers

Main health challenges for Merton & Wandsworth today

1. Too many people die too early of cancer
2. Too many people are developing diabetes and heart disease
3. Too many people, especially young people, are suffering with mental health problems

Over the next three years, the LTB will focus on...

... early diagnosis and treatment of cancer

...more community support to prevent diseases, like diabetes

... more specialist mental health care, especially for young people

...supporting older people to keep well in their own homes.

Key facts on health in Merton & Wandsworth

Population of over **585,000**

There are about **65** GP practices in Merton & Wandsworth

In Merton over **5,900** over 75 year olds live alone

Life expectancy is **9.3** years lower for men and **4.5** years lower for women in the most deprived areas of Wamndsworth than the least deprived areas.

Page 23

Local transformation boards

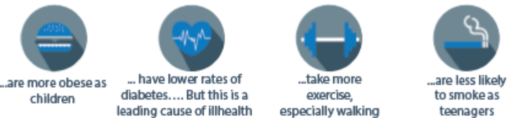
Key facts about Kingston & Richmond

Produced by the Kingston & Richmond Local Transformation Board (LTB) 2017
The LTB includes Kingston & Richmond Clinical Comissioning Group and Kingston & Richmond council.

Your health and social care in Kingston & Richmond

The residents of Kingston and Richmond are, on average, less deprived compared to other borough in London. The number of over 65 year olds is projected to increase by over 50% in the next twenty years.

Compared to the average Londoner, people in Kingston & Richmond ...



...are more obese as children

... have lower rates of diabetes.... But this is a leading cause of illhealth

...take more exercise, especially walking

...are less likely to smoke as teenagers

The population in Kingston & Richmond ...

Main health challenges for Kingston & Richmond today

1. Too many people die too early of cancer
2. Too many people are developing diabetes and heart disease
3. Too many people, especially young people, are suffering with mental health problems

Over the next three years, the LTB will focus on...

... early diagnosis and treatment of cancer

....more community support to prevent long term diseases

... more specialist mental health care, especially for young people

...supporting older people to keep well in their own homes.

Key facts on health in Kingston & Richmond

Population of around **420,000** in Kingston & Richmond including East Elmbridge

There are about **57** GP practices in Kingston & Richmond

Life expectancy is **81.8** years for men and **85** years for women which is slightly above the national average

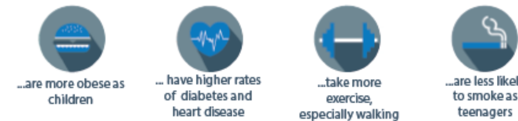
Key facts about Croydon

The Croydon Transformation Board is a partnership of the NHS, Croydon Council and Healthwatch Croydon.
The LTB includes CCG, CHS, Croydon Council, SLAM, GP Collaborative and Healthwatch.

Your health and social care in Croydon

The population of Croydon is expected to grow significantly by 2027, particularly the younger population. Life expectancy has increased however there are very big differences in the health for our residents across the borough.

Compared to the average Londoner, people in Croydon ...



...are more obese as children

... have higher rates of diabetes and heart disease

...take more exercise, especially walking

...are less likely to smoke as teenagers

The population in Croydon ...

Main health challenges for Croydon today

1. inequality in life expectancy,
2. high number of people who are obese
3. high prevalence of diabetes, a growing and diverse population

Over the next three years, the LTB will focus on...

supporting more people to stay healthy and active for as long as possible and able to live as independently as possible

early detection and diagnosis of health conditions such as diabetes,

support older people to keep well and stay in their home

Key facts on health in Croydon

Population of over **380,000** and rising by over **6%** over next 5 years

There are **57** GP practices in Croydon

Life expectancy is **9.7** years lower for men and **6.1** years lower for women in the most deprived areas of Croydon than the least deprived areas.

NHS

Page 25

South West London-wide improvement priorities

South West London-wide improvement priorities

NHS

In addition to local health and care plans, there are a number of transformation programmes across all Local Transformation Boards:

- Health promotion and prevention, cancer, mental health, urgent and emergency care, primary care, maternity, learning disabilities and/or autism, children and young people, workforce, harnessing technology, buildings and estates
- As part of the STP discussion document, at the start of each of these chapter headings we have summarised what local people have told us about these services. We have then identified the actions we will take across each of these programmes over the next two years to address.
- We have summarised these for you in the details slides at the end of this presentation
- We will develop key performance indicators and outcomes so that we can track the delivery and impact of our actions

Page 26

NHS

Page 27

And finally …

Next steps and the timeframes we are working to …

NHS

Stage One

- 30 November 2017, STP Refresh ***The South West London Health and Care Partnership: One year on*** discussion document was uploaded onto SWL STP website and discussion launched
- We welcome your input and feedback STP Refresh ***The South West London Health and Care Partnership: One year on.*** Please give individual or organisational feedback to SWLCCGS@swlondon.nhs.uk

