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Committee Agenda

Title:	**NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**
Meeting Date:	**Thursday 16th October, 2014**
Time:	**6.00pm**
Venue:	**Rooms 6 & 7 - 17th Floor, City Hall**

Local Authority:	First Member:	Second Member:
LB Brent	Cllr Aslam Choudry	Cllr Mary Daly
LB Ealing	Cllr Theresa Byrne	Cllr Joy Morrissey
LB Hammersmith & Fulham	Cllr Rory Vaughan	(*to be confirmed*)
LB Harrow	Cllr Rekha Shah	Cllr Vina Mithani
LB Hounslow	Cllr Mel Collins	Cllr Myra Savin
RB Kensington & Chelsea	Cllr Robert Freeman	Cllr Will Pascall
LB Richmond	Cllr John Coombs	Cllr Liz Jaeger
Westminster City Council	Cllr David Harvey	Dr Sheila D'Souza

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 5.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer:
Tel: 020 7641 2802
Email: apalmer@westminster.gov.uk

Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1.	**MEMBERSHIP** To report any changes to the Membership of the meeting.	
2.	**ELECTION OF CHAIRMAN AND VICE-CHAIRMAN** To appoint a Chairman and Vice-Chairman of the Joint Health Overview and Scrutiny Committee.	**(Pages 1 - 2)**
3.	**DECLARATIONS OF INTEREST** To receive declarations by Board Members and Officers of any personal or prejudicial interests.	
4.	**MINUTES** To agree the Minutes of the meeting held on 6 August 2014.	**(Pages 3 - 10)**
5.	**TERMS OF REFERENCE** To note the Terms of Reference of the North West London Joint Health Overview & Scrutiny Committee.	**(Pages 11 - 14)**
6.	**'SHAPING A HEALTHIER FUTURE' - A&E, MATERNITY AND PAEDIATRICS UPDATE**	**(Pages 15 - 76)**
7.	**WORK PROGRAMME** To consider issues for the Committee's Work Programme.	**(Pages 77 - 78)**

Peter Large
Head of Legal & Democratic Services
8 October 2014

Joint Health Overview & Scrutiny Committee to Provide Continuing Scrutiny of the Development of 'Shaping a Healthier Future' Proposals.

Procedure for Electing Chairman and Vice-Chairman at First Meeting

The Senior Committee & Governance Officer from the host borough will lead the proceedings until a Chairman is appointed.

Chairing of the JHOSC

- There will be a Chairman and one Vice Chairman of the JHOSC.
- It is assumed that in addition to chairing meetings of the JHOSC these Members will act as a Member Steering Group for the JHOSC.

In Advance of the Meeting

- A list of nominations received prior to the meeting for Chairman and Vice Chairman will be sent (by email) the day prior to the meeting to members of the JHOSC, and copies tabled on the day of the meeting.
- The list of nominees will display name, party and their borough.
- Nominees can put themselves forward for both the position of Chairman and Vice-chairman.
- Additional nominations will be sought at the meeting.

Suggested Voting Process

- All nominations will need to be seconded to proceed to a vote.

Voting for a Chairman

- A vote (by show of hands) will be taken. The Senior Committee & Governance Officer will declare the results.

THE ELECTED CHAIR WILL BE ASKED TO LEAD THE PROCEEDINGS

Voting for a Vice Chairman

- The elected Chairman will then preside over the election of the Vice-Chairman, if required.

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DRAFT MINUTES

At a meeting of the Joint Health Overview & Scrutiny Committee (JHOSC) on Wednesday, 6 August 2014 at 10:00 am at the Council Chamber, Civic Centre, Lampton Road, Hounslow.

Present:
Councillor Mel Collins (Vice-Chair)
Councillors Theresa Byrne (LB Ealing), Aslam Choudry (LB Brent), John Coombs (LB Richmond), Sheila D'Souza (Westminster City Council), Sharon Holder (LB Hammersmith & Fulham), Joy Morrissey (LB Ealing), Wil Pascal (RB Kensington & Chelsea) and Rory Vaughan (LB Hammersmith & Fulham).

NHS Representatives:
Sarah Bellman (SaHF Programme Communications), Daniel Elkeles (Chief Officer for CWHHE Collaboration) and Dr Mark Spencer (Medical Director of Service Design and Quality)

1. Welcome and introductions

Councillor Collins, Vice-Chair in the Chair, welcomed members to the meeting at Hounslow Civic Centre.

2. Apologies for absence

Apologies were received from Councillors Mary Daly (LB Brent), David Harvey (Westminster City Council), Robert Freeman (RB Kensington & Chelsea), Liz Jaeger (LB Richmond), Vina Mithani (LB Harrow) and Rekha Shah (LB Harrow).

3. Minutes of the meeting held on 20 February 2014

The minutes of the meeting held on 20 February 2014 were agreed as an accurate record.

Matters Arising
Minute item 6 – Shaping a Healthier Future
Daniel Elkeles, Chief Officer for CWHHE Collaboration, reported that they had been asking all the hospital trusts for their business cases. Nearly all of the hospital business cases stated that new buildings would need less space and these new builds would be part funded by the selling off of existing land. West Middlesex Hospital's business case included a brand new maternity building adjacent to the new build.

Action:
Mr Elkeles would circulate a copy of the West Middlesex Hospital business case to members.

The Chair stated that both Ealing and Hounslow had growing populations, whilst health services seemed to be shrinking. He was disappointed that health authorities were not taking up the option of health provision in North-West Brentford. Selling off land seemed like a misappropriation of money.

Mr Elkeles said that they were looking at the best places to put out of hospital provision. With regard to existing facilities Mr Elkeles stated that the maternity building at Ealing Hospital was not fit for providing this type of provision.

Councillor Byrne noted that they were already facing an unknown future for Ealing maternity unit, and a great deal of money had recently been spent on refurbishing the unit. She expressed concerns that the land would be used for housing, and that, whilst housing was needed, the needs of local people were not being considered.

Dr Mark Spencer, Medical Director of Service Design and Quality, said that many changes were likely to happen earlier than originally thought, but they were convinced that they were providing a better service for patients.

In response to a query from Cllr Collins in relation to the future provision of services at Clayponds Hospital Mr Elkeles said that the business case for Ealing Hospital stated that all beds at Clayponds would move to Ealing. The NHS wished to release the Clayponds site.

The Chair suggested they bring the issue of Clayponds back to the JHOSC for further discussion. Cllr Collins said that papers presented to the Hounslow Health and Wellbeing Board setting out Hounslow CCGs future commissioning intentions had included the use of facilities at Clayponds Hospital.

Mr Elkeles said that Clayponds services were being transferred to Ealing. Some of the new Ealing Hospital facilities would be available to Hounslow residents. There was big investment taking place into community facilities in Hounslow, with a new build in Heston. In Ealing there would be new builds in Acton and Greenford.

Resolved –
Members agreed that the Clayponds Hospital closure should be discussed at a future JHOSC meeting as part of an overall review of the disposal of assets on hospital estates

4. Declarations of Interest

There were no declarations of interest.

5. Shaping a Healthier Future - Programme overview briefing

See presentation pack (Agenda item 5).

Members noted the presentation on Shaping a Healthier Future (SaHF) programme overview briefing.

In relation to the implementation of the out of hospital strategy Councillor Pascal said that recent findings from a hospital discharge working group showed that although different primary care agencies were doing a good job, there were communication issues between agencies. This was leading to some cases where patients were not getting the care or adaptations they needed at home. IT systems were still not working together to maintain patient data.

Cllr Pascal asked how far along SaHF were in enabling out of hospital services to give better results to allow more people to be looked after out of hospital. He felt that timing was an issue in relation to other hospital changes.

Dr Spencer responded that a wide range of projects were taking place and work was ongoing to integrate IT systems with ambulance services, outpatient services, A&Es, UCCs etc. They could come back with the details on what they were doing in each borough.

Dr Spencer said the big hospital changes were some years away and they were fairly

confident that out of hospital services would be in place two years before these.

Mr Elkeles reported that Kensington and the two tri-boroughs partners would be agreeing community independent services. The boroughs' three CCGs and Health and Wellbeing Boards would be signing plans off in September and new services should be in place in April. Brent had done a lot of work on STARRS[1], and other boroughs were using this as a model. They were trying to make services as consistent as possible across boroughs. Acceptance criteria and discharge policies would be much stronger if consistent.

The Chair noted that JHOSC had achieved an agreement to extend the implementation of changes from three to five years. They believed that out of hospital services must be in place before any reconfiguration of major hospitals were implemented.

Dr D'Souza asked how important GPs and providers of primary and community care were in creating the ground on which hospital changes could take place. She asked if there was a strategic view for work at this level and where the amalgamation would take place. She pointed out that a fall in the GP population would diminish their willingness to take on more responsibility for community care, which could have an impact on keeping people out of hospital.

Dr Spencer said they were aware that a significant proportion of GPs in London were nearing retirement. The small business model of practices did not fit with today's larger populations. The estate for GPs in London was very expensive. In North West London practices were coming together to do more joint working, e.g. one GP practice would be open in a locality each weekend. Some networks were very well formed and putting legal structures in place. Some GPs were moving into bigger hubs. Dr Spencer said they could provide the Committee with details on what they were expecting in each borough at a future meeting.

Mr Elkeles reported that three practices were closing in Westminster and they were working with NHS England to find provision elsewhere for patients. There was now a huge amount of investment going in to Westminster, including four new primary care units, to try to fix the problem of a previous lack of investment.

Mr Elkeles said the NHS could not prevent GPs from selling off their practices. The CCGs were working with NHS England on how to provide GP services across areas. There was a risk of conflicts of interest so they were trying to work more with lay members.

Councillor Vaughan said he shared the concerns about what was being done to ensure that particular changes at Ealing and Charing Cross Hospitals did not take place until the out of hospital service were sufficient in each borough. He stated that they had asked this question many times but had not had a satisfactory answer.

Councillor Pascal requested an update on out of hospital primary care and hospital transfer at future meetings so they could follow progress made.

Resolved –

[1] STARRS offers a range of health care, rehabilitation and reablement for patients in Brent.

It has been developed by the Trust, NHS Brent and Brent Social Services and aims to reduce hospital admissions and help reduce the length of stay of patients in hospital by continuing their care at home.

Description of service
Working across a number of organisations STARRS provides a range of services including rapid response, discharge support and rehabilitation. It also facilitates access to community health beds at Willesden Hospital and social care. Patients are referred by clinicians from one of our three hospitals or by their GP.

Members agreed that they would prioritise reviewing the delivery of the Out of Hospital Strategy in their work programme including the receipt of regular updates from health colleagues on progress with out of hospital primary care work.

6. Briefing on Accident & Emergency Unit reconfiguration

See presentation on the Accident & Emergency Unit reconfiguration (Agenda item 6).

Dr Spencer gave a presentation on assuring a safe transition for the closure of Central Middlesex and Hammersmith Hospitals Accident and Emergency Departments.

In response to a question from Councillor Byrne, Dr Spencer reported that Northwick Park Hospital would be getting twenty extra beds and would have a new A&E in October with extra staff from Central Middlesex. They were sure that Northwick would be closing less often, although it was still the most challenging hospital in North West London.

Councillor Byrne noted that travel times seemed to focus on ambulance times and not on travel times for visiting family and friends and transport between services.

Dr Spencer said they recognised the challenge faced by carers in having to travel further, but this should be balanced against patients getting better care.

Councillor Byrne advised that there had been a large amount of concern expressed on Acton and Ealing community websites about the use of the word ‘change’ rather than ‘closure’. Dr Spencer said that the user groups had wanted the word ‘change’ as most patients would continue to use the sites and people would read the posters in more detail.

Sarah Bellman, SaHF Programme Communications, confirmed that both Trusts responded to social media where they saw concerns expressed.

Mr Elkeles advised that these reconfigurations were not linked to the out of hospital strategy but to safety changes. There would be no change in bed numbers as the out of hospital changes were not yet in place.

The Chair expressed concerns about quality assurance given that the programme was not due to be completed until late August/Early September and the closures would be on 10 September. He was surprised that the public information campaign was marked for completion a month after the closures, given that such campaigns usually took place before decisions were made. Cllr Collins stated that he thought there would be an ongoing need to make sure people knew of the changes that had taken place.

Dr Spencer said it was normal to have work outstanding at this point in the programme. They would continue to review the plan and the A&E closures would not be implemented until everything was in place.

Dr Spencer advised that the public information campaign period would continue past the closure dates as they would continue educating the public about using the urgent care centres (UCCs).

The Chair noted they had previously been told that the London Ambulance Service would be receiving an increase in funding of 2.3 per cent but would be reducing operations by 19 per cent. He asked how this cut equated with an increase in funding and with the expectation that they would be providing services to six A&Es from September. He added that the London Ambulance Service had carried out surveys of average timings to and from A&E and hospitals

and agreed that the original timing in the briefing was inaccurate. He stated that, although it was only a four second difference, cumulatively it would have a greater impact when A&E numbers went from nine to five whilst the population in North West London continued to increase. Dr Spencer said that the London Ambulance Service had increased their manpower and he was assured there would be an expanded service.

