

**Agenda pack**

**North West London Joint Health  
Overview and Scrutiny Committee**

Tuesday 12 March 2019, 10:00 am

Committee Rooms 1&2, Harrow Civic Centre, Station Road,  
Harrow, HA1 2XY

**This page is intentionally left blank**

# North West London Joint Health Overview and Scrutiny Committee

## AGENDA

**DATE:** Tuesday 12 March 2019

**TIME:** 10.30 am

**VENUE:** Committee Rooms 1 & 2, Harrow Civic  
Centre, Station Road, Harrow, HA1 2XY

[Note: There will be a Briefing for Members and Officers at 10.00 am in Committee Rooms 1 & 2.]

### **COMMITTEE MEMBERSHIP (Quorum 6)**

---

**Chair:**

Councillor Mel Collins - London Borough of Hounslow

**Members:**

Councillor Daniel Crawford	- London Borough of Ealing
Councillor Lorraine Dean (VC)	- City of Westminster
Councillor Robert Freeman	- Royal Borough of Kensington & Chelsea
Councillor Lucy Richardson	- London Borough of Hammersmith & Fulham
Councillor Rekha Shah	- London Borough of Harrow
Councillor Ketan Sheth	- London Borough of Brent

**Alternate Members:**

Councillor Nafsika Butler-Thalassis	- City of Westminster
Councillor Max Chauhan	- Royal Borough of Kensington & Chelsea
Councillor Shaida Mehrban	- London Borough of Hounslow
Councillor Vina Mithani	- London Borough of Harrow
Councillor Joy Morrissey	- London Borough of Ealing
Councillor Neil Nerva	- London Borough of Brent
Vacancy	- London Borough of Hammersmith & Fulham

**Non-Voting Co-optee:**

Councillor Alan Juriansz

London Borough of Richmond upon Thames

**Alternate Co-optee:**

Councillor Lesley Pollesche

London Borough of Richmond upon Thames

**Contact:** Alison Atherton, Senior Professional, Democratic Services Tel: 020 8424 1266 E-mail: [alison.atherton@harrow.gov.uk](mailto:alison.atherton@harrow.gov.uk)

# **Useful Information**

## **Meeting details:**

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:  
<http://www.harrow.gov.uk/site/scripts/location.php>.

## **Filming / recording of meetings**

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

## **Meeting access / special requirements.**

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

**Agenda publication date: Monday 4 March 2019**

- |           |   |         |
|-----------|---|---------|
| <b>1.</b> | <b>Welcome and Introduction</b>   | 5 mins  |
|           | The Chair and the Member from the Host Borough will welcome Members and Officers to the meeting and take introductions.   |         |
| <b>2.</b> | <b>Apologies for Absence</b>  | 5 mins  |
|           | The Chair will note any apologies.  |         |
| <b>3.</b> | <b>Declarations of Interest</b>   | 5 mins  |
|           | Members will set out any interests.   |         |
| <b>4.</b> | <b>Minutes</b> (Pages 7 - 12)   | 5 mins  |
|           | The Committee will consider the minutes from the meeting of 4 December 2018 and agree any amendments to the minutes.  |         |
| <b>5.</b> | <b>Matters Arising</b>  | 15 mins |
|           | The Chair will consider any issues arising from the minutes. Updates on the following matters are expected: Patient Transport Strategy, Health-Based Places of Safety, Joint Committee and Use of Consultants by NWL CCG. |         |
|           | (a) Update: North West London Patient Transport Services (PTS) - Update on Quality Standards (Pages 13 - 20)  |         |
|           | (b) Update: Health Based Places of Safety Suites Proposal Development JHOSC Update (Pages 21 - 24)  |         |
|           | (c) Update: Update on the Joint Committee of NW London Collaboration of Clinical Commissioning Groups (Pages 25 - 28)   |         |
|           | (d) Update: Use of Consultants by NWL CCG (Verbal Report)   |         |
| <b>6.</b> | <b>CHD standards implementation in London - NHS England</b> (Pages 29 - 44)   | 20 mins |
| <b>7.</b> | <b>Update on Strategic Outline Case Part 1 (SOC 1) funding bid and Shaping a Healthier Future (SaHF)</b> (Pages 45 - 46)  | 15 mins |

- |            |   |         |
|------------|---|---------|
| <b>8.</b>  | <b>Long-Term Plan and creating an integrated care system in North West London</b> (Pages 47 - 52) | 20 mins |
| <b>9.</b>  | <b>Continuing Healthcare (CHC) Policy Proposals</b> (Pages 53 - 56)                               | 15 mins |
| <b>10.</b> | <b>Annual Review of the JHOSC</b> (Pages 57 - 58)   | 10 mins |
| <b>11.</b> | <b>AOB and Close</b>  | 5 mins  |

To consider any other business which the Chair considers urgent.