Stage two

- December 2017 - April 2018 LTBs engage with partners and stakeholders on their ***"Local Health and Care Plans"***
- May 2018 – Reviewing feedback and writing ***"Local Health and Care Plans"*** for each LTB
- June 2018 - ***"Local Health and Care Plans"*** published showing: LTB's joint vision; their model for Health and Care; the local context and challenges the face, including financial and clinical sustainability; their priority focus for the next 2 years to meet the health and care needs of their local populations

Page 28

Feedback

NHS

- We welcome your input and feedback STP Discussion Document ***The South West London Health and Care Partnership: One year on***
- Please give individual or organisational feedback to SWLCCGS@swlondon.nhs.uk

Page 29

Thank you

Page 30

Page 31

Detailed information on South West London-wide improvement priorities

Cancer – our context

NHS

- Cancer is one of the **top three causes of premature death** across all six South West London CCGs
- There is a **predicted increase in prevalence of cancer** across south west London - *figure to come*
- **Uptake for breast, bowel and cervical screening across South West London is below national average** and there is significant variation across CCGs
- **Patient experience in Cancer services is generally good** in South West London, with an average overall patient satisfaction score of 8.75 out of 10*. However there is variation and improvement required needed around patients feeling supported by GPs and nurses during their cancer treatment.
- Over the last year, there were **significant improvements** across South West London in the number of people receiving a definitive diagnosis and treatment **for cancer within 62 days** and work continues to achieve and maintain this.

Page 32

Cancer – local people told us

- **Getting an early diagnosis important** to avoid more aggressive treatment and improve survival
- **People valued screening programmes** - felt that they worked well for the most part, but more could be done to reach all parts of our diverse community.
- Once diagnosed people felt that the NHS provides excellent clinical care. However, **further training could be given around delivering difficult news sensitively.**
- Whilst people valued the specialist treatment they received (for example at the Royal Marsden) many felt that they would **prefer having all of their treatment in one place** – rather than going between sites.
- People felt that **their GP could play a greater role in their follow-up care** – signposting them to other support and offering them support on their physical and mental wellbeing.

Page 33

Cancer – our prioritised action

NHS

Improving screening and early diagnosis

- **Bowel Cancer Screening** Communication Service launching from January 2018
- Clinical Commissioning Groups: "***Be Clear on Cancer*" campaigns**.
- In Kingston - testing ways in which to **target cancer screening for people who may not easily access the tests**, in particular people with learning disabilities.

Cancer waiting times

- **Faster access to diagnostic tests for prostate cancer** and tests are provided in a fewer number of hospital visits. Being tested at St George's Hospital and St Helier Hospital.
- **Reviewing where treatments are provided across South West London** for people with head and neck cancers so that they can access care closer to home, quickly.
- **Speeding up diagnostic tests and biopsies for people with suspected lung and colorectal cancers** so that clinicians can interpret the tests quickly and that patients can receive their results and start treatment sooner.
- **Improving hospital systems, processes and communications** between clinicians and cancer multidisciplinary teams to ensure minimal delays, that patients are adequately reviewed and that their care is planned for appropriately.
- **Improving the processes for patients starting their cancer care** with one hospital, but requiring further specialist treatment at another hospital, so that delays and late referrals are minimised.

Page 34

Cancer – our prioritised action

NHS

Supporting people living with and beyond cancer

- **Putting in place a follow-up programme for prostate cancer patients.** This is a programme for patients who have had successful treatment for prostate cancer, and whose condition is stable for two or more years. GPs and practice nurses will regularly follow-up care and monitor patients so that they do not need to attend hospital for unnecessary hospital appointments. This programme is already in place in Croydon and Sutton and has been shown to improve care and patients' experience. We plan to roll this out across SWL.
- **Rolling out a "Recovery Package**" – patients and their lead clinician work through the care and support needed once their hospital treatment has finished. The package is shared with the patient's GP explain the treatment they have received in hospital, and the support they will need once the patient is at home, including the option of attending 'health and wellbeing events'.
- **An annual cancer care review with their GP after their treatment**. This will include a conversation regarding the person's health and mental well-being needs. This is currently in place in Wandsworth and Richmond and we will implement this across all other CCGs over the next two years.
- **Training our primary care nurses to better support people with cancer -** Over the next 2 years, we will put in place a Macmillan Primary Care Nursing Leadership team to work across South West London to develop nurses and equip them with the expertise and confidence to better support people living with and beyond cancer.