In response to a question from Councillor Byrne relating to access to information from an equalities perspective, Ms Bellman said that they were carrying out equality assessments, including in Ealing. They would be providing information in easy read and in different languages. They were also working with the police so that they knew where the A&Es were and where else people could go for care. They had leafleted community and faith groups and businesses. They were also working face to face with community leaders.

Dr Spencer said they had carried out an equality impact assessment (EIA) and in summary the findings were that the poor and needy were most impacted and would benefit the most from the centralisation of services.

Councillor Byrne found this to be a sweeping statement. She said that the most vulnerable in the community were also those least likely to have personal transport to get to these services, as well as their family and friends. She asked if this had been taken into consideration. Dr Spencer responded that this had been fully covered in the EIA; there was a chapter on transport for vulnerable patients.

Mr Elkeles said that the vast majority of those using Hammersmith and Fulham A&E would be able to receive the care they required at the UCC.

Councillor Vaughan asked how they would measure whether the 10 September changes had worked. He asked what types of performance indicators they would be looking at to ensure that the message had got through. Dr Spencer responded that they had detailed patient trackers monitoring the number of people at each site and how they got there, and a centralised tracking database. They did a huge amount of monitoring in each A&E and this would continue. It included waiting times and access to diagnostics.

The Chair expressed concerns about not keeping on A&E staff for a few days after 10 September closures just in case of a major incident. He was also concerned that they would be closing the two A&Es on the same day as these were two different hospitals with different clientele.

Dr Spencer said that neither Central Middlesex nor Hammersmith were primary respondents in North West London. They did not take on major accident patients.

Mr Elkeles said that they had thought very carefully about whether to implement the closures together or separately. It was felt that if they closed one, the staffing at the other was so critical that it could not cope with patients from the other, given that it would be the closest alternative. They had chosen the timing very carefully to be the least disruptive. Mr Elkeles advised the JHOSC that in the days running up to the closure of the A&Es and through the closure process he would be chairing a telephone conference with managers and clinicians to ensure that the transition took place safely. Mr Elkeles said that if any issues arose he would be well placed as chair of this telephone conference to lead the response.

In response to a question from the Chair, Mr Elkeles explained that over 70 per cent of staff in Hammersmith and Central Middlesex A&Es were agency staff. Mr Elkeles stated that this situation was not safe and did not provide a basis for good care.

Councillor Byrne suggested that the solution to this issue would be to close one of the A&Es and move staff to the other. She stated these closures were leaving the residents of East Ealing with no A&E access between West London and Central London. In response, Dr Spencer said they had discussed the proposals in length and it had been decided that closing both A&Es at the same time had been felt to be the safest option.

At the end of the discussion Members thanked Dr Spencer, Mr Elkeles and Ms Bellman for attending the meeting. Members agreed that they would review the implementation of the A&E closures at a future meeting in the autumn.

7. NWL JHOSC - Next meeting and future arrangements

See briefing on North West London JHOSC next meeting and future arrangements (Agenda item 7).

Resolved –
Members agreed to hold a meeting in early October covering the following items:

1. Election of Chair and Vice-Chair;
2. Re-adoption of the terms of reference; and
3. Structured work programme for 2014/15.

Councillor Vaughan noted that some members were working full-time and would prefer evening meetings. He therefore suggested they alternate meetings between evening and daytime.

Councillors Pascal, Morrissey and Dr D'Souza commented that they were not in disagreement with the SaHF proposals presented to them. However, they had concerns about progress with the out of hospital and care pathway work.

Councillor Pascal requested that they receive updates on progress. He said it was not clear how changes were being achieved and to what timescales. He requested they be kept informed if any problems arose with 10 September closures and be told how these were being addressed.

Councillors Vaughan, Byrne and Choudry noted that they were not in agreement with the majority of SaHF changes.

8. Any Other Business

The Chair advised that he had two issues to bring to the committee's attention. Firstly, the Chair related to an email he had received from a Mr James Guest who was an independent lay member of both the NW London NHS Patient and Public Representative Group (PPRG) and its Transport Advisory Group (TAG). The email set out concerns about transport issues related to the SaHF programme. He noted this email would be passed on to Health colleagues.

It was noted that the email was from an individual member of TAG and was not sent on behalf of TAG.

In the email Mr Guest set out concerns he had in relation to how members of the PPRG had been engaged in the development of outline business cases relating to the proposed changes to hospital services. Mr Guest also raised a concern that issues relating to transport had been omitted from information provided to the JHOSC. This omission was ascertained from his reading of the published reports to the JHOSC.

Action:
The details of the concerns raised by Mr Guest to be circulated to the JHOSC and colleagues from the Shaping a Healthier Future Programme. Members agreed that the issue of patient and visitor transport and how this was being addressed should be added to the JHOSCs work programme. In doing so all key stakeholders input including Transport for London would be sought.

Secondly, the Chair suggested that the JHOSC should look at how the disposal of the NHS estate was taking place under the Shaping a Healthier Future reforms particularly with regard to the disposal of buildings surplus to requirement and subsequent selling of land for development. He said there was a need to ensure that such developments where utilising section 106 agreements to maximise the return for the public. Cllr Collins felt it was important to look beyond selling land for housing in a simplistic manner and attention should be given to broader community infrastructure needs. They should also be negotiating Section 106 money for affordable housing and the provision of NHS services. He expressed concerns about the NHS not receiving the full value of its assets.

Councillor Pascal commented that these sell-offs would likely be subject to planning policy and may be different between boroughs. He therefore suggested that a particular site may benefit from a combination of an NHS and local authority view.

The Chair said that the JHOSC should seek legal guidance on this issue.

Resolved –
Members agreed that the issue of estate management with a focus on the disposal of assets for redevelopment be added to the JHOSC work programme

The meeting finished at 12:03 pm.

CHAIRMAN _____ DATE _____

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North West London Joint Health Overview and Scrutiny Committee

1. Background

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) was formed by the London Boroughs of North West London at the request of NHS North West London as part of the statutory consultation process for *Shaping a Healthier Future (SaHF)*. The JHOSC held its first meeting in July 2012 and completed its review of the hospital reconfiguration consultation in November 2012 with the submission of its final report to the NHS. This submission completed the JHOSCs statutory role in the reconfiguration process[1].

In November 2013, following the final decision on the structure of the reconfiguration setting out which hospitals would be developed as major and local hospitals, the North West London Collaboration of Clinical Commissioning Groups submitted a report to the JHOSC requesting that the JHOSC continued to provide a forum where issues relating to *SaHF,* which cross borough boundaries, could be scrutinized and discussed. This was agreed by the JHOSC. The JHOSC has subsequently met on four further occasions with its last meeting held on the 6th August 2014 at Hounslow.

2. Current Status

At the 6th August 2014 meeting the JHOSC operated under provisional arrangements with Cllr Mel Collins (LB Hounslow) acting as interim Chair. At the meeting it was agreed that when the JHOSC reconvened in the autumn it would reconfirm its terms of reference and set out a work programme to reflect the business planning and implementation timeframe of the *SaHF* programme.

The rationale for reconfirming the terms of reference and agreeing a structured work programme is to provide a clear understanding for all stakeholders of the role and remit of the JHOSC. The areas of the SaHF programme that it wishes to focus on, and provide member boroughs with an indication of the timelines and resources required to ensure the JHOSC can effectively fulfil its remit. Undertaking this area of work planning is particularly relevant following the local elections which has resulted in a number of changes being made to the membership of the JHOSC.

3. Terms of Reference

Set out below are draft terms of reference that the JHOSC is asked to consider and agree. These draft terms are informed by the views of JHOSC members as expressed at meetings held between December 2013 and August 2014. The terms are also guided by the Department of Health's recently issued new guidance for health scrutiny. This guidance states that the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

[1] Local authorities are required to appoint joint scrutiny committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. When the joint scrutiny committee completes its review they can submit recommendations to the NHS body with the health service required to respond to these recommendations.

3.1 Membership
Membership of the JHOSC will be two members from each participating council. In terms of voting rights each borough will have one vote. Individual boroughs may nominate co-optees to be their second representative as a non-voting member (only elected members may vote on behalf of a borough).

As of 17 September 2014 the membership of the JHOSC consists of the following boroughs and elected members:

London Borough of:	First Member	Second Member
Brent	Cllr Aslam Choudry	Cllr Mary Daly
Ealing	Cllr Theresa Byrne	Cllr Joy Morrissey
Hammersmith & Fulham	Cllr Rory Vaughan	Alternate Member
Harrow	Cllr Rekha Shah	Cllr Vina Mithani
Hounslow	Cllr Mel Collins	Cllr Myra Savin
Kensington & Chelsea	Cllr Robert Freeman	Cllr Wil Pascall
Richmond	Cllr John Coombs	Cllr Liz Jaeger
Westminster City Council	Cllr David Harvey	Dr Sheila D'Souza

3.2 Quorum
The committee will require at least six members in attendance to be quorate.

3.3 Chair and Vice Chair

The JHOSC will elect its own chair and vice chair.

Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

3.4 Duration
The planned implementation timeframe for *SaHF* runs up to 2018. It is proposed that the JHOSC operates alongside the implementation programme up to 2018 with its duration expanded should the SaHF programme run beyond this date.

It is important the JHOSC operates on the basis of being able to contribute to the effective scrutiny of cross-borough issues relating to SaHF and provides a forum for cross borough engagement and consultation between its member local authorities, and health service commissioners and providers. As such, it is proposed that the committee will also hold an annual review in May each year, or as soon as practical thereafter, where it will consider and decide whether there is a need for the JHOSC to continue or whether it has fulfilled its remit and should terminate earlier than 2018. This would not preclude individual local authorities from giving notice at the JHOSC annual meeting of their intention to withdraw from the JHOSC. Should there be any proposals for a JHOSC beyond this date, this would be considered by each participating authority in line with its own constitution and policies.

3.5 Remit of the JHOSC
In recognition of the decision of the JHOSC at the November 2012 meeting the committee's remit will be based on performing the following functions:

1. To scrutinise the 'Shaping a Healthier Future' reconfiguration of health services in North West London; in particular the implementation plans and actions by the North West London Collaboration of Clinical Commissioning Groups (NWL CCGs), focussing on aspects with cross borough implications.

2. To make recommendations to NWL CCGs, NHS England, or any other appropriate outside body in relation to the 'Shaping a Healthier Future' plans for North West London; and to monitor the outcomes of these recommendations where appropriate.

3. To require the provision of information from, and attendance before the committee by, any such person or organisation under a statutory duty to comply with the scrutiny function of health services in North West London.

The stated purpose of the JHOSC is to consider issues with cross-borough implications arising as a result of the Shaping a Healthier Future reconfiguration of health services, taking a wider view across North West London than might normally be taken by individual Local Authorities.

At each annual meeting the JHOSC will develop, in consultation with the North West London Collaboration of Clinical Commissioning Groups, a work programme for the forthcoming municipal year based upon their agreed remit.

Individual local authority members of the JHOSC will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future'). Participation in the JHOSC will not preclude any scrutiny or right of response by individual boroughs.

In particular, and for the sake of clarity, as the JHOSC is a discretionary joint committee is not appointed for and nor does it have delegated to the functions or powers of the local authorities, either individually or jointly, under Section 23(9) of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

This means that in accordance with the Regulations and subsequent non-statutory guidance the power of referral to the Secretary of State is not delegated to the JHOSC but retained by individual boroughs.