This page is intentionally left blank





**CITY OF WESTMINSTER**

# MINUTES

## **North West London Joint Health Overview and Scrutiny Committee**

### **MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **North West London Joint Health Overview and Scrutiny Committee** held on **Monday 4th December, 2018**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR.

#### **Present:**

Councillor Mel Collins (Chairman): London Borough of Hounslow  
Councillor Alan Juriansz: London Borough of Richmond  
Councillor Ketan Sheth: London Borough of Brent  
Councillor Lorraine Dean: City of Westminster  
Councillor Rekha Shah: London Borough of Harrow

#### **Also in Attendance:**

Councillor Nafsika Butler-Thalassis (City of Westminster)  
Kevin Nicholson: Director of Acute Care Transformation  
Mark Easton: Accountable Officer  
Dr Jo Emmanuel: Medical Director at CNWL  
John Wicks: Programme Director - Mental Health and Wellbeing  
Dr Annabel Crowe: Clinical Responsible Owner – Health Based Places of Safety  
Vittoria De Meo: Healthwatch  
Briony Sloper: London Ambulance Service  
Susan La Brooy: Medical Director

## **1 WELCOME AND INTRODUCTION**

- 1.1 Councillor Dean welcomed everyone to the meeting and Cllr Collins expressed thanks to the London Borough of Brent for hosting the previous meeting of the Committee.
- 1.2 The Chair informed the Committee that discussions regarding a representative from the London Borough of Hillingdon attending future meetings were currently ongoing.

## **2 APOLOGIES FOR ABSENCE**

- 2.1 Apologies for absence were received from Councillor Lucy Richardson (London Borough of Hammersmith & Fulham) and Councillor Robert Freeman (Royal Borough of Kensington & Chelsea).

### **3 DECLARATIONS OF INTEREST**

- 3.1 Councillor Sheth declared that he was a lead Governor at the Central and North West London National Health Service Trust.

### **4 MINUTES**

3.1 **RESOLVED:**

That the minutes of the meeting held on 18 September 2018 be signed by the Chairman as a correct record of proceedings.

### **5 MATTERS ARISING**

- 5.1 There were no matters arising.

### **6 ELECTION OF VICE CHAIR**

- 6.1 Nominations for the post of Vice Chair were invited. One nomination was received and seconded. There were no further nominations.

**RESOLVED:**

That Councillor Lorraine Dean be appointed Vice Chair of the North West London Joint Health Overview and Scrutiny Committee.

### **7 TERMS OF REFERENCE**

7.1 **RESOLVED:**

That the terms of reference for the North West London Joint Health Overview and Scrutiny Committee be agreed and adopted.

### **8 HEALTH BASED PLACES OF SAFETY IN NORTH WEST LONDON**

- 8.1 John Wicks (Programme Director - Mental Health and Wellbeing) presented to the Committee a report which provided an overview of the work undertaken to support the development of proposals to improve quality and access to health based places of safety (HBPS) sites across North West London. The report detailed the partnership work undertaken and progress made with the engagement of key stakeholders.

- 8.2 The Committee noted that the HBPSs were suites where people suffering from mental health issues could be taken to, assessed and supported if they were deemed to be in need of immediate care. There was currently one HBPS in each North West London borough however, there was a limited amount of beds with only a limited staffing resource available. Concerns relating to capacity issues and access to sites had been raised and these were impacting on the experiences of service users. Therefore, it was proposed to reconfigure the HBPS suites across London to reduce delays,

decrease patient admissions, improve patient outcomes, the treatment environment and staff expertise. Options to consolidate the numbers of sites were being considered and a business case would be developed setting out the different options. It was suggested that the business case would be finalised shortly allowing decisions to be made on the future of the service by April 2019.

