



City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	22 November 2017
Classification:	General Release
Title:	Update Report from Healthwatch Westminster
Report of:	Christine Vigars-Chair of Healthwatch CWL
Cabinet Member Portfolio	Cabinet Member for Adults Social Services & Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	Carena Rogers - Healthwatch Carena.Rogers@healthwatchcentralwestlondon.org

1. Executive Summary

1.1 This report is to provide an update on recent work undertaken by Healthwatch in Westminster and also to notify the Committee about health and care matters and concerns that we have heard from talking to patients and the public.

2. Update on Healthwatch Central West London (Healthwatch CWL) work activity in Westminster

2.1 Healthwatch CWL has two focused projects in Westminster, identified through consultation with local people – how well care coordination is working for people with long-term health conditions in the borough, including how user experience is informing evaluation of the service; and ensuring that service users are fully included in planned changes to mental health day provision in Westminster.

2.2. Care coordination for people with long-term health conditions

2.2.1 This work is being coproduced with through a project group established with members from the Advocacy Project's Older Adults Group. We meet every two weeks.

3.2.2 All evidence gathering has been completed and the Project Group is now looking at recommendations for the Health and Wellbeing Board, Central London Clinical Commissioning Group and Central London Healthcare. A full report will be produced by end of December.

3.3 Mental health day provision

3.3.1 Healthwatch CWL has worked with service users to design a workshop on coproduction for commissioners within the Council to assist them in working to these principles at all levels of service change or commissioning of services.

3.3.2 Healthwatch CWL has identified a group of service user and carer representatives who are interested in working with the Westminster Mental Health Day Opportunities Strategy Group to ensure that the principle of 'nothing about me, without me' underpins all the work of the group going forward. However, due to changes within the council there is not currently a commissioner to oversee this work and the Steering Group is on hold.

3.3.3 People currently using Westminster mental health day opportunities continue to report that not everyone has a care coordinator so do not have a direct person they can go to if they need support. There remains some confusion about personal budgets and how to manage these.

4. **North West London CCGs governance structure**

4.1 At the North West London CCGs' Governing Body meeting in public, 28th September 2017 a paper was presented that set out further developments in collaborative working for the eight CCGs in North West London. Following this, H&F CCG asked for comments on whether there would be an impact for local people and how well the developments would support local engagement. Healthwatch CWL provided a written response, which has been sent to Hammersmith and Fulham CCG; Central London CCG; and West London CCG. The full response is attached at Appendix 1.

4.2 The implication of the changes and the structure of the governance of the NWL CCG affects all CCGs in North West London, including Central London CCG, West London CCG and H&F CCG.

4.3 Our examination of the governance structure and routes for local accountability was carried out with two overarching questions in mind:

- "Will this structure ensure that local people can play an active role in shaping health and care services available to them in their local area?" and

- “Are there clear lines of accountability within the governance structure that will enable local people to challenge and influence decisions made about what health and care services are available to them in their local area?”
- 4.4 The NWL CCGs intention is to form a joint committee that can speed up decision making for collaborative commissioning across NWL. It will be comprised of the eight CCG Chairs; minimum of two lay members; Accountable Officer; one Healthwatch representative; Public Health representative; Director of Quality and Nursing; CFO; independent clinician; other governing body members and an independent Chair.
- 4.5 Whilst the intention behind the creation of this additional committee is to support integration, improve clarity of pathway and to work at STP scale, it does not however, create clear routes for accountability at a local level. The paper does not set out how local people are able to hold decision makers in the joint committee, or NWL CCG to account for services that are provided locally but commissioned at scale. It also does not set out mechanisms for how the views, and experiences of local people can influence collaborative decision-making processes across NW London.
- 4.6 We have concerns about how local Health and Wellbeing Boards and Scrutiny Committees will be able to hold the joint committee, or NWL CCG to account for commissioned services delivered in their area.
- 4.7 As the recent Choosing Wisely consultation on changes to prescriptions demonstrated, where decisions are made at NWL Collaborative level, it is harder for local communities to influence change and be properly consulted. This was an example of changes being proposed at a speed that limited opportunity for local people to have their say. In addition, there was no clear line of responsibility for the decision made, which meant that local people across the three CCG areas Healthwatch CWL covers did not feel that their voices had been heard.
- 4.8 Healthwatch CWL believes more clarity is needed on what processes are being put in place to ensure that local people in all communities across the eight CCG areas are properly consulted about proposed changes in a timely manner and with appropriate time to respond. In addition, each local area needs information on how the joint committee of the NWL CCG will ensure that local people from all areas across the eight CCGs are aware of at what level decisions are being made regarding each proposed change and therefore know how, and to whom, to express any concerns.

5. Issues arising locally

5.1 Soho Square GP Practice

- 5.1.1 Healthwatch CWL has been supporting the Patient Participation Group (PPG) at Soho Square GP Practice, 1 Frith St, London W1D 3HZ, following proposals from the provider for significant change in provision. The provider is Living Care Medical Services Ltd who took over the contract August 2016.