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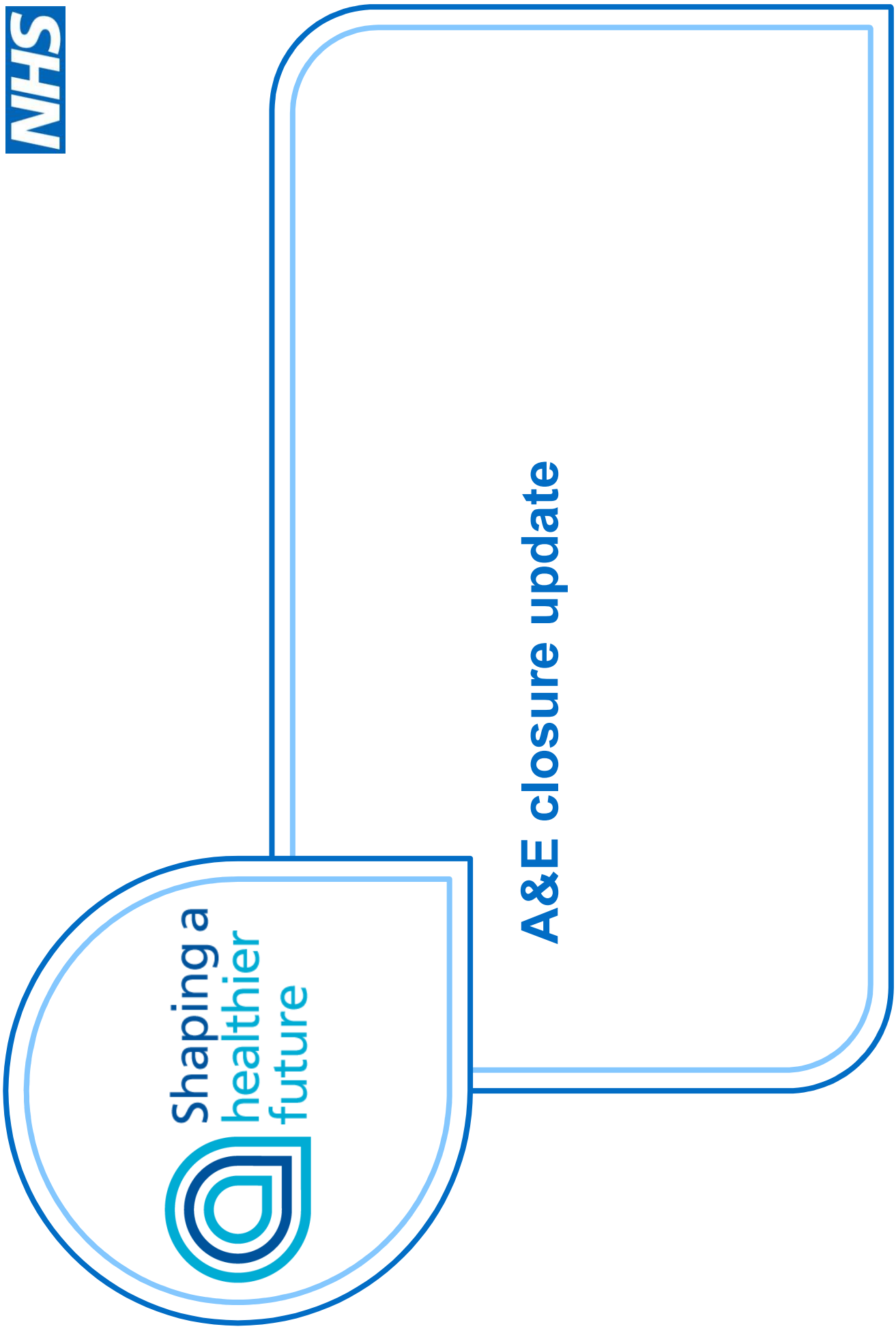

NHS
A&E closure update
Shaping a healthier future

A+E Performance across London

By quarter:

2014-15	Q1 (April- June)	Q2 (July- Sept)
North West London Trusts	96.25%	95.91%
North East London Trusts	94.57%	94.76
South London Trusts	93.82%	94.31%

Last 5 weeks sitrep for NW London:

	07/09/14	14/09/14	21/09/14	28/09/14
North West London Trusts	94.76%	94.52%	94.36%	95.02%

System Monitoring Quality Indicators – A & E Closures

Care setting	#	Indicator
LAS	1	LAS conveyance to A&E
	2	% LAS arrival to handover < 30 mins
	3	% LAS arrival to handover < 60 mins
	4	LAS blue lights to A&E
	5	LAS conveyance to UCC
	6	LAS conveyance to UCC triaged to A&E
	7	LAS conveyance to UCC refused
UCC	8	UCC SUIs
	9	UCC incidents
	10	UCC attendances
	11	UCC 4 hour performance
	12	% of UCC patient transferred to A&E on triage
	13	% of patients using single point of access (where offered)
	14	% of UCC patient transferred to A&E within 60 minutes
A&E	15	A&E SUIs
	16	A&E Incidents
	17	All A&E Type attendance
	18	Type 1 A&E attendance
	19	All type A&E - 4 hour performance
	20	Type 1 - 4 hour performance
	21	Treat & transfer
	22	Transfer to ITU
	23	12 hour trolley wait
	24	Friends & Family test score
	25	Unfilled A&E rotas
Ward & ICU	26	Emergency admissions
	27	% of beds occupied by medically fit for discharge
	28	DTOC (% of available bed days lost)
	29	Bed balance
	30	Bed occupancy
	31	Level 2/3 occupancy
	32	Non surgical LOS
	33	18 week RTT - admitted
	34	Critical Care transfers (clinical)
	35	Critical Care transfers (capacity)

Care setting	#	Indicator
LAS	36	LAS category A response time performance (8 mins)

Shaping a healthier future

NHS

Planned transition for maternity and inter-dependent services from Ealing Hospital

Purpose

The purpose of this paper is to set out the rationale for implementing the Shaping a healthier future (SaHF) proposals for maternity and inter-dependent services in a planned way next year.

Commissioners and providers as part of the SaHF programme are now at a critical stage in implementation planning where there is an increasing need to address the challenges facing inpatient and other inter-dependent services at Ealing Hospital.

This presentation summarises:

- the clinical case for change for acting now on these services
- the key factors that need to be considered and activities that need to take place for decision making
- The proposed decision making and assurance process for the service transitions - highlighting the decisions that Ealing CCG Governing Body were asked to make as part of this

Case for change

Background and original SaHF proposals for maternity and paediatrics

Why services need to change – as outlined in the original SaHF Decision Making Business Case

Maternity

- There is an increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics in order to reduce maternal mortality and poor outcomes.
- This could be done by consolidating obstetrics into a smaller number of units with more consultant cover on the labour ward.

Paediatrics

- Some children can be provided care at home or on an ambulatory setting as appropriate.
- Staffing levels are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels.
- For high quality care, units need to be staffed properly. This could be done by concentrating emergency paediatric care and neonatal care into a smaller number of units.

Working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, SaHF developed a set of proposals in 2012 that aimed at transforming the way healthcare is delivered for people in North West London (NWL).

Inpatient maternity and paediatrics will be consolidated across fewer sites in NWL

The SaHF programme, led by local clinicians, proposed changes to services in NWL that would safeguard high quality care and services for the local population. This included:

1. Consolidation of **maternity and neonatal services** from seven to six sites to provide comprehensive obstetric and midwife-led delivery care and neonatal care.

2. Consolidation of **paediatric inpatient services** from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay /ambulatory facilities.

The key trusts for these services would be Chelsea and Westminster, Hillingdon, London North West Healthcare Trust, Imperial and West Middlesex

The Joint Committee of Primary Care Trusts decision was reviewed by the Independent Reconfiguration Panel (IRP) on 13 September 2013, who made the following recommendations relevant to the transition of maternity services:

"Commissioners and providers of acute hospital services across north west London must ensure that changes required to secure safety and quality for patients are made without delay."

"Maternity and paediatric inpatient services should be concentrated on the sites identified by Shaping a Healthier Future."

"The NHS's implementation programme must demonstrate that, before each substantial change, the capacity required will be available and safe transition will be assured."

The Secretary of State accepted the recommendations of the IRP in his statement to Parliament in October 2013.

SaHF has mobilised its governance structures to plan for implementation of the proposals.

- **No decision has been made on the timing of the transition of maternity services**.
- However, on 19th March 2014, **Ealing CCG Governing Body made a decision to invest in contingency plans** for the transition of maternity and neonatal services from Ealing Hospital by 2015.
- This was in response to **concerns raised by Ealing Hospital to the Medical Director of NHS England (London region**) highlighting the issue of a reduction in deliveries for the Trust.
- Ealing CCG Governing Body agreed to meet again to discuss the issue **in Autumn 2014**.

This following section examines the developments since March 2014 and the recommended course of action to ensure continuing patient safety for the residents of Ealing.

Shaping a healthier future

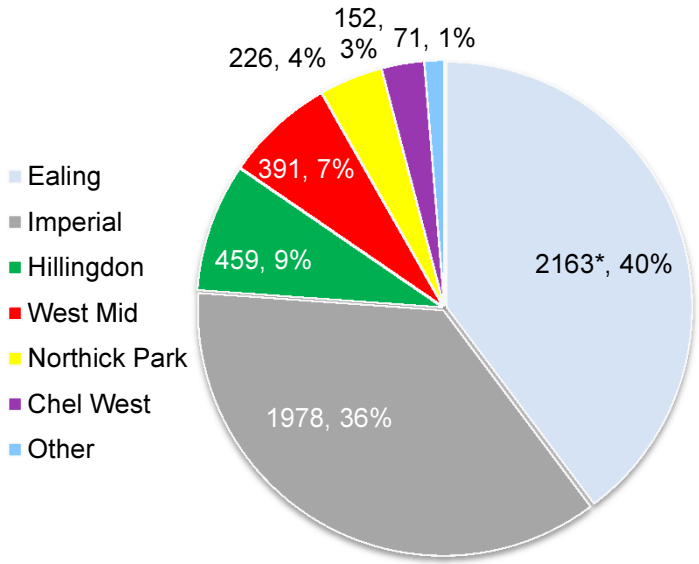
Challenges facing Ealing Hospital maternity services

The challenges facing Ealing Hospital in the year ahead are significant

1. **Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward**
2. **Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London**
3. **Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs**
4. **Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15**
5. **There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service**

59% of Ealing residents already give birth in the five receiving Trusts in NWL

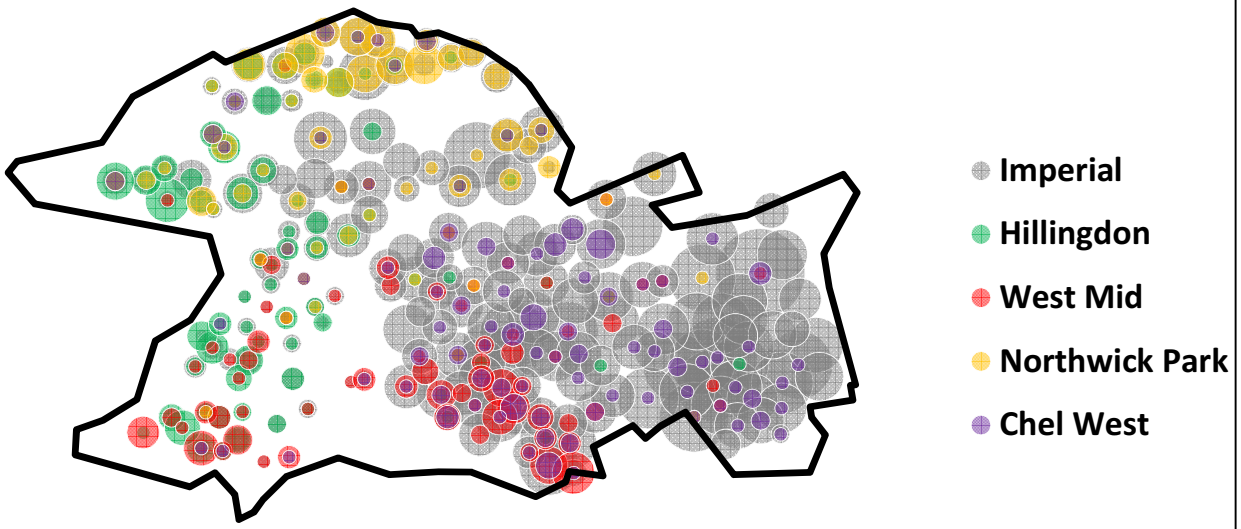
2013/14 birth activity for Ealing residents, by Trust



This transition will build on a trend already underway across the geographical area

2013/14 Ealing CCG deliveries and recorded residence of mother

Bubble size represents the number of deliveries recorded in each area



** Ealing hospital performed 2,407 deliveries in 2013/14. 244 of these were for practices in neighbouring CCGs that border Ealing. Ealing hospital delivered 2,163 babies for women registered with Ealing practices.*

Shaping a healthier future

Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward

- Because of the cost–inefficiencies of a small unit with a falling number of deliveries it has needed substantial financial subsidy.
- All other Trusts in NWL have achieved extended consultant presence in line with London Quality Standards (LQS) faster than expected. Therefore women accessing services at Ealing Hospital will become increasingly disadvantaged compared to women delivering at other units in NWL.
- The implication here is that the quality of care received by women accessing maternity services at Ealing Hospital is not as high as the quality of care received at other Trusts in NWL despite investment

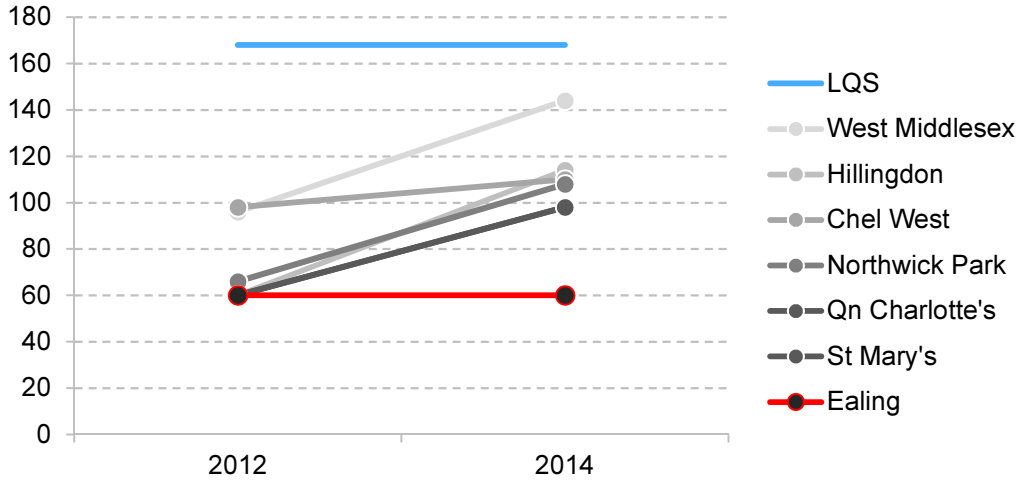


Figure 1: Number of hours of consultant presence on labour ward 2012-2014 by each Trust in NW London