- 8.3 The Committee welcomed the on-going engagement that had taken place to ensure service user feedback had shaped the development of options for redesigning HBPS sites across North West London. It was noted however that the engagement undertaken was quite narrow in the group of people it was consulting and questioned if this should be expanded further to include more potential service users. The Committee was informed that two years of extensive engagement had been undertaken with targeted service users and agencies supporting the service. The series of engagement activities undertaken had helped ensure service user feedback had shaped the development of options for redesigning HBPS sites. The engagement was still on-going however and the Committee's feedback was welcomed on how this could be improved.
- 8.4 The Committee was interested to learn further about the work carried out by the South London and Maudsely Mental Health Trust to improve the quality of care and patient experience by introducing dedicated sites and staff. It was noted that the new model of care replaced four single occupancy sites across four London boroughs with a centralised option with specialist, dedicated staff. A Memorandum of Understanding between the four borough councils had been established setting out the agreed mutual responsibilities and operational practices to be adopted supporting the single model site. The Committee noted that after its first year of operation the new model of care had been evaluated which concluded that the centralised place of safety was a vast improvement on the old model.
- 8.5 The Committee welcomed the work being undertaken to improve access to HBPSs and the experience for service users. It was recognised that delivery options were still being assessed and it was requested that an interim report be presented to the next Committee meeting setting out the latest updates on progress made.

**RESOLVED:** that the Health Based Places of Safety JHOSC Briefing Report be noted.

## **9 UPDATE ON THE PROPOSED RECONFIGURATION OF ACUTE HOSPITALS (SOC 1) AND THE COMPLIANCE WITH RECONFIGURATION TEST**

- 9.1 Kevin Nicholson (Director of Acute Care Transformation) and Mark Easton: (Accountable Officer) introduced the report which provided an update on the current status of the Strategic Outline Case Part 1 (SOC 1) bid. The report also provided an overview of the ways in which North West London CCGs were fully compliant with the NHS England tests against which reconfigurations must be assessed.

9.2 In terms of SOC 1 the Committee was advised that following a public consultation in 2012 on the proposed reconfiguration of acute hospitals the preferred option was published in 2013. This was approved by the Secretary of State for Health with the caveat that Ealing and Charing Cross Hospitals continue to offer an A&E service. In July 2018 a request for capital finding for the majority of the transformation programmes underpinning SOC 1 had been submitted in a new Department of Health and Social care process for providing capital funding. The Committee was informed that a decision on the funding proposals was expected shortly.

9.3 The Committee was pleased to note that the North West London CCGs were fully compliant with the NHS England tests against which reconfigurations were assessed. An update on compliance with the four tests was provided:

Strong Public and Patient Engagement: Details on the level of pre-consultation and consultation activities undertaken with the public and patients was provided. It was explained that the next phase was to continue to inform and engage with stakeholders and move towards developing the outline and full business cases.

Consistency with Current and Prospective Need for Patient Choice: The proposals were currently deemed to be enabling patients to receive the same level of service and the same opportunities that they received previously. It was expected that the programme would continue to embed patient choice within the proposals.

Clear, Clinical Evidence Base: The programme was clinically led with all proposals developed through discussion at the Clinical Board which had senior representatives from each provider and CCG.

Support for proposals from Clinical Commissioners: In 2016 all CCGs approved SOC 1 via their governing bodies and in 2018 individual CCGs gave approval to each of their provider components of the capital submissions to the Department of Health.

9.4 The Committee expressed concern that a decision on the capital funding for SOC 1 had been further delayed. Mr Easton shared the disappointment that a decision had not yet been reached and confirmed that conversations with regulators were ongoing to satisfy any queries they had. It was hoped that a decision would be reached by Christmas 2018. Members raised questions on what would be the effect if no funding was received. Officers clarified that the activities would have to be rethought in light of this outcome.

9.5 In response to questions an update was provided on Ealing and Charing Cross Hospitals. Information was also provided on how the CCGs aimed to become more central within their communities. The Committee was advised that CCGs worked very closely with the community sector and had established programmes of work involving all sectors regarding how to best deliver care within the community. It was suggested that an update on

integrated care within the community could come to a future meeting of the Committee for a wider discussion.

- 9.6 The Committee also discussed receiving a future update on the Hospital Transport Strategy and the level, and types, of staff engagement undertaken during the process.

**RESOLVED:** That the update on SOC 1 and the North West London Compliance with NHS England Reconfiguration Tests be noted.