Page 35

Mental health – our context

NHS

- **We need to do more around prevention and early intervention,** to help keep people well and get them the support they need as early as possible
- **We need to improve support for people with Long Term Conditions**, whose mental health is often not dealt with, or dealt with separately from their physical health needs.
- We need to provide **better care for both young people and adults experiencing a mental health crisis**, including alternatives to admission and improved pathways for those people with a mental illness who are removed from a public place by either the police or by medical services (known as the s136 pathway), and ensuring people experiencing first episodes of psychosis receive timely treatment
- We need to provide **better support for the 3-5% of women** who experience moderate to severe mental health problems **during the perinatal period**
- We need to **improve support to people at risk of suicide**

Page 36

Mental Health - local people told us

NHS

- They were worried that **not enough money is being invested in mental health** services in order to meet the growing demand.
- People felt that **more should be done to provide 24/7 crisis support for adults and children** with mental health conditions and their families – they agreed that Accident and Emergency Services are not the best place to receive this care.
- We needed to **support people better so that they don't reach a crisis point** –to maintain their health and wellbeing.
- People felt that there is still a **lack of parity between the treatment of physical illness and mental health illness** by the NHS, with physical health conditions treated before mental health, or with the conditions being treated completely separately.
- Parents told us that they found it **hard to navigate the system and know where to find help** - more could be done to signpost them to local support services and help their children transition smoothly to adult services.

Page 37

Mental health – our prioritised action

NHS

Improving services for children and young people

- **Children and young people with a diagnosable mental health condition will receive treatment from an NHS-funded community mental health service**.
- **By 2020/21 the major hospitals in South West London will have mental health liaison teams** in place in emergency departments and in-patient wards. Children and young people will have access to 24/7 crisis resolution and liaison mental health services.
- **Children and young people will have access to an improved neurodevelopmental pathway** by April 2019/2020. The pathway redesigned to improve assessment, will be deveoped with children and their families, and will offer individual support for parents as well as peer group support.
- **Faster access for children and young people with an eating disorder** to receive treatment, seeing the majority of those with urgent needs within one week of referral and all others within four weeks of referral .
- **We will invest in community based eating disorder teams** to reduce the need for children to be admitted into specialist in-patient wards
- **South West London mental health network is currently reviewing the future mental health workforce** with an expectation to recruiting new specialist staff and putting packages in place to retain our expert staff.

Page 38

Mental health – our prioritised action

NHS

Improving prevention and early intervention

- **Expanding talking therapy services**, focus on people with long term conditions, to ensure their mental health needs are met alongside their physical healthcare needs. Increasing access to high quality information online, through making best use of the London-wide *GoodMinds* website
- **We will increase the number of physical health checks** we offer to people with severe and enduring mental ill health in primary care, and in secondary care mental health settings so that they have better physical health.
- **Speeding up diagnosis and treatment for people with Dementia.** People suspected of having dementia will be diagnosed and start treatment within six weeks of referral for example South West London and St George's Mental Health NHS Trust are reviewing their memory services so that people can be seen and treated faster.
- **Local Authorities are putting in place updated suicide prevention plans by the end of 2017**. These plans will include working with GPs to support them to identify those at risk of suicide. Plans will also include activities such as working with the rail and river networks to reduce access to means of suicide.
- We will also remain engaged with the **Thrive London Programme**, and build on this locally to promote a conversation about mental health with our population.
- We are seeking national funding **-new specialist perinatal community mental health teams,** with phased implementation from April 2018. These new teams will support women and their families, and work with other healthcare professionals to provide education and training around perinatal mental health.

Page 39

Mental health – our prioritised action

NHS

Improving support and services for people in mental health crisis

- **Reviewing all our patients who are receiving treatment out of their local area** to plan to see if we can move people to a service closer to home.
- **Hospitals will have 24 hour psychiatric liaison services** in place to ensure that patients with a mental health crisis are seen by the appropriate experts. This is already in place in St. George's, Croydon will be in place by December 2017 and Kingston and Epsom & St. Helier by April 2018.
- **New pathway for section 136 patients** - Subject to full public consultation, a new pan-London pathway for patients experiencing mental illness who are removed from a public place by either the police or by medical services (section 136) will be implemented in 2018 so that people experiencing a mental health crisis are treated in high quality service.
- **We will review our community mental health services** to understand how we will meet the needs of patients in the future and meet national standards. An example of this is understanding the additional capacity needed to ensure that all Crisis Resolution Home Treatment Teams can deliver care 24/7.
- **We will improve our service for people experiencing a first episode of psychosis** by putting in place more expert care within two weeks of their episode.

Page 40

Urgent and Emergency Care - our context

NHS

- In South West London, **A&E attendances have stabilised over the last few years** with fewer peaks and troughs than were seen in the past.
- Despite this, **performance against the 4 hour A&E standard has deteriorated** which is likely to be due to increased numbers of very sick patients as well as complex and variable processes in hospital systems.
- **Emergency admissions into hospitals have in turn increased** across South West London year on year. Between 2012 and 2017, there has been almost a 50% increase in the numbers of people admitted to hospital in an emergency.
- There are also **many patients staying in hospital longer than is necessary** which affects flow resulting in less beds available for sick patients coming into A&E.
- South West London's **demand on the London Ambulance Service has also risen steadily** over the last 5 years since 2013 affecting their ability to respond to patients quickly. Despite this, we have seen the highest performance of response times to Category A calls in London

Page 41

Urgent and Emergency Care - local people told us

NHS

- Too many **people use A&E because they can't get an appointment with their GP** or they don't know where else to go – very few people had heard of NHS 111.
- People thought that even with clear information, it would be hard to change people's behaviours and their use of A&E, and **suggested that instead we consider co-locating other services in A&E departments**.
- **People felt that A&E services were already operating above capacity** and that changing the number of sites would only exacerbate the problems.
- **Concerns were raised about discharge from hospital** – some people being discharged late at night with problems occurring because care packages were not in place when they got home.
- It was felt that the **NHS needs to work more closely with local authorities**.