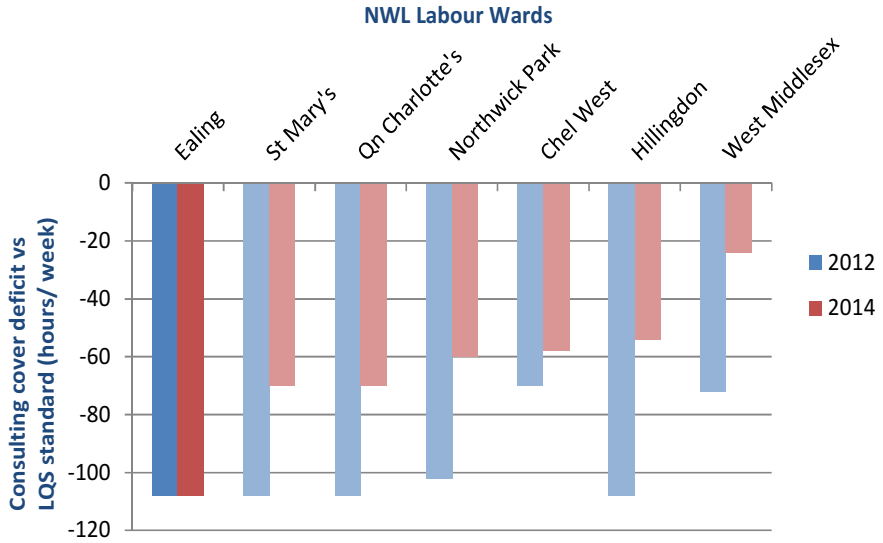


Figure 2: Improvement in consultant cover (hrs/week) *vs* LQS benchmark (168 hrs/week) on labour wards in NWL (Collected from Trusts as of August 2014)

Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London

- This drop in activity is the most significant across all Trusts in NWL from 12/13 to 13/14 (12% compared to average of 4% for all Trusts in NWL)
- This has resulted in Ealing CCG having to invest significant unplanned supplementary funding (due to the reduced income) to ensure it continues to deliver a safe maternity service for the residents of Ealing
  - £2.6 m in 2013/14 and £1.9 m committed for the first three quarters in 2014/15.
- In addition, this drop in delivery activity could impact on the ability of trainees to acquire the necessary skills and experience, thereby jeopardising their ability to fulfil curricular requirements, as identified by Health Education North West London (HE NWL).
- Collectively, any further sustained drop in activity levels in deliveries and neonatal activity may lead to the withdrawal of trainees by HE NWL, compromising the safety of the service.

Figure 5: Annual birth activity in each hospital in NW London in 2013/14

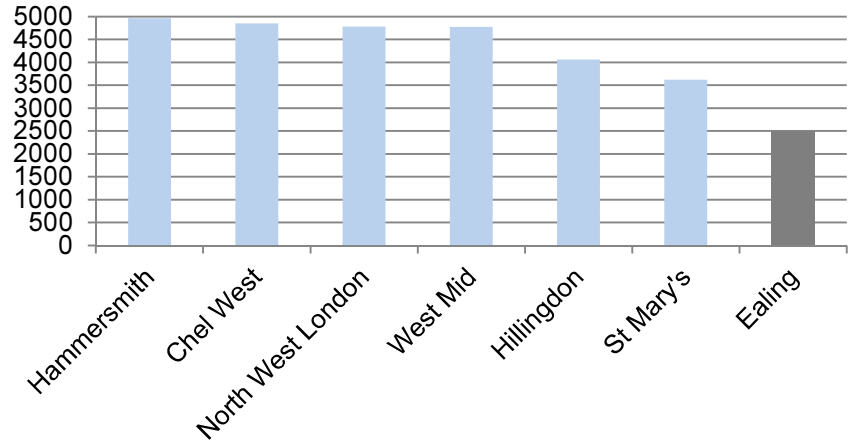
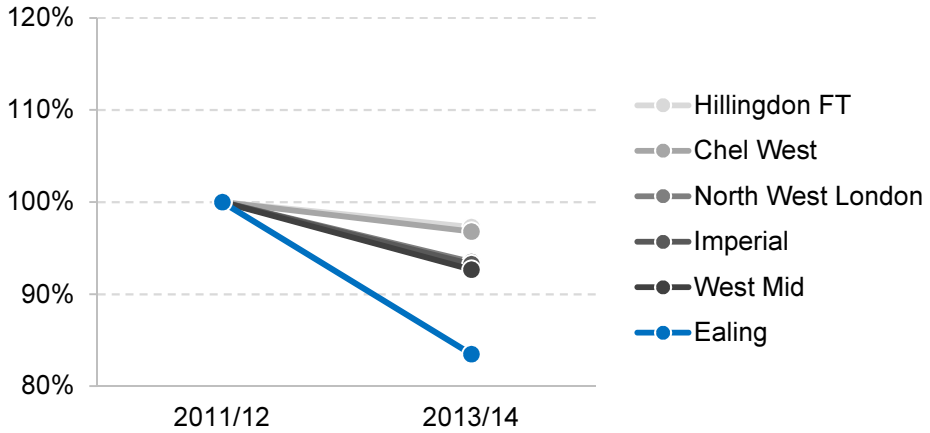


Figure 6: Average % change in birth activity across all Trusts in NW London from 2011/12 – 2013/14



From a purely training perspective, Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs

- Ealing Hospital has generally been rated ‘less good’ than other NW London training locations for obstetrics and gynaecology for their overall experience and training.
- They would require significant investment in obstetric consultant numbers to support training needs, and would need to ensure sufficient clinical experience to enable trainees to cover the requirements of the obstetric curriculum - this is not feasible for the current/future levels of activity.
- The low levels of neonatal activity at Ealing Hospital are already impacting on the training experience.

It is likely to be increasingly difficult to attract and retain maternity staff

- There is evidence that staff working at Ealing Hospital are already making enquiries about vacancies in receiving Trusts
- Any de-stabilisation of staff will present a real safety threat to Ealing Hospital
- Midwives and neonatal nurses are in short supply so even if funding could be found for additional staff, there is a risk that there would not be sufficient staff available to recruit. This would necessitate an over-reliance on temporary / locum staff which is not desirable in terms of either quality of service or patient experience. As a result, the risk of unplanned change due to workforce shortages will increase.

Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15

- Ealing Hospital has already received £1.9m supplementary funding to ensure it continues to deliver a safe maternity service for the residents of Ealing for 2014/15.
- The introduction in 2014/15 of the Better Care Fund, transfer of funding to councils and the need to use any additional investment funding to develop new out of hospital services, mean that **continued investment in the maternity service at these levels until 2017/18 is not sustainable.**

There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

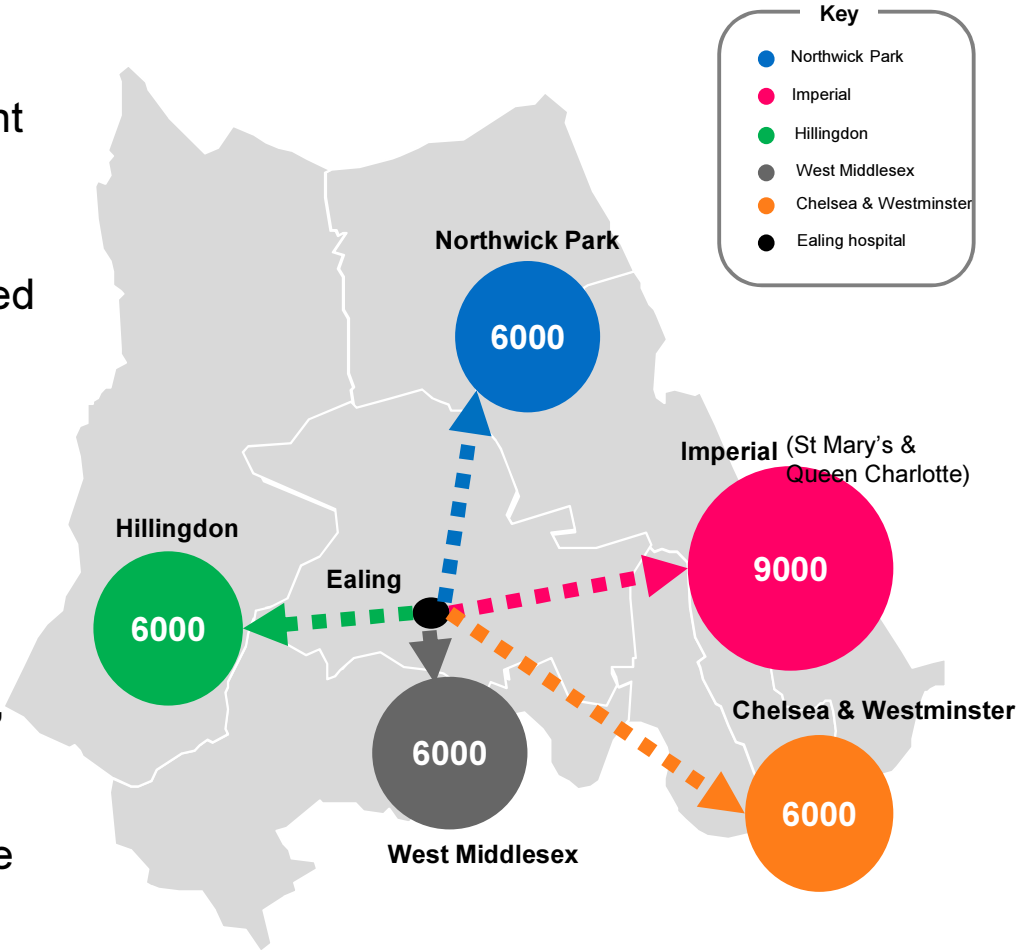
- Collectively, the challenges outlined mean that while doing nothing is still an option, it is one that presents significant and increasing risk to the public. The transition needs to be implemented in a planned manner.
- Providing additional funding is the only feasible solution to keep services running and this will not address all of the clinical safety issues.
- **The current view of the SaHF Clinical Board and Implementation Programme Board is therefore that the optimal solution should be to implement the transition of maternity services from Ealing Hospital as soon as practicable**.
- This will:
  - Create certainty and clarity for staff and women.
  - Enable Ealing residents to access better quality care.

Shaping a healthier future

The proposed model of care for maternity services

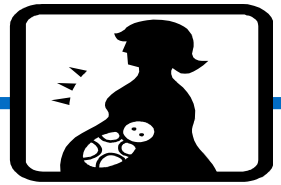
SaHF are committed to continuing the provision of maternity services in the Ealing community

- The transition of the Ealing Hospital in-patient maternity services does not mean that outpatient maternity services will no longer be available in Ealing.
- The model of care for maternity services is based on ensuring women have **access, choice and continuity of care** in their local area.
- Maternity Services will be delivered by the five receiving Trusts and they will **provide routine antenatal and postnatal care in the Ealing borough.**
- Each site will provide the full range of antenatal, birth and postnatal care for women and their families including scheduled and unscheduled care, outpatient, inpatient, community and home based services.