## **10 THE NORTH WEST LONDON JOINT COMMITTEE OF CCGs**

- 10.1 Mark Easton (Accountable Officer) provided an update on the Joint Committee which had been formed by each of the North West London CCGs. It was confirmed that the terms of reference had been agreed by all parties. NHS England had agreed the harmonisation and it had subsequently become a fully-fledged, decision-making committee.

- 10.2 In response to questions the Committee was informed that the Joint Committee had been very effective in improving integration between the CCGs. The integration occurred at all levels within the organisations and the collaborative arrangements would ensure a more consistent approach across the CCGs. The Committee requested that the terms of the reference for the new committee be forwarded on to Members.

- 10.3 It was noted that many of the items the Joint Committee would be considering were similar to those on the JHOSC work programme and there was therefore the potential scope to align work. The Committee welcomed the suggestion and requested that a summary following each Joint Committee meeting be forwarded on to Members to ensure an effective scrutiny process was in place.

**RESOLVED:** That the current status of the Joint Committee of the North West London CCGs be noted.

## **11 WINTER PLANS**

- 11.1 Briony Sloper (London Ambulance Service) updated the Committee on winter preparedness across North West London for 2018/19. Winter 2017/18 debrief sessions had taken place in April 2018 and these had helped identify key themes and challenges, undertake a review of previous winter activity, likely demand assumptions and the sharing of best practice. There would be a focus on demand management schemes and encouraging people to self-care in order to avoid admissions to hospitals. There was also a focus on reducing the length of hospital stays and ensuring the correct systems were in place to ensure demand for ambulances could be met.
- 11.2 The Committee was pleased to note that extended access would be available to GPs across all boroughs in North West London enabling patients to be seen seven days a week from 8am to 8pm. Further information was sought however on whether any new approaches would be taken to alleviate the

pressures health services were under during the winter period. It was explained that there would be increased access to mental health and pharmacy services with a greater degree of signposting to try to reduce admissions to A&E.

- 11.3 The Committee was pleased to note the processes and arrangements which had been established at an early stage to meet the expected significant and increased demand for A&E services during the winter period. It was noted that the arrangements would take a whole system approach, working across organisational boundaries and would inform the extensive planning already underway.

**RESOLVED:** That the overview of the Winter Plans in place for 2018/19 be noted.

## **12 CONSULTATION ON THE ROYAL BROMPTON HOSPITAL MOVE**

- 12.1 The item was deferred to a future meeting.

## **13 ANY OTHER BUSINESS**

- 13.1 The Chair provided the following updates:

- Members were reminded that the Pan-London JHOSC meeting was scheduled for Thursday 6 December 2018; and
- The next meeting of the London Scrutiny Network meeting was scheduled for Friday 7 December 2018.

The Meeting ended at 4.36 pm.

**CHAIRMAN:**

\_\_\_\_\_ **DATE** \_\_\_\_\_



## **Joint Health Overview and Scrutiny Committee (JHOSC): North West London Patient Transport Services (PTS) Update on Quality Standards**

<b>Summary</b>	This paper provides the Joint Overview and Scrutiny Committee (JHOSC) with an update on the Patient Transport Services (PTS) implementation of PTS Quality Standards and Patient Charter in Hospital Trusts in North West London.
<b>Date</b>	28 February 2019
<b>Owner</b>	Kiran Shah, Travel and Access Programme Lead

### **1. Introduction**

This paper provides the Joint Overview and Scrutiny Committee (JHOSC) with an update on the Patient Transport Services (PTS) implementation of PTS Quality Standards and Patient Charter in Hospital Trusts in North West London.

### **2. Background**

During 2016 we developed North West London wide PTS Quality Standards and a Patient Charter to support our aspiration of improving the transport services provided by all acute hospitals in North West London to an agreed standard. This means that regardless of which hospital a patient is travelling to, the quality of the transport service should be consistent.

Hospitals covered are:

- Imperial College Healthcare NHS Trust
- London Northwest University Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- Chelsea and Westminster NHS Foundation Trust.

The North West London wide PTS Quality Standards have been developed in collaboration with PTS service users; Hospital Trust PTS leads; lay partners; transport providers and CCG

Contract Leads. In addition the standards have been informed by a North West London-wide survey of 700 patients who use local PTS services.

The PTS Patient Charter outlines the key requirements a patient should expect on every journey. For example, the requirement that the driver should wear a uniform and carry identification or that the transport vehicle should be clean.