5.1.2 The changes as outlined to the PPG on 20th September 2017 for implementation on 1st December 2017 involve setting up telephone triage and halving of GP provision:

- Patients will phone in, at any time of the day, and speak to a member of a triage team at a hub based in Hillingdon, which supports all Living Care Medical Services Ltd (the provider) London surgeries. Most of the triage team will be nurses, including Advance Nurse Practitioners.
- Patients turning up at the surgery will follow the same route to medical care, i.e. they will be put through to the triage team.
- It will not be possible to book an appointment with a GP without going through this route.
- The current system under which patients can arrive at the surgery each morning and will be seen by a doctor, unless there are already too many waiting, will cease.
- The patient will be informed of the most appropriate action for their medical needs based on the symptoms they report, including, if appropriate, an appointment with a GP or Advanced Nurse Practitioner at the practice.
- There will be one doctor and one or more Advanced Nurse Practitioner based at the surgery, supported by junior staff, instead of the current arrangement of two doctors with, recently, 1.5 days a week of ANP.

5.1.3 Concerns have been expressed at the halving of GP time for the practice and the reliance on telephone triage where many patients are non-English speakers. The area has a considerable Chinese speaking community. Healthwatch would consider these changes significant. The provider should be following NHS best practice in its engagement and given the significance of the changes in provision, formally taking this change, possibly through the CCG, to the local authority scrutiny committee.

5.1.4 The PPG have been endeavouring to maintain an engagement with the provider during what have been challenging meetings. The PPG has raised concerns regarding the changes as outlined to date by the provider. Healthwatch have raised this with Central London Clinical Commissioning Group (CLCCG) and Westminster City Council.

5.1.5 The initial response from CLCCG was that it was a contractual matter, with the provider varying the contract within acceptable parameters. They are now aware that the suggested changes are significant and that the approach taken by the provider has not reflected the guidance and requirements for patient engagement. It is Healthwatch CWLs understanding that of 13th November no formal business case for change has been received by CLCCG from the provider; however, redundancy notices have been issued to GPs and change is taking place, hence the continued concern.

5.1.6 Healthwatch attended the PPG meeting of 2nd October, and raised the matter at CLCCG quality and safety committee in October. Healthwatch will be attending the Soho Square PPG meeting 15th November.

5.2 Booking emergency weekend GP appointments at the Pimlico Health at the Marven GP Practice through 111

- 5.2.1 Difficulties in booking emergency weekend appointments at the Pimlico Health at the Marven GP Practice (PHM) have been reported to Healthwatch CWL. PHM is one of the village Practices commissioned to be open at the weekend, but they now have cancelled the walk-in weekend facility and patients can only book a weekend visit during the week. The 111 team should be able to book patients in as Practice weekend booking slots were especially designed for 111. However, the 111 team had said that this was not possible as they had no access the Practice booking software.
- 5.2.2 At a recent Patient Participation Group meeting, PHM stated that it has special time slots slots for 111 for weekend appointments in cases of emergency and showed their record of this. However, a 111 supervisor for Westminster has advised that 111 are unable to book weekend appointments at PHM.
- 5.2.3 The PHM's weekend opening was commissioned to relieve A&E pressure. However, until this problem with 111 is resolved patients are not able to make use of weekend emergency appointments as they have no way of accessing these directly themselves. Non-emergency weekend appointments are only available if a patient books during the week, by phone or at reception.
- 5.2.4 Advance booking does not take into account emergency needs. PHM state that the only way to a weekend appointment at the weekend, is through 111; yet 111 say they cannot book them through their current system. Patients are being advised by 111 to see their GP, ring back or go to A&E if their condition exacerbates, they are not being offered a weekend appointment.



Healthwatch Central West London comments and questions on the North West London CCGs' Governing Body Paper: Developing further collaborative working across North West London CCGs

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to comment on the progression of NW London Collaboration of Clinical Commissioning Groups (NWL CCG) governance as set out in 'Developing further collaborative working across North West London CCGs'

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say on how decisions about what health and care services are available for them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

We know from our work that people receive better services when they can directly influence what health and care provision is available in their local area. We also know that people are better able to challenge what services are available locally if there are clear lines of accountability and routes for raising concerns with decision makers or publicly funded agencies and providers. To ensure that both can happen with regard to services provided through local Clinical Commissioning Groups (CCGs), our examination of the governance structure and routes for local accountability set out in this paper has been carried out with two overarching questions in mind:

- “Will this structure ensure that local people can play an active role in shaping health and care services available to them in their local area?” and
- “Are there clear lines of accountability within the governance structure that will enable local people to challenge and influence decisions made about what health and care services are available to them in their local area?”

Comments and questions

Joint decision-making and local accountability

The 'Developing further collaborative working across the NWL CCGs' paper sets out that service users, carers and wider communities have consistently recommended a system wide approach and a commitment to more collaborative commissioning.