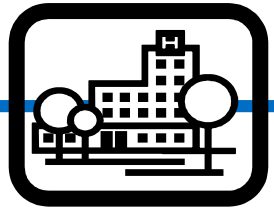
Maximum annual birth capacity all maternity units in NWL are planning for by 2017/18

The proposed model of care for promotes access, choice and continuity of care for Ealing women



Women

- Can choose their top three preferences for delivery unit from six choices in NWL
- Can choose to receive their antenatal and postnatal care either in the community or at the receiving trust site.
- Women on a low risk pathway will need to travel to their receiving trust for scanning appointments for their two scans (the first scan will be combined with their first visit to the unit)
- Women on an intermediate or high risk pathway will need to travel to their host provider for specialist input as required

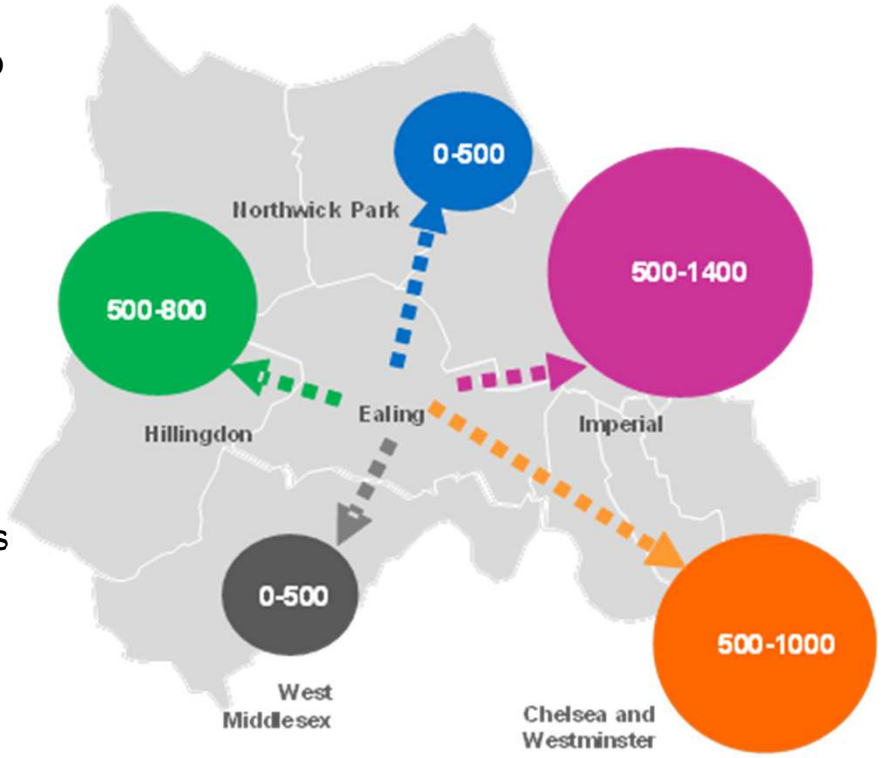


Receiving Trusts

- Will agree a revised geographical area for provision of antenatal and postnatal care to maintain provision of care locally in Ealing
- Will offer women a choice of where to receive their antenatal and postnatal care depending on ongoing assessment of their clinical/social risk and needs.
- Will also work out of the Ealing Hospital Community Hub or Ealing Children's Centres to deliver:
  - Antenatal care (including booking appointment & phlebotomy)
  - Postnatal care
  - Parent education classes
  - Breastfeeding clinics
- Will offer scanning services at the host provider site (the first scan to be combined with first visit).
- Will continue effective local services where appropriate e.g. diabetes clinic

Receiving Trusts in NWL have made significant progress in expanding their maternity and neonatal capacity by 2015

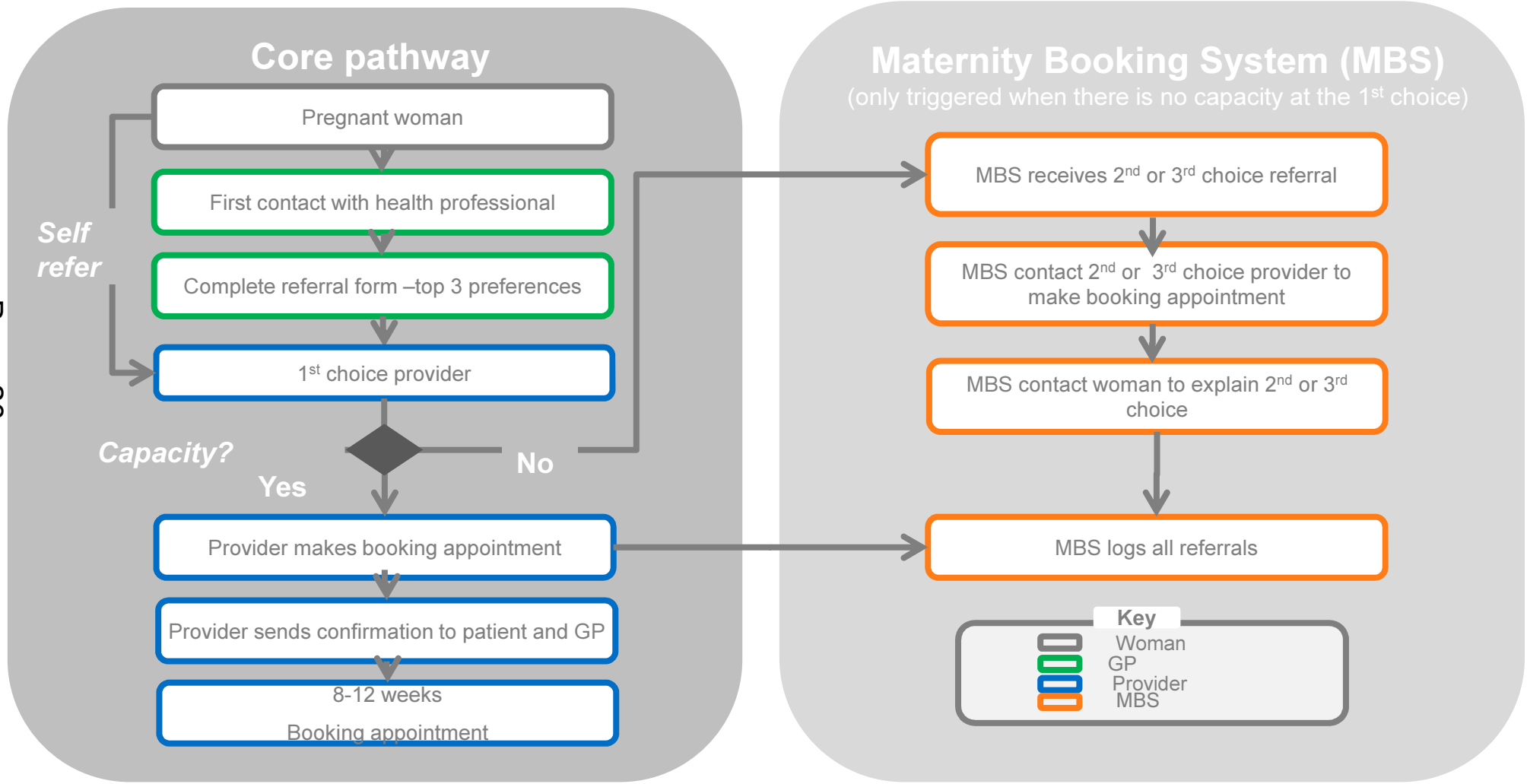
- **Hillingdon hospital** is refurbishing its maternity unit to allow for up to 800 additional births per year.
- **Chelsea and Westminster Hospital** opened its new Alongside Midwifery Led Unit in February 2014 with capacity for an additional 1000 births per year.
- **St Mary's Hospital and Queen Charlotte's Hospital** (part of Imperial College Healthcare Trust) have the capacity for between 500 and 1400 births across both sites without the need for any changes to their physical infrastructure.
- **Northwick Park Hospital** has capacity for an additional 500 births without the need for any changes to their physical infrastructure.
- **West Middlesex University Hospital** is on track to build a new maternity unit to handle up to 500 additional births per year.



Summary of the range of additional capacity that can be absorbed at each of the receiving Trusts in NWL by 2015

By March 2015, there will be more than enough physical capacity at each of the receiving Trusts to accommodate the transition of activity from Ealing Hospital.

A Maternity Booking System in NWL will promote choice and manage demand and capacity during transition



There are already women across NWL that do not get their first choice provider, MBS aims to provide a better service for those women by providing dedicated support.

Interdependencies with other services

Interdependencies between maternity and other services at Ealing Hospital

The SaHF Clinical Board have reviewed all maternity interdependent services at Ealing Hospital and confirmed that the following services are critically interdependent:

1. **Neonatal service** – Maternity units must have a 24/7 Neonatal unit
2. **Gynaecology service** - *emergency/ in-patient gynaecology* at Ealing Hospital needs to move due to the shared staffing for obstetrics and gynaecology. **Day-case and outpatient care will be retained at Ealing Hospital**
3. **Paediatrics service** – due to shared paediatric-neonatology staffing, *paediatric in-patient* services are not sustainable at Ealing Hospital for more than three months after the transition of maternity/ neonatology.

The SaHF Clinical Board have confirmed that the impact on all other services at Ealing Hospital is not material and therefore they can be safely retained – this includes the ability for Ealing hospital to retain its A&E department.

All of the critical inter-dependencies must be fully investigated and understood before any decision on the relative timings of service transition can be taken

Any decision around the timing of the maternity and neonatal transition must also include a decision on the timing for paediatrics and gynaecology

Shaping a healthier future

Proposed model of care for gynaecology

There is a clear inter-dependency between maternity and gynaecology services at Ealing Hospital

- The current clinical opinion is that emergency/ in-patient gynaecology at Ealing Hospital needs to move to alternative sites simultaneously with (or soon after) maternity transition due to the shared staffing for obstetrics and gynaecology.
- Day-case and outpatient care will be retained at Ealing Hospital and the staffing for this will be facilitated via the recent merger between Ealing Hospital and North West London Trust (now called London North West Healthcare Trust)
- Further work is required to understand the agreed gynaecology model to be retained at Ealing Hospital and the impact this will have for staff and trainees at Ealing and therefore the wider trainee rotations elsewhere in the system in NWL.

Shaping a healthier future

Proposed model of care for paediatrics

Proposed model of care for post-transition paediatric services

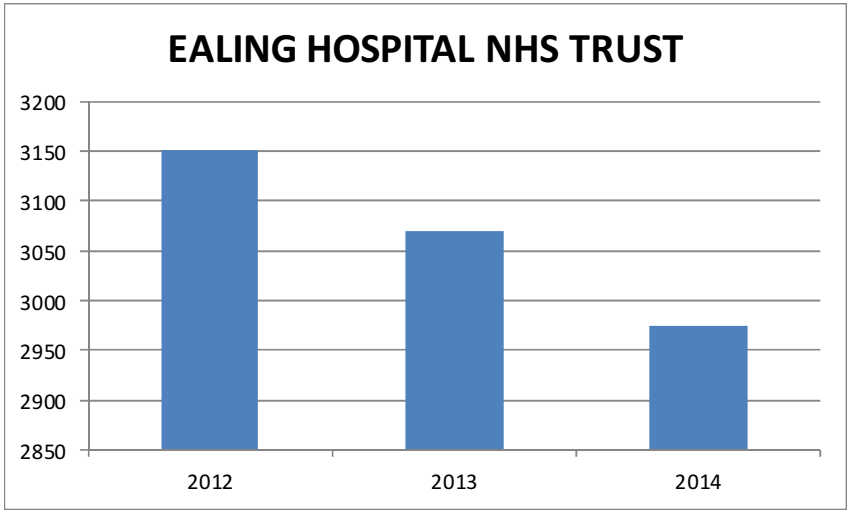
Retained at Ealing Local Hospital	Provided in a community setting
Non-emergency paediatric services Including out-patients and day-cases (but not elective surgical day-cases).	**Paediatric rapid access clinics** Consultant-led out-patient services provided from up to three local hubs.
Rapid access clinics Including repatriated emergency care from the other providers which requires ongoing ambulation	
UCC UCC located on Ealing Hospital site will continue to provide services for paediatric patients.	

Initial analysis has shown that the proportion of impacted paediatric activity is expected to be small

Paediatric inpatient activity at Ealing Hospital is at the lowest level in three years. When considered with the low levels of neonatal activity at the Ealing Hospital site, this could in future impact on the training experience at Ealing Hospital if activity continued to decrease

Out of the total paediatric activity at Ealing Hospital in 2013/14 – 71% stays and 29% will need to transition.

Initial analysis of paediatric inpatient capacity at the receiving sites in NWL suggests there is more than sufficient capacity to accommodate the transfer of inpatient paediatric activity from Ealing



Summary of annual paediatric admissions at Ealing Hospital from 2012 to 2014

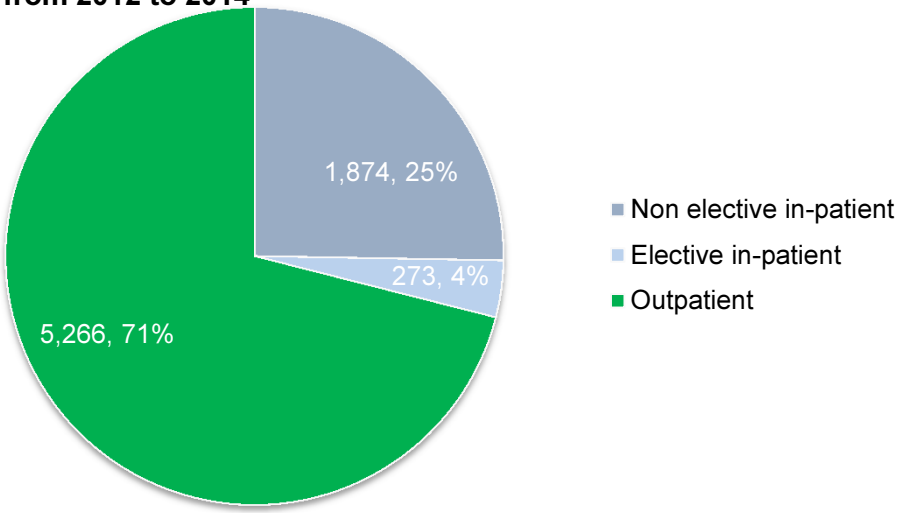


Figure: 2013/14 paediatric activity at Ealing Hospital split by non-elective inpatient, elective inpatient and outpatient activity (including day case activity).