A set of PTS KPIs have been developed to allow for monitoring of the PTS Quality Standards and provide an opportunity for benchmarking and supporting hospitals to achieve full implementation.

The PTS Quality Standards / Patient Charter and KPIs went into trust contracts in shadow form in April 2017 and formally into contracts in April 2018.

***See attached: PTS Quality Standards and Patient Charter***

### **3. Quality Standards Implementation**

A subgroup chaired by a lay partner who is a service user and with representatives from each of the hospitals and commissioners is responsible for reviewing quarterly returns from the hospitals against the PTS Quality Standards, to monitor progress of implementing the standards and highlight concerns to contract commissioning leads.

All hospital trusts are currently achieving the standards on vehicle cleanliness and suitability. Improvements have been made by all hospitals in staff training and contacting the patient the day before their transport is booked to confirm arrangements. Hospitals are now working towards all patients being contacted 30 minutes before their transport is due to arrive so they know when to expect to be picked up.

Hospitals are working with the transport companies to address and improve on the journey duration and arrival and departure times taking into account route planning and peak traffic times. In addition hospitals are reviewing internal processes to improve on discharge planning to link with booked transport to facilitate a more efficient journey for the patient and improve waiting times.

Improvements over the year include:

- Patients departing within 60 minutes of being booked ready to leave improved from 85.13% to 87.84%
- Time spent on the vehicle for journeys up to 6 miles, the target is 95% to spend under an hour on transport, the average across all trusts is now 95.8%
- Patients arriving late for their appointments has dropped from 12.63% to 6.95%
- London North West improved their arriving on time from 76.1% to 94.65% for patients arriving no more than 45 minutes early and no more than 10 minutes late.

### **4. Summary and next steps**



The PTS Quality Standards are a mandatory requirement of all transport procurement going forward. Currently three out of the four trusts are procuring transport services and commissioners will ensure the Quality Standards are included in all new contracts.

The work to date has identified that the acute hospitals all have different assessment processes and eligibility criteria. This means that in some areas in North West London, GPs are expected to assess and determine whether a patient will have transport provided for them and in other areas the hospital will carry out an assessment and determine eligibility.

We are currently reviewing eligibility criteria and working towards developing a North West London-wide common assessment process to be implemented in all acute hospitals.

Appropriate reviews of the eligibility for transport will be undertaken dependant on medical need to ensure transport services are used appropriately.

This page is intentionally left blank

## What you can expect on every journey:

### Your driver will:

- be uniformed
- be wearing a visible ID
- introduce themselves to you on arrival
- be appropriately trained
- provide a timely and effective transport service.

### You will:

- feel safe in the vehicle, with your seatbelt or wheelchair secured correctly
- be treated with dignity, and have your religious and cultural beliefs respected
- be treated with care and compassion
- have fair access to our services, irrespective of your gender, race, disability, age, sexual orientation, religion or belief.

### Your vehicle will:

- be comfortable and suitable for your mobility requirements
- be clean, appropriately equipped, and properly maintained with regular safety checks.

If you have any questions or comments about this, please contact us:

NHS North West London Collaboration of Clinical Commissioning Groups working with:

**Chelsea and Westminster Hospital  
NHS Foundation Trust**

**Imperial College Healthcare  
NHS Trust**

**The Hillingdon Hospitals  
NHS Foundation Trust**

**London North West Healthcare  
NHS Trust**

This page is intentionally left blank

# Patient Transport Services

## Quality Standards

### We will:

- set up a local number for you to use to book your transport
- answer your phone call as quickly as possible
- always contact you the working day before your appointment to confirm your transport
- send an automated message to your mobile or landline 30 minutes before your transport arrives
- if you live within six miles of your appointment, make sure you spend no longer than 60 minutes in the vehicle
- if you live within six to ten miles of your appointment, make sure you spend no longer than 90 minutes in the vehicle
- ensure you arrive on time for your appointments and no more than 45 minutes beforehand. After your appointment, you will leave within 60 - 90 minutes of your transport being booked
- make sure you always have an identifiable person to speak to when booking and waiting for your return journey
- always provide you with a vehicle that meets your needs
- ensure you are always safely inside your home after your journey.