Page 42

Urgent and Emergency Care – our prioritised action

NHS

Accessing urgent healthcare in the most appropriate place

- **Extended 111 service** in place during 2018, the first point of call for patients to access urgent care services providing access to advice, onward referral including appointments and direct booking into other health services.
- **Developing a 111 online service** where patients can enter their symptoms and receive specific advice on their health needs or a call back from a healthcare professional so that we offer an increasingly personalised, and faster experience to patients.
- **We will employ more clinicians** in 111 service so that over half of 111 calls are handled by a clinician by March 2018.
- **Improving access to GP appointments.** Two additional GP hubs to be opened in Croydon by the end of 2017.
- **We are creating new Urgent Treatment Centres (UTC)** A new UTC is being built at Kingston Hospital during autumn 2017 and by December 2017, all of the current Urgent Care Centres at Croydon Hospital, St Helier Hospital and St George's Hospital will be designated as UTCs. Over the next two years we will also develop services at Queen Mary's Roehampton Minor Injuries Unit, Clapham Junction Walk-In Centre and Teddington Memorial Hospital.
- **We will continue to work with the London Ambulance Service (LAS)** Every CCG has put in place services that meet urgent care needs, such as multi-disciplinary team rapid response for older patients who have fallen at home and can be helped to safely remain at home. LAS can quickly refer patients to these services rather than take them to Accident & Emergency Departments.
- Where an emergency has resulted in a 999 call for an ambulance we will implement a new way of assessing patients and sending ambulances to our sickest patients. The **Ambulance Response Programme** will ensure early recognition of life-threatening conditions, particularly cardiac arrest.

Page 43

Urgent and Emergency Care – our prioritised action NHS

Improving urgent and emergency services

- We will expand **ambulatory emergency care** (AEC) across south west London to ensure that they are open 14 hours a day, seven days a week. St George's is seeking to expand its AEC Unit to increase their opening hours to 16 hours a day every day.
- **We will improve delivery of the 4 hour A&E target** sharing learnings across providers in South West London to deliver best practice for hospital flow and patient review so that all our hospitals.
- **We will implement the "SAFER bundle**" –The SAFER bundle aims to get patients to the right place as soon as possible, including home, to avoid unnecessary delays which lead to poorer health and social outcomes for patients. Our intention across SW London is that all hospital wards will have implemented the SAFER bundle during 2018 .
- We are developing **enhanced services** to ensure that patients with a mental health crisis are seen by the appropriate experts. This is already in place in St. George's, Croydon will be in place by December 2017 and Kingston and Epsom & St. Helier by April 2018.

Page 44

Urgent and Emergency Care – our prioritised action

NHS

Improving discharge and support after hospital

- **New locality teams** will be established across South West London to offer multidisciplinary support both to patients with a long term condition and also those who are discharged from hospital and need additional support. As part of these teams there will be 'in reach' teams who actively go into hospitals to ensure that patients who are ready to go home are not delayed, freeing up vital bed space and also ensuring that patients don't spend any longer in hospital than necessary.
- **NHS continuing healthcare** (CHC) is a free package of care for people who have significant ongoing healthcare needs. We will:
  - Reduce the number of CHC assessments carried out in hospital (by using Discharge to Assess) so that, by March 2018 only 15% of all CHC assessments will be carried out in hospital, a reduction from the current 47.4% across South West London.
  - Increase the speed with which we carry out CHC assessments so that, by March 2018, 80% of assessments will be carried out within 28 days of referral. This will be an improvement against the current 42.4%.
- **Implement 7-day services** including community nursing, rapid response and early supported discharge services to ensure that patients are discharged from hospital as soon as they are able and delayed because it is the weekend.

Page 45

Primary Care - our context

NHS

- **Increased demand for services**, due to a growing and aging population with increasing frailty and health need.
- Whilst most of our GP practices perform well there are some which need to be improved. The **variation in the way primary care is delivered across SWL** results in varying patient experience and outcomes.
- **Primary care vacancies with a large number of GPs and nurses approaching retirement** (in south west London 21.8% of GPs and 39% of nurses are over the age of 55).
- **Some of our primary care estate is outdated and not fit for purpose**; there is a large variance in premises in costs, size and quality across SWL and some potentially under-utilised space.
- **We know that we will need additional capacity**, particularly in high growth areas such as Croydon and Nine Elms, Vauxhall.
- **We could do more to use technology** to support both patients and our primary care staff.