Shaping a healthier future

Decision making process

More work is needed to inform a decision on the timing of the inpatient maternity* and paediatrics transition

However, some inferences can be drawn from the current evidence:

Inpatient maternity*

- There is increasing evidence that transition of these services should take place as early as practicable i.e. as soon as there is availability of sufficient workforce and physical capacity.
- Receiving Trusts have confirmed there will be sufficient physical capacity at all of the receiving Trusts by the start of March 2015.

** Includes inpatient neonatal and gynaecology*

Inpatient paediatrics

- In the opinion of the lead paediatricians, the transition of paediatric inpatient activity should follow the maternity transition by no more than three months.
- This avoids the destabilisation of the paediatric workforce (both in terms of disrupted training rotations and Ealing's ability to recruit and retain high quality staff).
- The period of peak activity (March – May) should be avoided, therefore if maternity transitions in March 2015, paediatric inpatient activity could transition from June 2015.

What do we need to consider in decision making?

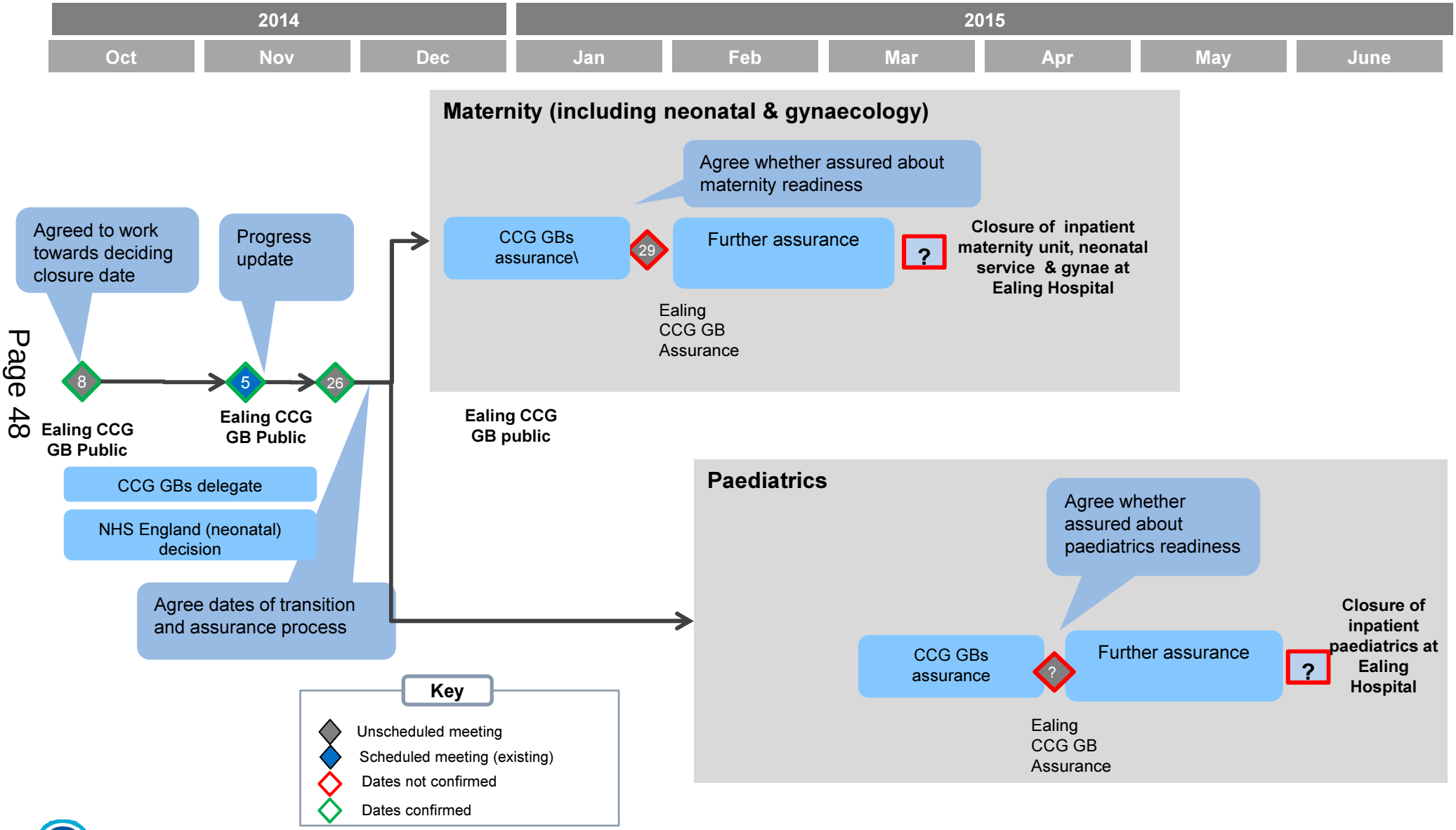
The CCG will need assurances of the following prior to any move:

- **Clinical Quality** - Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
- **Operational and Capacity Planning** - Is the capacity available at receiving Trusts and out of hospital sites with agreed operational policies?
- **Workforce** - Is a suitably capable workforce in place for a safe transition?
- **Communications and Engagement** - Has there been sufficient, patient and public engagement and is there a plan for this to continue?
- **Travel** - Have travel implications as a result of the transition been identified and addressed?
- **Equalities** - Have equality implications as a result of the reconfiguration been identified and addressed?
- **Finance** - Has due consideration been given to activity and financial implications of transition?
- **EPRR Planning** - Have statutory duties to prepare for responding to major incidents and ensuring continuity of priority services been satisfied?
- **System Assurance** - Have all affected organisations understood the change and are prepared to manage the transition?
- **Risk of delay** - Have the risks of delay been addressed?

Principles of the decision making process

- CCG Governing Bodies will be **asked to delegate to Ealing CCG Governing Body** the decision of the timing of the transition of Maternity and inter-dependent services from Ealing Hospital
- **Trust Boards for sending and receiving sites will need to consider readiness of their organisation for change** as part of the overall implementation process but do not have a formal role in this decision making process
- A **mechanism will be put in place to enable representatives from all CCG Governing Bodies to consider assurance materials** and enable a formal request that Ealing CCG Governing Body should reconsider any decision should significant concerns / risks be identified prior to closure.
- NHS England is the commissioner for Specialist Neonatal Care Services at Ealing Hospital.
  - Anne Rainsberry (as the Regional Director for NHS England, London region) will take a separate decision about the future of the neonatal service at the appropriate time

Proposed high level process to agree timing of service transitions



Key milestones in the decision making process for the optimal timing for transition

- **6th October 2014:** Information around the potential timescales for services transitioning from Ealing Hospital will become public. Letters sent to women directly with phone line and all key stakeholders across NWL informed via briefings/letters.
- **8th October:** Ealing CCG Governing Body meeting in public which agreed there is a need to make a decision on timing and the process by which this should be made.
- **From 14th September– 4th November 2014:** CCGs in NWL will hold Governing Body meetings to consider the issue of delegation of decision making to Ealing CCG GB for the service transitions at Ealing Hospital .
- **23rd October 2014:** the SaHF Clinical Board will review the detailed clinical model and transition plan for maternity and interdependent services at Ealing Hospital. This will feed into the SaHF Implementation Programme Board on 30th October, where a recommendation on the timing for transition plans will be made to Ealing CCG Governing Body.
- **5th November 2014:** Ealing CCG GB (and other CCG Governing Body members that wish to take part) will review the information received to date (clinical model, business plans, workforce plans, implementation plans, Trust assurances, communications plans etc) and assess any additional requirements for the decision making meeting on 26th November.
- **26th November 2014**: Ealing CCG GB (having secured delegated decision making authority from all CCGs) will make a decision around the optimal timing for the transition of maternity and interdependent services from Ealing Hospital. NHS England will make a decision about the timing of transition for neonatal services.

Shaping a healthier future

Communications

We want to be open and transparent in our communications and engagement with the public and key stakeholders

Our overall objective is to ensure that clinical safety for patients in Ealing is maintained and subsequently improved. From a communications perspective, this will require a focus on:

1. Ensuring women are aware of their choices for accessing equitable maternity, neonatal and gynaecology services in NWL
2. Ensuring parents/carers are aware of the paediatric services available within the Ealing borough, in Ealing Hospital and across NWL
3. Ensuring GPs and other key clinicians are kept fully informed of the changes and on the key messages to provide clarity and reassurance to their patients during transition.

Specifically, the SaHF programme will seek to:

- Provide clarity to women who are already booked to deliver at Ealing Hospital on next steps.
- Put in place a communications campaign to prevent unplanned delivery, emergency gynaecology and paediatrics emergency attendances Ealing Hospital following transitions.
- Provide information and increase understanding for the clinical rationale and the case for change amongst key stakeholders and the public.
- Engage with GPs to provide up to date information and key messages about the changes to provide reassurances for their patients.
- Ensure that additional engagement is undertaken to reach all women, parents and carers, including protected and vulnerable groups.

We are contacting key stakeholders to keep them informed

Women already booked at Ealing for a delivery

- We have written to all women currently booked at Ealing Hospital to inform them that a decision on the timing for the transition of maternity services from Ealing Hospital will be made by late November and that the unit may close as early as March 2015.
- Women have been reassured that the unit is of a high quality and provides a safe service.
- There will be a dedicated number for women to call to speak to a midwife at Ealing Hospital to discuss any questions or concerns they may have about the changes.
- We have assured women that they do not to take any action or change their existing bookings.

Pro-active communications with parents/carers

As most patients impacted by the timing of the inpatient paediatrics and gynaecology transition are not on a planned pathway and the potential timeframe for paediatrics transition could stretch as far as the following Autumn, pro-active and targeted communications with these groups will not take place until a decision on the timing takes place.

GPs in Ealing

GPs in Ealing have been written to with information regarding the proposed changes and the presence of the helpline at Ealing.

External Stakeholders e.g. London Borough of Ealing

We have written to external stakeholders with an interest in this matter to notify them of the proposed changes

Shaping a healthier future

Conclusion and summary of recommendations

Summary

- Collectively, the challenges outlined mean that while doing nothing is still an option, it is one that presents significant and increasing risk to the public.
- The current view of SaHF Clinical Board and Implementation Programme Board is that it would be in the best interests of Ealing residents to make these changes as soon as is practicable and that there is a need to reach a decision on the timing of the maternity and inter-dependent service transitions from Ealing Hospital by late November 2014.
- Further work is required before all the evidence needed to support decision-making is in place
- A review of the evidence will go to the next Ealing CCG Governing Body for review on 5th November 2014.

Immediate priorities for the next four weeks

- **Launch dedicated phone line run by midwives** at Ealing Hospital to respond to any questions from women currently booked at the hospital, new women planning to book at Ealing and GPs
- **Launch SaHF general enquiries number** to answer general questions about the service transitions.
- Collect information from women booked at Ealing Hospital and new women planning to book on **their preferences for their delivery unit** via the Ealing Hospital phone line and via Ealing midwives at the woman's booking and antenatal appointments.
- Monitor demand and capacity for bookings and deliveries at all hospitals in NWL at the weekly Operations Executive meeting (attended by Chief Operating Officers from all Trusts in NWL)
- **Implement the Maternity Booking System** to monitor and manage referrals from women in NWL
- **Launch programme of targeted communications and engagement** with women, parents and carers, including protected and vulnerable groups around the service transitions.
- Continue to **engage with staff at Ealing** on the changes and the implications for them via face to face briefings and letters.
- Continue to **engage with all other key stakeholders** via meetings, briefings, letters etc
- Continue to **develop and refine plans for the transition** of maternity and interdependent services via SaHF Clinical Groups, Trusts Boards, CCG Governing Bodies and other relevant forums.

Travel Advisory Group (TAG) Update

Travel Advisory Group (TAG) Patient Surveys

Patient Surveys

- All patient travel surveys have been completed and the reports provided to the Trusts
- Each Trust is now considering what further travel surveys are required. North West London Hospitals Trust, West Middlesex University Hospital (WMUH) and Imperial Hospitals Trust are considering more detailed work to understand patient flows around specific services & implications to travel plans.

Survey results

- Each of the outer NW London hospitals has an overwhelmingly discrete catchment area,
- An unexpectedly high percentage of the patients and visitors surveyed are accessing Northwick Park Hospital, WMUH & the Hillingdon Hospitals by car, which appears to be an indication of public transport deficiencies
- A higher percentage of patients and visitors access Ealing Hospital by bus than those who access the other Outer London hospitals.

TAG support to A&E Closures at Hammersmith Hospital (HH) and Central Middlesex Hospital (CMH) A&E

- All measures required to ensure smooth transition for travel to alternative sites following the closure of CMH and HH A&E units are now in place
- Mapping, signposting and website information were completed by 10 September
- Longer term work continues to secure better alignment of Transport for London bus services to meet patient, visitor and staff travel needs.

Engagement with Transport for London (TfL)

- Key meeting has been held, with the TfL Bus Network Development team
- TfL Network Development reviewed the results of the Patient and Visitor surveys. TfL are continuing to analyse this in relation to their demand modelling to evaluate changes to bus services in North West London
- No immediate changes are envisaged which would provide more direct services to hospital sites.
- A short extension to route 395 will soon offer improved connections from North Greenford to Northwick Park Hospital via Harrow Bus Station.