NHS North West London Collaboration of Clinical Commissioning Groups working with:

**Chelsea and Westminster Hospital**  
**NHS Foundation Trust**

**Imperial College Healthcare**  
**NHS Trust**

**The Hillingdon Hospitals**  
**NHS Foundation Trust**

**London North West Healthcare**  
**NHS Trust**

This page is intentionally left blank

## Health Based Places of Safety Suites Proposal Development JHOSC Update

March 2019

### Purpose

This paper provides an update on the report presented to the Joint Health Overview and Scrutiny Committee on 4 December 2018. For further information and specific details about the recommendations, see the aforementioned paper.

### Background

NW London Mental Health Programme has initiated a project, working in collaboration with Clinical Commissioning Groups, Mental Health Trusts, Local Authorities, London Ambulance Service and Police, to review the current arrangements and develop proposals, as described in the report presented to the Committee in December 2018, to improve quality and access to Health Based Places of Safety (HBPoS) sites.

This work supports local, regional and national priorities to improve the experience for people presenting in mental health crisis and the appropriate use of powers related to Section 136 of the Mental Health Act 1983. Most recently the NHS Long Term Plan set expectations for faster access to crisis mental health services, ensuring links with prevention services across the mental health crisis pathway, for example, how sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis.

Further background information can be found in the December report.

### NW London Case for Change

It has been recognised by all stakeholders engaged in the process that a new model is needed. The analysis of current provision and feedback from service users and professionals engaged over the last twelve months outlined the following:

The current gaps/issues:

- Concerns about quality of care: This was highlighted across London (including NW London) by a survey, where only 36% of service user's surveyed said they felt safe and only 12% felt the suites in the sites were comfortable and welcoming.
- There are currently eight 'designated' HBPoS sites across NW London and six of these can only see one patient at a time. Instead of choosing a location based on need or demand sites are historically located where space has been available.
- The Care Quality Commission (CQC) have reported issues regarding a lack of dignity, comfort, confidentiality, staffing levels and training for the HBPoS services. The eight current sites are not staffed or available 24/7, making it difficult to access for the Police and London Ambulance Service. Also delaying the time it takes for those in crisis to arrive at a place of safety and get the help they need. Mental health crises account for 13% of London

Ambulance Service call outs and are longest to deal with<sup>1</sup>. Delays can be further impacted by the frequent closures of units due to damage and with only one suite available on the majority of the current sites it not only escalates the risks of access and waits but also the inappropriate use of A&E as an alternative.

- The Hillingdon, Hounslow and Ealing Police Basic Command Units (BCU) in NW London reported the average time spent by a police officer dealing with one S136 case to be 14 hours - impacting the negative experience for the service user and resulting in increased use of police resources. When HBPoS are unavailable the police are left with a choice of either to wait until one becomes available (waits have been recorded of up to 7 hours), take the person to custody or take the person to an A&E. All of these choices are unacceptable as they result in the patient being detained in an environment which is highly unsuitable for their needs.
- Further evidence from the Hillingdon, Hounslow and Ealing Police BCU states that of 167 S136 cases in 2018, 32% (54 patients) were not accepted by the HBPoS and were sent to A&E with 11% (6 patients) of these not being for any physical health reason. This trend has been confirmed nationally - the 2015 CQC report stated that more than half of England's A&E's routinely receive patients who were detained under S136 but did not have a physical health condition<sup>2</sup>.

Service users and carers from NW London involved in the project raised concern about the services and care they receive. Specific issues raised include:

- The first point of contact with services is seen as vital and situations had escalated when members of staff were unable to de-escalate situations.
- The HBPoS was intimidating and service users didn't always feel safe.
- Service users didn't always feel listened to by services.
- Rights under the Mental Health act and the process for detention were not always communicated to service users.
- Follow up care wasn't well coordinated between organisations like GPs, psychiatrists and community support
- Service users had issues accessing support outside of out of hours and there was a lack of community support to stop people reaching the point of crisis again.