Page 46

Primary Care - local people told us

NHS

- They **struggle to get an appointment with a GP** and that, ideally, they would like consistency so that they can build trust and not have to repeat their stories.
- People also didn't like **receptionists acting as gatekeepers**.
- In general people **accepted that other healthcare professionals, such as pharmacists, could play a bigger role in primary care,** but that more would needs to be done to raise public awareness and build confidence in their skills and roles.
- Many people, including carers, said that **they find the health system difficult to navigate and welcomed new roles,** such as care navigators, particularly if their job includes patient liaison and support for both patients and carers.

Page 47

Primary Care – our prioritised action

NHS

Improving access to GP practices and services

- We have already made sure local people have greater access to same day appointments 8am-8pm, seven days per week. We want to further **improve access to our primary care so that Accident and Emergency Departments and NHS 111 can book appointments directly for patients**.

Improving the quality of our primary care services

- We are **working with individual practices to strengthen their services**. 55 practices have been identified across SWL and will receive tailored support. Examples of support include:
  - **Tailored investment and resources** to solve individual issues
  - **Peer support around the workforce to support practices**: to review and plan staffing, improve recruitment, and introduce new initiatives such as nurse mentorship
  - **Supporting practices to streamline back-office systems**
  - **IT support** – practice level training and support on IT and clinical systems

Page 48

Primary Care – our prioritised action

Ensuring that we have enough primary care staff in the future

- We are working to **extend our primary care workforce**. Seeking to increase the number of GPs working within General Practice through activities to support retention, such as mentoring and peer support programmes, as well as exploring international recruitment. We are also increasing the number of physicians' associates, clinical pharmacists, medical assistants and care navigators in general practice so thatSWL residents have a greater number and range of people in primary care who can provide care, referral and advice.
- Support implementation of **GP Nurse 10 point plan**
- We are introducing **social prescribing** which supports primary care by offering GPs referral and support options for people with predominantly social needs. For example, we are currently piloting a number of link-worker roles to talk to the patient and agrees a 'social prescription. This is a plan that meets their social, emotional or practical needs, often using non-clinical services provided by the voluntary and community sector.

Page 49

Maternity- our context

NHS

- **In 2016/17, there were 19,000 births** to women living in South West London.
- A **significant proportion on mothers in South West London are over the age of 35** years old. This is higher than the national average.
- The **Care Quality Commission's national maternity survey in 2015 indicated that South West London performed in the lowest quartile** for women's experience of maternity services.
- The **still birth** rate per 1,000 live births in South West London was 4.9%. This is **lower than the national average and there is some variation across our CCGs**
- **5.4% of women smoke at the time of giving birth**, compared to a national average of 12%

Page 50

Maternity- local people told us

NHS

- Their care would be improved if they had the **same midwife throughout their maternity journey**. They felt that not only would this help them to build trust and have confidence in their care, it would also enable the midwife to get to know them and pick up on the softer signs of their physical and mental wellbeing.
- People wanted to be empowered to have **more choice in their maternity care**. However, some questioned what choice really meant and whether it extended passed what hospitals they gave birth in.
- People want **high quality and consistent care throughout their pregnancy, birth and post-birth**, tailored to their cultural and clinical needs.
- Above all, people told us that **their safety, and the safety of their child was of paramount importance**.

Page 51

Maternity– our prioritised action

NHS

Improving patient experience and outcomes

- We will make sure that most **women see the same midwife or team of midwives**, throughout their maternity care. We expect to achieve improved clinical outcomes as a result of midwifery-led continuity of carer; reduced episiotomies or instrumental births, increase in spontaneous vaginal delivery and an increase in births in midwifery units or at home.
- Ensuring women feel **more informed about maternity services** across South West London and make more informed choices. We have started this by publishing a summary *My maternity journey: SWL* which summarises all the services available to women when they are pregnant.
- **Help women access maternity services earlier**.

Improving perinatal mental health

- We will seek national funding to set up **new specialist perinatal community mental health teams**, with a phased implementation from April 2018. These new teams will support women the 3-5% of women experiencing moderate to severe mental health problems during the perinatal period and their families, and will work with other healthcare professionals to provide education and training around perinatal mental health.

Page 52

Maternity– our prioritised action

NHS

Improving safety of services

- We will **reduce the rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth** by 20% by 2020 and 50% by 2030. All of our maternity providers are fully engaged in the developments and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.
- All our organisations will **continue to investigate and learn from incidents** and share this learning through the Local Maternity System where all providers are represented.

Improving post-natal care

- The care that for women and their babies receive after they give birth has a significant impact on the life chances and wellbeing of the woman, baby and family. Feedback from women and families in South West London is that our postnatal care needs improving. We are **improving the way the provide postnatal care focusing on the continuity of carer, developing personalised care plans and ensuring we have the right staff in place to provide that care**, including Maternity Support Workers.