Patient Transport Services (PTS)

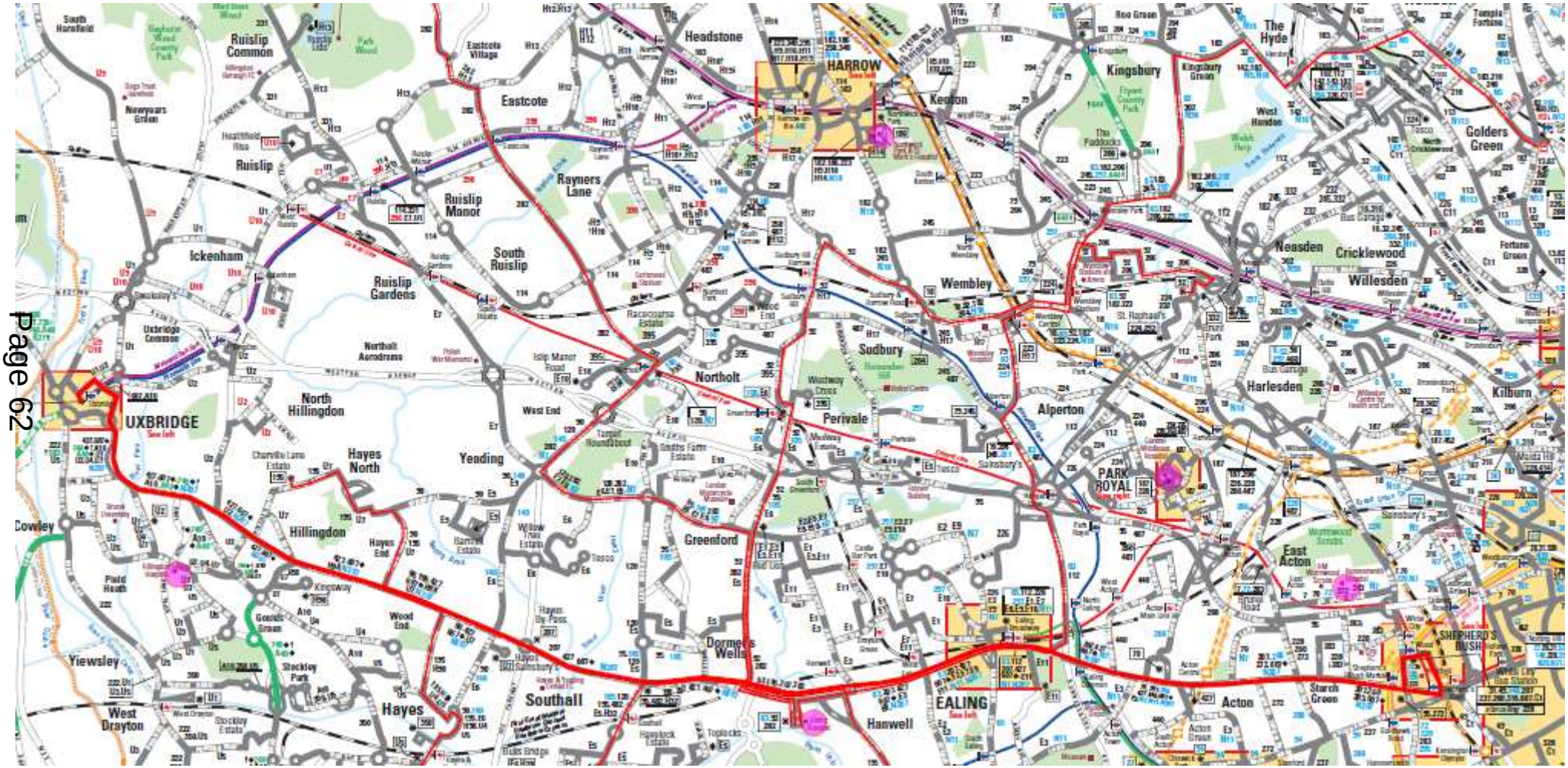
- The Patient Transport Services (PTS) working group have completed a review of Trust policies on PTS. There has not been a systematic survey to establish how many patients have a good experience of PTS: how many have a poor or average experience. The next stage is to commission a survey of patient experience in using PTS from each hospital in NWL, to be completed before the end of the year.
- The PTS working group plan a facilitated workshop in the New Year to review the findings of the survey and understand what this means for Trust policies and monitoring processes for PTS going forward. The output form this will be shared with the Trust Business Case team in case there is any impact on their work.
- PTS will review the impact of SAHF changes on how people travel to new destinations for elective and specialist health care, particularly if they have to travel out of borough. More specifically, further investigation in to what is reasonable compensation for the NHSE to provide to patients for travelling gout of borough to different locations for electives an specialist care
- Current DH guidance for eligibility for PTS assumes that it is the patient's responsibility to get themselves to health appointments or treatment etc. and only if they are unable to use public transport in broad terms for a health reason are they eligible for PTS.
- Tri-borough transport group are reviewing at travel to community health settings and GP practices. This group has asked GP practices via a survey on their perspective on patients getting to GP practices and other community health services. The group also had a survey aimed at patients to find out more about travel issues..

Future planned work for TAG

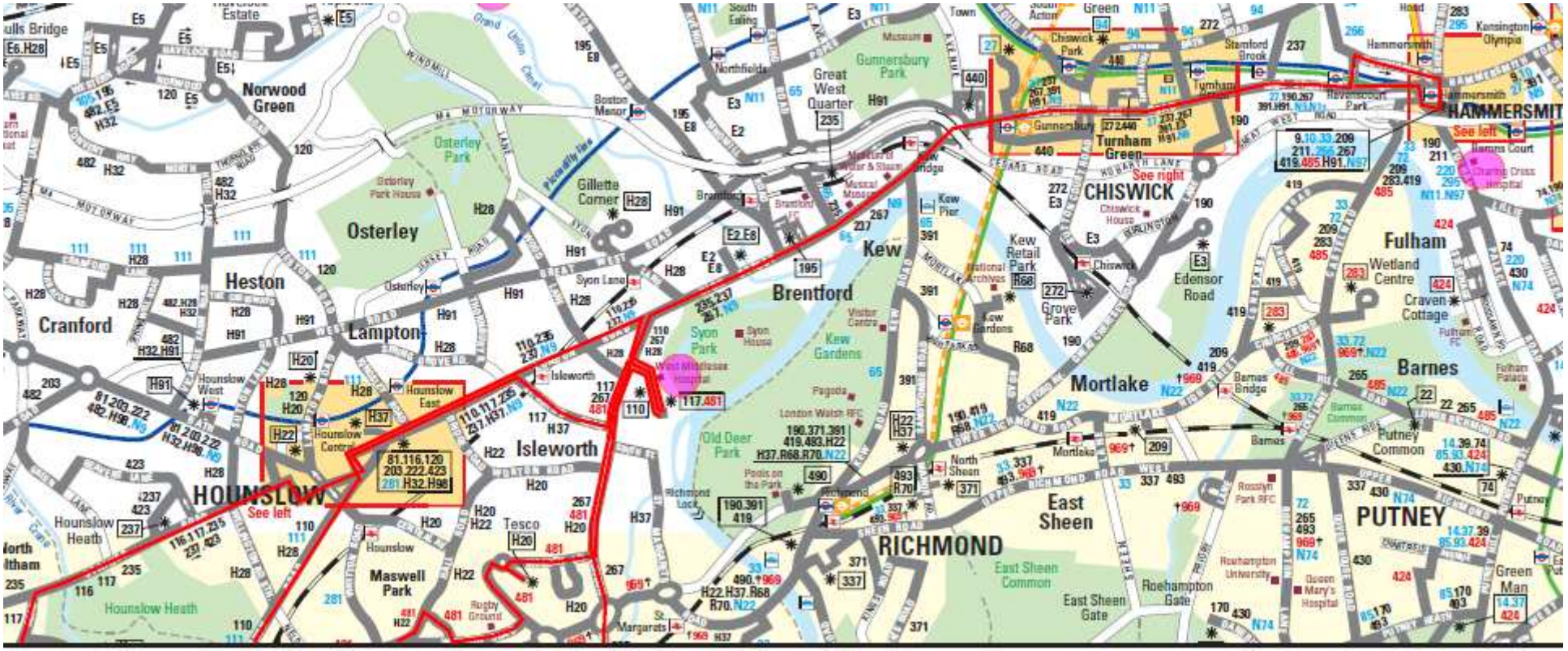
- Further provision of outpatient statistics is taking place to ensure that the changing patterns of demand for bus services as a result of the reconfiguration of health services are reflected as fully as possible in TfL's database
- Input to the review of the Mayor's London Plan was submitted, but the Inspector declined TAG' s request to be represented at the public hearings in September 2014. TAG will continue to support its submissions as a verbal update
- Continuing work on support activities including; journey planning, en route information and travel mentoring (revival of TfL's Travel Buddy scheme).
- Further engagement with the Tri-borough transport group to gather additional information that will support SaHF TAG

Northwick Park Hospital bus routes

Ealing Hospital bus routes



West Middlesex University Hospital bus routes



Shaping a healthier future

NHS

Estates update

SaHF estates disposals: ICHT

Description and use of proceeds

Descrip-tion of the estates disposal

- ICHT plans to sell £274m in surplus land over the next 8 years as per its preferred option in the Trust's July 2014 OBC
- Land marked to be sold will no longer be needed after the re-development of the St. Mary's and Charing Cross sites
- £33m of land receipts are expected in FY16, £80m in FY20 and FY21 and £81m in FY22
- Value of surplus land by site:
  - St. Mary's: £145m
  - Charing cross: £96m
  - Western Eye Hospital: £33m
- Land valuation report conducted in May 2014

Use of proceeds

- Building of the new local hospital at Charing Cross
- Majority rebuilding at St. Mary's to make it modern and sustainable site
- Conversion of existing private patient in Lindo wing to provide elective care

SOURCE: ICHT OBC, July 2014 version and September 2014 data book.

SaHF estates disposals: EHT

Description and use of proceeds

Description of the estates disposal

- A land sale receipt of £19.9m is expected in 19/20 as part of the Trust's "Refurbishment and rebuild option" where EHT locates the Local Hospital at the back of the current site, utilising the existing maternity building along with surrounding space / buildings
- Trust offices will not be needed and the maternity wing would be vacated
- Land sale receipts have been estimated based on a cost per acre of £2.4m, sourced from the Valuation office for Ealing
  - This has been applied to the estimated surplus land available derived from work undertaken by EHT's estates advisors
  - The values presented also reflect a 5% contingency (reduction) to account for implications associated with affordable housing and other requirements
- This is an indicative estimate which assumes around 6.98 acres (28,250m^2) of land would be released

Use of proceeds

- Building of new local hospital

SOURCE: EHT OBC, September 2014 version.

Shaping a healthier future

NHS

Out of hosptial update

JOSC Paper

Out of Hospital Care – an Overview

Content: this paper provides an overview of the vision for improved out of hospital services in North West London (NWL); and what has been achieved to date.

1. The out of hospital services vision and strategy
2. Programmes of work that will drive this
3. Achievements to date
4. Plans and next steps

Out of Hospital services

1. Our vision for transformed care

Vision: Out of hospital services are being transformed to meet the financial and clinical challenges North West London (NWL) is experiencing.

NWL has embarked on a major transformation of care. This will rebalance the system – so that more money is spent on out of hospital (i.e. community-based) services, rather than on services based in hospitals.

To increase community capacity, and reduce hospital demand, we need to develop:

1. A new model of care, which will deliver better care, closer to home
2. A greater range of well-resourced services in primary and community settings, designed around individual needs and ensuring consistent quality, including in the management of long-term conditions

To get there, each NWL CCG has developed its own Out of Hospital strategy to support the required shift of activity from acute to community and primary care settings, and to ensure that all services meet the standards for out of hospital care.