## **NW London Proposal**

Partners across NW London have worked to develop several options for re-configuration of HBPoS sites with the following key principles in focus:

- Ensuring a pan-London approach to care where individuals are taken to the nearest place of safety from their pick-up location (regardless of where they reside) and following assessment, if necessary, transferred promptly to inpatient services at their local mental health trust;
- Ensuring system transparency around capacity at HBPoS sites, as well as robust escalation processes when capacity is full (in line with the NHSE (London) 'compact' due to go live this Autumn);

---

<sup>1</sup> London Ambulance Service (2016) Mental health crisis care data

<sup>2</sup> Care Quality Commission (2015) Right here, right now: Mental Health Crisis Care Review



- A dedicated, 24/7 staffed service at agreed Health Based Place of Safety sites;
- Increased physical health competencies at HBPoS sites to avoid unnecessary referrals to A&E departments and more timely, integrated care;
- Streamlined pathways between A&E departments and HBPoS sites, for when individuals require more intensive physical health treatment, including the use of telephone triage, robust information transfers and timely physical health assessments in the A&E department.

## **Options Appraisal**

The detailed analyses of the each option has been completed, and a set of principles and assessment criteria have been developed and agreed across all partners involved across NW London. The scoring criteria included: estates requirements, a specific focus on the impact on local authority protocols, 24/7 resource and capacity requirements, quality and experience of care, feasibility, deliverability and sustainability.

A workshop took place on 19 December 2018 attended by large number of representatives from NHS Trusts, clinical commissioning groups, local authorities and service user representatives. Other stakeholders also fed into the scoring of the options and the process was shared with Police and London Ambulance Service colleagues. There was a clear preference for a smaller number of sites to meet a 24/7 dedicated staffed service that provides, efficiency, service quality and improved patient experience.

## **Impact of the Proposal on Local Authorities**

Local authorities are a crucial and critical partner in this multi-agency project and there has been close working with Local Authority Approved Mental Health Professionals (AMHPs) and the Emergency Duty Teams (EDTs). A task and finish working group was set up which met three times through January 2019. The discussions centred on the agreement of a draft inter-borough protocol, similar to that employed in the South London and Maudsley (SLaM) Mental Health Trust and South West London St Georges (SWLStG) - where both already have a consolidated HBPoS.

The protocol is a work in progress and proposes that the borough of residence would be the first determinate for assigning the work to AMHPs and the borough of detention would be the second. However, no borough AMHP would be expected to travel more than one adjacent borough's distance to complete an assessment. The protocol will need to be agreed by all boroughs and their relevant equivalent internal departments with any further refinements being shared and updated via a consensus with all parties. For out-of-hours services it is being proposed that an additional AMHP is deployed and attached to each HBPoS site within the final agreed configuration across NW London.

During the next stages close work with Local Authority colleagues will continue, trying to reach the best possible solution to ensure the redistribution of work with patients will not fall inequitably upon the boroughs where each HBPoS site might be located.

## Engagement

Detail on progress with engagement was included in the report presented to the Committee in December 2018. This included the Pan-London work undertaken by Healthy London Partnership (HLP) through extensive engagement with London's crisis care system, including over 400 service users and carers. Representatives were sought from all areas of London as well as people from harder to reach communities, black and ethnic minority communities and children and young people.

Following on from the engagement conducted by HLP, the NW London project team have undertaken a series of engagement activities to ensure service user feedback has shaped the development of options and the proposal for NW London HBPOS reconfiguration:

- **Service user survey and focus group**  
The survey ran from June – August 2018. It was promoted by 23 mental health third sector organisations and NW London MH trusts (24 responses). This was followed up by a focus group on 28 November 2018. The survey has been reopened.
- **Engagement of key staff and stakeholders**  
Staff and partners that work with and support HBPOS (From March 2018, on-going).
- **Local Authority communication**  
Letters have been circulated to DASS, DCS and appropriate members in August and October. Continued work with AMHPs and EDTs.
- **NW London Crisis Care Concordat**  
The 20 September 2018 meeting was attended by service user representatives, commissioning and clinical staff, Local Authority staff, London Ambulance Service and Police colleagues. Prior to this focused session, HBPOS were discussed in several previous sessions. There is another Crisis Care Concordat meeting planned for 18 March 2018.
- **Workshops**  
Two workshops one at each mental health trust, with 55 in attendance including service users, police, staff, London Ambulance Service, Local Authority staff. Follow-up sessions were held in November and December 2018.

The engagement and co-production with professionals, patients, families and partners will continue to be an essential part of this work as we progress to a next stage.