However, section 2.8 also states that while this approach needs to be co-ordinated across NW London, with consistent outcomes and standards for all, actual service delivery needs to be driven by requirements coming from local populations and communities to ensure that their needs are met. This suggests that responsibility for commissioning sits at NWL CCG level but responsibility for local delivery sits at local CCG level. This creates a situation where the governing body - or joint committee, that decided how resources were to be spent in each local area are not then the body that has responsibility for the quality of delivery of commissioned services.

Whilst the intention behind the creation of this additional committee is to support integration, improve clarity of pathway and to work at STP scale, it does not however, create clear routes for accountability at a local level.

Under current requirements, CCGs are locally accountable for provision planned and commissioned by them through local authority Health and Wellbeing Boards and Scrutiny Committees. Alongside this there are requirements under NHS principles for local CCGs to demonstrate participation of, and engagement with, patients and local people. Section 4.6 of this paper also sets out that whilst decisions are considered at the NW London scale, accountability still lies at the eight CCG governing body level - individual CCGs will 'remain accountable for meeting their statutory duties and remain accountable to the eight governing bodies'.

However, the paper does not set out how local people are able to hold decision makers in the joint committee, or NWL CCG to account for services that are provided locally but commissioned at scale. It also does not set out mechanisms for how the views, and experiences of local people can influence collaborative decision-making processes across NW London.

This means that where commissioning at NWL CCG level has resulted in poor local services, there is no route set out for local people to hold the joint committee or NWL CCG to account for the decisions made. It is currently unclear how local people can hold the NWL CCG to account for poor decision making and the addition of the proposed joint committee does not provide any clarity on this.

Question 1: How will people from each local CCG area be able to influence the commissioning intentions of the joint committee?

Question 2: How can local people hold the NWL CCG, or the joint committee to account for the services they commission and that are delivered in their local area?

Question 3: How can local Health and Wellbeing Boards and Scrutiny Committees hold the joint committee, or NWL CCG to account for commissioned services delivered in their area?

Furthermore, the STP objective to make more services available in the community and to keep a focus on preventative services, sits uncomfortably next to intentions to commission at a NW London level. Figure 1a gives an indication of who will be responsible for which services and states that decision-making for community services and primary care will be made locally but decisions about out-of-hours primary care services will be made at NWL CCG level. This seemingly arbitrary distinction means that local areas will not be able to commission and deliver a seamless preventative and primary care offer based on local need.

Question 4: How are people from each local area able to influence decisions about change to local provision taken through the joint committee at the NWL CCG Governing Body level?

Question 5: How will the NWL CCG ensure that local views inform NW London-wide decisions?

Meeting in public

Section 4.3 states that “when appropriate, this joint committee would meet in public”.

Question 6: How will a decision be made about whether the joint committee will meet in public?

Question 7: Will agendas be publicly available before the joint committee meets?

Question 8: Will members of the public be able to submit questions to the joint committee?

Question 9: Will minutes be publicly available?

Pace of change

Section 1.5 states that one reason for increasing the level of decision-making powers of the NWL CCGs Governing Body is that taking decisions at each local CCG level across the eight Governing Bodies is limiting the pace of change. Whilst this may be true, by taking the time to do this, there is some surety for local people and patients that their needs, and those of their local community, have been fully considered in relation to each change proposed.

However, as the recent Choosing Wisely consultation on changes to prescriptions demonstrated, where decisions are made at NWL Collaborative level, it is harder for local communities to influence change and be properly consulted. This was an example of changes being proposed at a speed that limited opportunity for local people to have their say. In addition, there was no clear line of responsibility for the decision made, which meant that local people across the three CCG areas Healthwatch CWL covers did not feel that their voices had been heard.

Question 10: What processes are being put in place to ensure that local people in all communities across the eight CCG areas are properly consulted about proposed changes in a timely manner and with appropriate time to respond?

Question 11: How will the joint committee of the NWL CCG ensure that local people from all areas across the eight CCGs are aware of at what level decisions are being made regarding each proposed change and therefore know how, and to whom, to express any concerns?

The role of local Healthwatch in the joint committee

The suggested membership of the NW London joint committee includes the eight local CCG chairs and one Healthwatch representative. Each local Healthwatch has a remit to ensure that local people have a say on what health and care services are available in their local area, and that the services available meet local need. Given the diversity of health needs and populations across the eight boroughs, inclusion of just one Healthwatch representative needs to be reconsidered. Healthwatch representatives have a place in each Health and Wellbeing Board and report directly to local Scrutiny Committees and can therefore help with the requirement to be accountable locally.

Healthwatch CWL considers that further work is needed on clarifying governance structures, accountability routes for people from local CCG areas, and representation of local views and experiences. As a trusted and independent voice of local people, Healthwatch CWL would be happy to support and assist the CCGs in the challenge of setting out how they remain locally accountable.

Carena Rogers

Programme Manager

Carena.rogers@healthwatchcentralwestlondon.org

November 2017