Page 53

Learning Disabilities- our context

NHS

In 2011 the Department of Health led a **review in the immediate aftermath of the exposure of serious abuse** of patients with learning disabilities at Winterbourne View hospital. The Government and leading organisations across the health care system **pledged to improve care and secure better outcomes** for all people with learning disabilities and/or autism and behaviours that challenge, by **shifting services away from hospital care towards community-based settings and reduce reliance on in-patient beds.**

Page 54

Learning Disabilities - local people told us

NHS

- That doctors, pharmacists and receptionists **need more training in how they speak to people with Learning Disabilities.**
- People with learning disabilities told us that they **want doctors to speak to them and not their carers**, and for **information to be sent to them in Easy Read format or explained to them in person**.
- People felt very strongly that **annual health checks are very important – but not routinely offered**. They felt that all GPs should be aware of them and should offer them to all patients with a learning disability.

Page 55

Learning Disabilities-– our prioritised action

NHS

- Work with patients and their families to **reduce the number of people living in a learning disability or mental health institution** by transferring patients into a community setting
- **Train our staff in positive behavioural support** so that staff caring for people with learning disabilities with behaviours that challenge, can assess, prevent and respond to incidents of challenging behaviour. This will minimise and that we minimise escalation of issues and reduce harm to the patient(s) and others.
- We will seek to improve **South West London crisis management support** to provide patients with a place to stay during crisis, where they can be supported by expert staff, with the aim to support the patient to move back into the community. This will also reduce admissions and re-admissions into a learning disability or mental health institutions.
- Work with Health Education England to **develop a workforce plan** so that we have the right staff, with the right skills, to meet the needs of people with learning disabilities now and in the future.
- Use the information gained from our housing/accommodation needs analysis, to **develop a housing strategy** to support current and future accommodation needs of people with learning disabilities.

Page 56

Agenda Item 5

Appendix One

Consultation on changes in health care: proposed South West London protocol

Introduction

Change in health services is unavoidable and necessary. In broad terms, three levels of change may be identified:

- Minor changes that are undertaken as part of routine management in order to address identified problems or bring about service improvements. For such very minor changes, it is unlikely that any specific consultation or engagement process will be required;
- Changes that go beyond routine management but are still relatively minor in nature. For such changes, engagement with service users and other stakeholders may be necessary, but a formal consultation process is unlikely to be required;
- Changes involving a substantial reconfiguration of services, on which there should be formal consultation in accordance with the relevant health scrutiny regulations.

The purpose of this protocol is to

- help local agencies share information early in the process before formal consultation might be triggered
- assist local agencies in agreeing into which category a proposal falls,
- set out the process to be followed in undertaking a formal consultation, including management of joint scrutiny where a proposed change affects residents from more than one borough.

It does not, however, provide a detailed set of instructions to be followed in all cases, and its value is dependent on the exercise of common sense and the readiness of all parties to agree a proportionate approach.

The following quotation is taken from the DH publication - “Local Authority Health Scrutiny, guidance to support Local Authorities and their partners to deliver effective health scrutiny” June 2014 and provides the guiding theme to this protocol : seeking to provide a framework and associated processes which can support high quality early engagement prior to, and moving where required, into the formal consultation phase.

“ The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS’s public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed. ……….If informally involved and consulted at an early enough stage, health scrutiny bodies in collaboration with local Healthwatch, may be able to advise on how patients and the public can be effectively engaged and listened to.

If this has happened, health scrutiny bodies are less likely to raise objections when consulted."

Preparing the ground

For this protocol to be effective, it must be underpinned by good ongoing communication between those responsible for commissioning and providing health care and the bodies responsible for scrutinising and commenting on health services on behalf of patients and the public. Providers and commissioners should share plans and proposals with officers of Healthwatches and local authority scrutiny bodies at an early stage in their development, so that informal discussions on likely consultation requirements can take place before a proposal for change is fully formulated. Where such informal information sharing is undertaken in confidence, this must be respected by the Healthwatch or local authority scrutiny body.

Where a proposal for change goes beyond routine management, engagement with service users and other stakeholders will be required. This engagement process should commence at an early stage, potentially before the proposed change has been fully formulated or endorsed, and the results of such early engagement may help to inform the decision on whether there is a need for formal consultation. Guidance on good practice in engagement is presented in *Transforming Participation in Health and Care* (NHS England, September 2013).

Determining the need for formal consultation

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out specific requirements for formal consultation with local authorities over substantial developments or variations of health services although there are three specific exclusions from the requirement for consultation on substantial change:

- Where the relevant NHS body or commissioner is satisfied that the change needs to be made urgently in the interests of patient or staff safety or welfare. In these circumstances, the local authority must be notified as soon as possible of the change and why consultation was not undertaken;
- Proposals for dissolution or changes to the constitution of NHS Trusts or CCGs (unless these also involve substantial changes to health services);
- Proposals in a report from a trust special administrator (put in place by the Secretary of State where a trust is in financial difficulties, as these will be dealt with under separate consultation arrangements.