Out of Hospital services

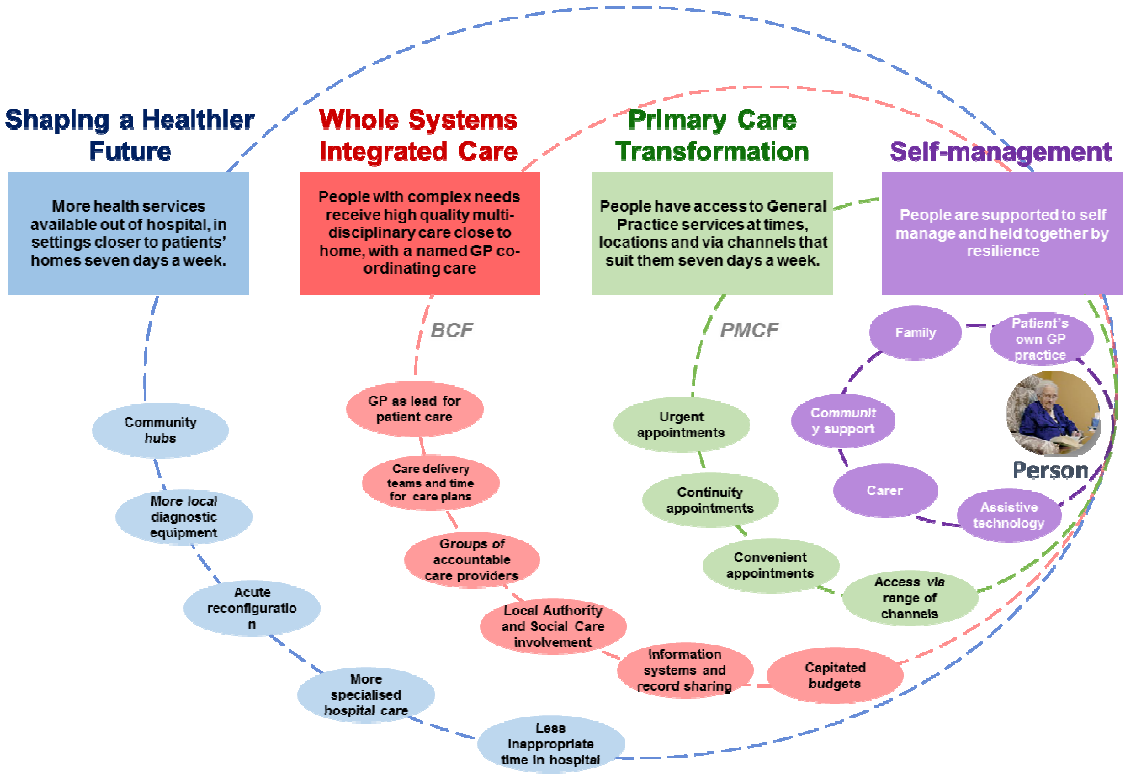
2. How this vision will be realised

Programmes: This work is being driven by primary care transformation – with support from the Mental Health & Whole Systems Integrated Care transformation programmes

Primary care, and in particular General Practice, is pivotal to the delivery of transformed out of hospital care.

In this vision:

1. Patients and their carers are at the centre of their care
2. General Practice is responsible for organising and coordinating care for their practice populations
3. Other services are increasingly organised around populations formed across networks of practices and consolidated practice populations



Out of Hospital services

2. How this vision will be realised

Primary care transformation: The programme comprises individual projects which are underway and have clear objectives

- **Primary Care Co-commissioning**

In May 2014, NHS England announced new options for local CCGs to commission primary care in partnership with NHS England Area Teams. This should enable patients, local communities and local clinicians to exercise more influence over how services are developed and purchased. To that end, NWL's expression of interest was approved in August 2014. We are working to establish shadow operating of a Joint Committee from November; with full operating from April 2015.

- **Prime Minister's Challenge Fund**

Launched in October 2013 to improve access to general practice and test innovative ways of delivering GP services. NWL has been chosen to deliver the largest pilot scheme - covering 400+ practices, and 1.8 million residents. Our objective is to sustainably deliver 17 outcomes covering Urgent, Continuous and Convenient Care. We will do this by supporting networks to develop strong networks and plans.

Out of Hospital services

2. How this vision will be realised

Primary care transformation: The programme comprises individual projects which are underway and have clear objectives

- **Strategic Commissioning Framework**

In August 2014, NHS England released a set of 17 descriptors of quality GP care. We are supporting the London-wide work in exploring how these impact on primary care in NWL; and for London how new contractual arrangements could support a new model of care.

- **Primary Care Workforce**

This is a component of the Workforce workstream in the Whole Systems Integrated Care programme, that is exploring what capacity and skills are required to support a new model of primary care. In this we are working with Health Education NWL (HENWL) to develop the workforce and ensure alignment.

- **Primary Care Estates**

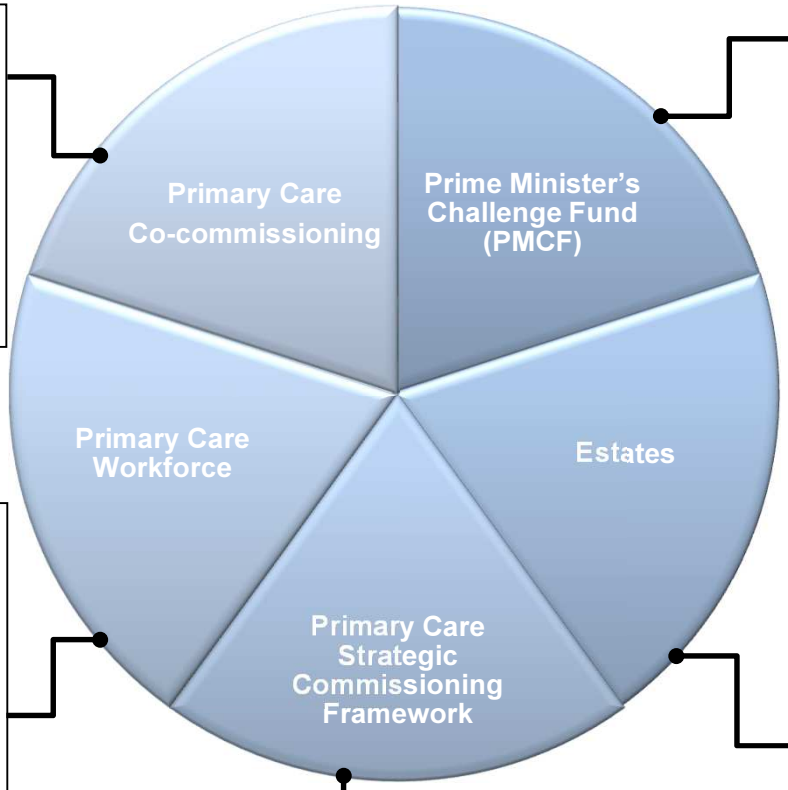
There is a significant need to invest in primary care estates to ensure that it is able to support the delivery of the future model of care. As well as continuing the work of the programme to develop integrated care Hubs in exploring investment required in estates to provide appropriate practices, we are also supporting investment in existing primary care estate.

Out of Hospital services

2. How this vision will be realised

Primary care transformation: The programme comprises 5 projects – which have clear objectives to support the vision for transformed out of hospital care.

- To enable greater local input into primary care funding around the health economy more quickly
- Establish an effective and well governed mechanism for facilitating joint decisions
- Develop a "new offer" for primary care – to make funding and workforce sustainable



- To extend access and continuity in the short term (by the end of the Challenge Fund)
- Put the right support in place to nurture and grow GP networks so they are able to deliver sustainability in the long term

- Understanding scale of existing primary care workforce & future requirement
- Developing CCG level primary care workforce activity and investment plans to support network development
- Implementing training programme plans
- Defining future roles within GP networks

- Inform a primary care estates strategy that takes into account hubs and non-hubs based requirements
- To support the creation and approval of business cases which identify requirements and scale of need

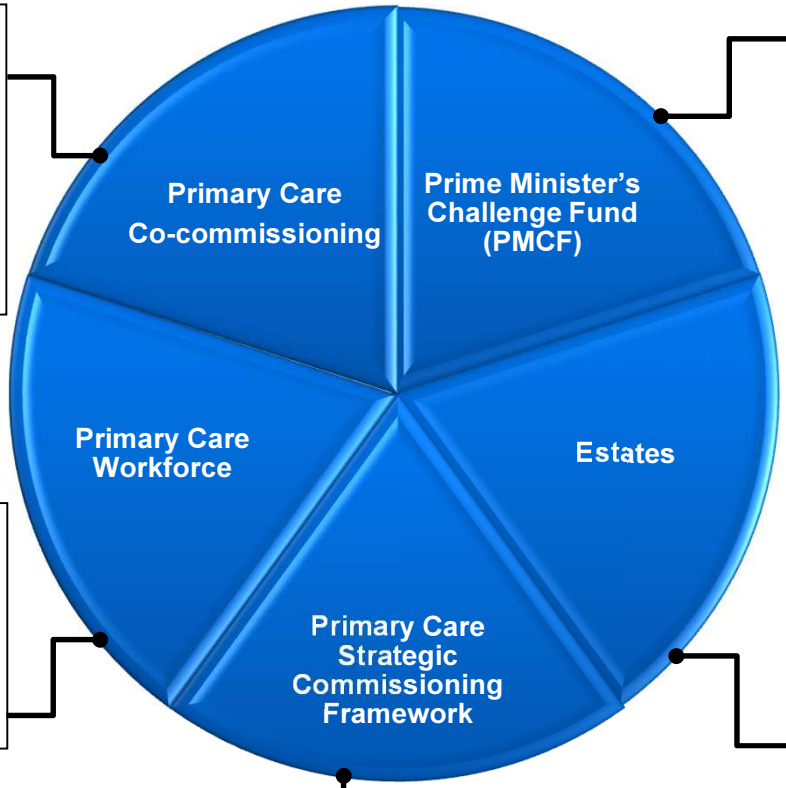
- To engage NWL stakeholders & explore how framework impacts / interacts with the new model of care being developed

Out of Hospital services

3. Achievements to date

Primary care transformation: The programme has already delivered benefits.

- Engagement materials to support conversations with clinicians and decision makers
- An engagement and governance plan to ensure appropriate sign off
- Outline Establishment Agreement which will form the basis of a Joint Committee



- Participating practices are confirming their network membership & leadership (a key enabler for other projects). 37 networks established
- 97% response for a baseline survey which will help us to measure progress
- CCGs have appointed project managers to drive local plans. Governance and support is in place to approve these activities

- Network education structures and leads are confirmed
- CCGs have compiled and submitted their Activity & Investment plans; which have then be approved by Health Education NWL (HENWL)

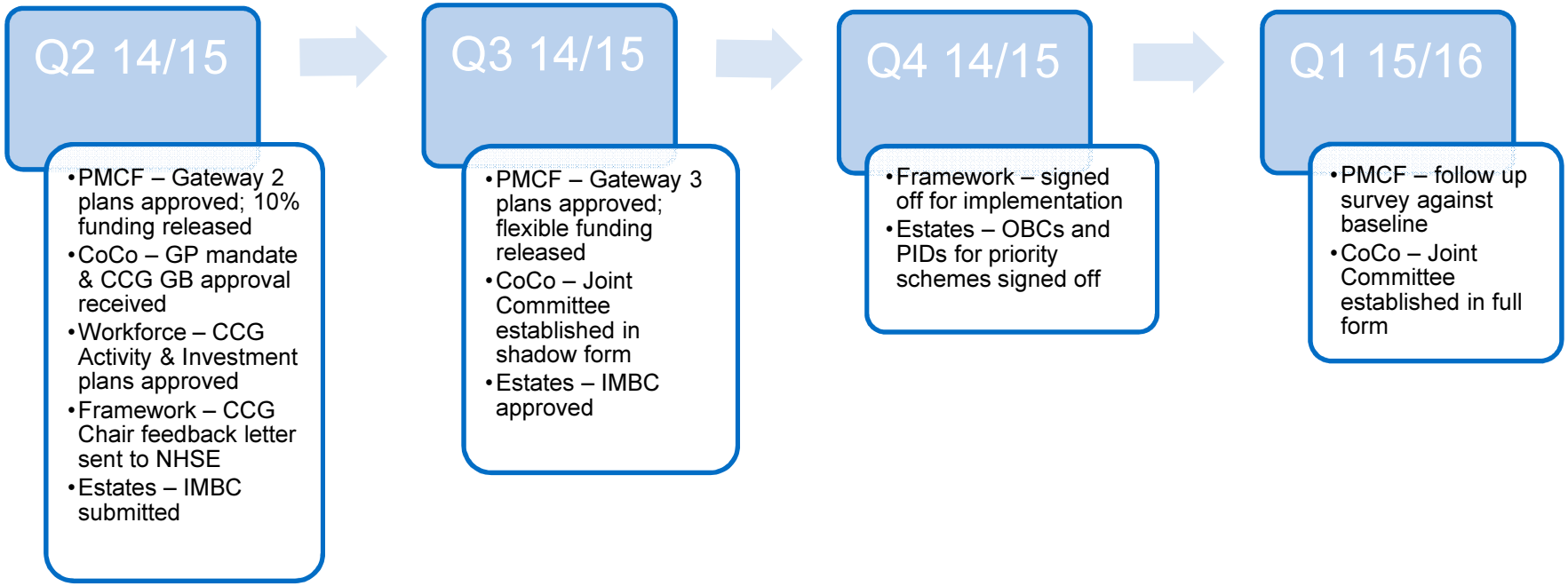
- An updated Implementation Business Case has been created. This updates the details / priorities of schemes.

- We have begun engaging stakeholders on the descriptors

Out of Hospital services

4. Plans and next steps

Project plans: The Programme will continue to deliver benefits, laying the groundwork for sustainable gains beyond April 2015.



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Work Programme

NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Draft Work Programme Items	Officers	Timing
London Ambulance Service NHS Trust	Provider	Meeting 1
Maternity & Paediatrics	Collaborative / North West London	Meeting 2
Primary Care Commissioning in North West London	NHS England	Meeting 3
Mental Health	Collaborative / North West London	Meeting 4

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