The term 'substantial' is not defined in the regulations or the subsequent (2014) health scrutiny guidance. Most service changes implemented by the NHS will fall short of this threshold but, in planning changes, consideration should be given as to whether they might have an impact on the accessibility or acceptability of the service, either to service users as a whole or to particular population groups.

The variety of circumstances that may apply is such that there is little value in attempting to define thresholds that will determine whether or not a variation is or is not to be regarded as substantial. However, the following observations may be made:

a) that if the responsible NHS body declines to undertake consultation on a change that the local authority considers substantial, the local authority is entitled to refer the matter to the Secretary of State on the grounds of inadequate consultation; and

b) legal challenges to NHS bodies over inadequate consultation have been upheld.

To avoid the risk of such challenges, it is prudent for the responsible NHS body to carefully consider the views of the local authority before deciding whether public consultation is required.

The 2014 guidance commends the development of protocols between local authority scrutiny bodies and their NHS counterparts to assist in deciding whether a change should be considered as ‘substantial’. Where such protocols exist, they generally refer to the four factors presented in the 2003 Health Scrutiny Guidance as ‘to be taken into account’ in determining if a change is substantial:

a) **changes in accessibility of services**, for example withdrawal or significant reduction of a service at a particular site. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location;

b) **impact of proposal on the wider community** and other services, including economic impact, transport, regeneration;

c) **patients affected.** Changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services);

d) **methods of service delivery**. Modernisation of provision usually involves changed methods of service delivery, and such changes can normally be considered as routine management interventions. However, changed methods might contribute to a service change being viewed as substantial. Relocation of a service or replacing face to face interactions with a wholly online service may be seen as substantial by patients.

It will assist discussion on the need for consultation if the responsible NHS body presents the likely impact of the proposed change in these terms, and the local authority also uses them in presenting its rationale for whether a change should be considered substantial.

The stage at which public consultation should take place is when specific proposals for change have been developed. Broader plans setting out overall ambitions and intended direction of change should be subject to wide engagement and informal consultation, but they will generally lack the detail that local authorities are looking for in this formal consultation process.

A decision on whether a change should be treated as ‘substantial’ need not necessarily be taken when it is first proposed, and the need for consideration of whether or not a change is substantial, and for the formal consultation processes associated with a substantial change, should be considered in drawing up a timetable.

In deciding whether it considers a change 'substantial', the views of actual service users and the local population will be very significant for the local authority scrutiny body. Prior and informal engagement with those likely to be affected by a change is thus likely to be very helpful to the local authority in its deliberations. Without such prior engagement, the scrutiny body will necessarily adopt a precautionary approach, regarding the change as substantial unless there is strong evidence to the contrary.

Individual changes in services are often part of a wider process. Where interdependent changes are proposed, it will usually be best for these for these to be addressed in a single consultation, with consideration of whether the change is substantial being applied to the overall package rather than to each individual change. An example might be a phased move of multiple services across a Trust's estate. In this case, the consideration would be as to whether the overall reconfiguration package represented a substantial change, rather than whether this was the case for each individual move.

Collating the information

Even where a consultation is over a change initiated by a service provider, the consultation would normally be undertaken by the responsible commissioner (although they may delegate most of the work to the provider).

When a responsible NHS body has in mind a proposed service change that goes beyond business as usual and might reasonably be considered a substantial change, it will complete the 'Trigger Template' attached as Appendix One, which is designed to bring together the information that local authority scrutiny bodies will require in deciding whether or not formal consultation is required.

In preparing this information sheet, it may be helpful for the commissioner and provider to meet and discuss the issue with the health scrutiny officer and Healthwatch co-ordinator for the borough most directly affected, although this is not a required part of the process.

This information sheet will be shared with the lead officers responsible for health scrutiny in each of the boroughs from which patients are drawn.

Reaching a decision

If the NHS body itself believes that the change is substantial and formal consultation is required, then formal consultation procedures will be implemented and no decision is required from the local authorities.

Where the NHS body is uncertain or believes that formal consultation is not necessary, its final decision will need to be informed by the views of the relevant local authorities. Within two weeks of receiving the information sheet, and following consultation as necessary with the elected member responsible, each scrutiny officer will indicate which of the following represents the views of the local authority scrutiny body:

a) The change is definitely substantial and formal consultation is required;

b) The change is not substantial and formal consultation is not required;

c) The issue is marginal and would need to be referred to the full scrutiny committee for a decision;

d) Further information is required before the local authority can reach a decision.

DRAFT

The response will be supported by an assessment of the proposal in relation to the four decision-making criteria set out above.

The majority of hospital-based acute services in South West London, especially those provided by St George's, serve patients from more than one borough. Each borough is entitled to consider whether a proposal represents a substantial change for its residents, and no borough has the power to impose its view on other boroughs.

Where all boroughs are agreed that the change is substantial (or just one borough is affected and it considers the change substantial), then the NHS body will be expected to give due weight to this in deciding whether to move to formal consultation.

Where all boroughs are agreed that the change is not substantial (or just one borough is affected and it considers the change is not substantial), then formal consultation is not required and the NHS body will be expected to undertake an appropriate level of informal consultation and engagement on the proposal, in accordance with the guidelines on good practice in consultation.

Where at least one borough considers that the issue is marginal, or that further information is required before it can make a decision, the NHS body should seek to provide any further information that is required to enable that authority to reach a conclusion.

As each borough will consider the matter independently, it is possible that different boroughs will reach different conclusions as to whether or not a change is substantial. This carries with it the risk of perverse results, where the borough with the highest number of patients believes that a change is not substantial, but one with a smaller number of patients concludes that it is.

Where there is a disagreement between boroughs, it will be the responsibility of the scrutiny officers from the relevant boroughs to arrange for discussion between elected members from their boroughs (which could be face to face, by telephone or by e-mail) with the aim of agreeing a common position. If further information is required to enable the local authorities to reach a consensus, the NHS body should endeavour to provide this. If a consensus is reached on the need for formal consultation, the NHS body will be expected to take account of this in reaching its decision.

Where a common position cannot be agreed by the local authorities, they will advise the responsible NHS body of this. In deciding whether or not to undertake formal consultation, the responsible NHS body will be expected to take account of the views of the local authorities, including the reasons advanced by any authority considering that a change is substantial,

Should the responsible NHS body decide not to undertake formal consultation, but at least one of the local authorities considers that the proposed change is substantial, this entails a risk that the local authority will refer the matter to the Secretary of State on the grounds of inadequate consultation. The risks of referral will be greatly increased if there is a consensus amongst the local authorities that formal consultation is required.

The 2014 Health Scrutiny guidance emphasises that every effort should be made to seek local resolution before a referral is made to the Secretary of State. Accordingly:

- The NHS body will provide the local authorities with an explanation as to why it considers that formal consultation is not required and what informal engagement processes have been and will be undertaken;

DRAFT

- Before making a referral to the Secretary of State, the local authority will consider the explanation provided by the NHS body and will also consider whether a compromise (for example, enhancements to the informal engagement process) might adequately address its concerns;
- In the event that a compromise appears possible, a meeting will be held as soon as possible between the relevant local authority and the responsible NHS body to explore this and seek an agreement;
- Where the relevant local authority does not accept the reasons given by the responsible NHS body for not undertaking formal consultation and no compromise can be agreed, it will be the responsibility of the local authority scrutiny body to reach a decision on whether to refer the matter to the Secretary of State as soon as practically possible.

Managing the consultation

Where there is consultation on a proposal for substantial change in health services affecting more than one borough, the options for fulfilling the scrutiny role on this consultation may either be undertaken through a joint committee or through one borough taking the lead, with others delegating their scrutiny powers to the lead borough. The local authorities in South West London have established a standing Joint Health Overview and Scrutiny Committee with the power to establish sub-committees constituted so as to respond to consultations affecting more than one borough, meaning that joint scrutiny arrangements on substantial changes can be put in place relatively quickly.

The decision as to whether joint scrutiny arrangements or delegation of responsibilities to a lead authority is more appropriate is one that will need to be agreed between the affected boroughs in each case. In general, where multiple boroughs have reached the conclusion that the change is significant for their residents, then joint scrutiny arrangements are likely to be most relevant. Where only one borough considers the change substantial or the change clearly affects the residents of one borough far more than any other borough, lead scrutiny arrangements are likely to be preferable. However, as no authority can be required to delegate its scrutiny powers to another authority, joint scrutiny arrangements will be required if there is not unanimous agreement on the delegation of powers to a lead authority.

DRAFT

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:

Trigger	Please comment as applicable
1. **Reasons for the change & scale of change**	
What change is being proposed?	
Why is this being proposed?	
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	
2. Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and	

DRAFT

ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	
3. What patients will be affected?	**Briefly describe:** **(please provide numerical data)**
Changes that affect a local or the whole population, or a particular area in the borough.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
4. Are changes proposed to the methods of service delivery?	**Briefly describe:**
Moving a service into a community setting rather than being hospital based or vice versa	
Delivering care using new technology	
Reorganising services at a strategic level	
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	
5. What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	
6. What are the planed timetables & timescales and how far has the proposal progressed?	**Briefly describe:**
What is the planned timetable for the decision making	
What stage is the proposal at?	
What is the planned timescale for the change(s)	
7. Substantial variation/development	**Briefly explain:**
Do you consider the change a substantial variation / development?	

DRAFT

Have you contacted any other local authority OSCs about this proposal?	

DRAFT

This page is intentionally left blank