## Joint Health Overview and Scrutiny Committee (JHOSC)

### Update on the Joint Committee of NW London Collaboration of Clinical Commissioning Groups

<b>Summary</b>	This document gives an overview of the current status of the Joint Committee of North West London CCGs correct as of 15.02.2019
<b>Date</b>	15 February 2019
<b>Owner</b>	Ben Westmancott, Director of Compliance

### NW London Collaboration of CCGs' Joint Committee - forward view

Since the last meeting of the Joint Health Overview and Scrutiny Committee, the NW London Collaboration of CCGs has had the harmonised constitutions approved and ratified by NHS England. Consequently, the former Shadow Joint Committee is now operating as a fully-fledged Joint Committee with delegated decision-making powers from governing bodies in the following areas:

- a) deciding matters relating to the strategic direction of the CCGs where such decisions are in line with the Health and Care Partnership (formerly the STP);
- b) agree multi-borough commissioning plans when such is in the best interests of the residents of NW London;
- c) set the direction, and take decisions as required, for those services that cross borough boundaries, are delivered by providers to NHS organisations across multiple boroughs, and are best commissioned on a multi-borough basis such as secondary care acute and mental health services;
- d) set and agree the joint financial strategy; and
- e) take decisions on behalf of Governing Bodies where such fall within its remit, as set out in the CCGs' governing documents.

We have also appointed Alan Wells OBE FRSA as the Independent Chair of the Committee. The first meeting of the Joint Committee was held on 6 December 2018, and alongside standing items of business the Committee discussed:

- Winter preparedness 2018/19
- Health and Care Partnership progress update

- NW London Board Assurance Framework
- Report from the Collaboration Development Programme Board
- NW London monthly financial position
- NW London CCGs financial recovery plan
- Principles and operating model for the 2019/20 contracting round

The only decision taken related to the financial recovery plan, and was a ratification of the agreement reached at the previous Finance Committee meeting to implement the proposals.

## **7 March meeting**

The Committee is due to meet (and by the date of the Joint Health Overview and Scrutiny Committee meeting, will have met), on 7 March 2018. The substantive items for consideration are:

- Accountable Officer's report
- Health and Care Partnership Progress update
- NHS Long-Term Plan update
- NW London Board Assurance Framework
- Report from the Chief Nurse & Director of Quality, including Shadow Quality and Performance Committee update
- Report from the NW London Finance Committee

Under consideration of the NW London Board Assurance Framework item, the Committee is also expected to approve the creation of a Risk Management Working Group as a subgroup of the Joint Committee.

### **Our vision for the scrutiny partnership**

Much of this agenda (and indeed future agendas) take the form of updates from the other NW London committees. It is our view that for items which require deep-dive scrutiny such as winter planning or technical consideration of the financial strategy; these are best done at the appropriate specialised committees. These meetings would then deliver a report for approval to the Joint Committee, which takes it assurance from those committee chairs that the specialist committee is satisfied with its recommendations. In particular, items which will be reported via committee updates to the 7 March meeting of the Joint Committee are:

#### **Report of the Accountable Officer**

- EU Exit Guidance and CCG role
- SOC 1 Capital Decision & NW London implications
- Future configuration of CCGs in NW London

#### **Report from the Chief Nurse & Director of Quality, including Shadow Quality and Performance Committee update**

- Winter performance

#### **Report from the NW London finance committee**

- 2018/19 financial position

- 2019/20 financial outlook and plan
- 2019/20 contract approval
- Principles and operating model for the 2019/20 contracting round

### **Future meetings**

The Committee is currently provisionally scheduled to hold meetings in the following venues:

- 4 April – Brent Civic Centre, Brent
- 2 May 2019 – Museum of Brands, West London
- 6 June 2019 – Brunel University, Hillingdon

This page is intentionally left blank

# NHS England

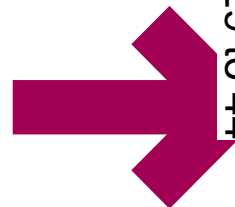
29

## Royal Brompton Chelsea site services including CHD reconfiguration

Presentation to the  
North West London Joint Health Oversight and  
Scrutiny Committee

12<sup>th</sup> March 2019

Agenda Item 6  
Pages 29 to 44



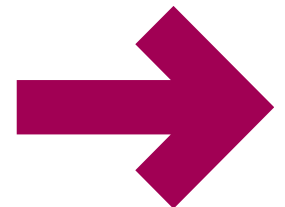
# Who we are

- Dr Michael Marsh  
Regional Medical Director  
Specialised Commissioning  
NHS England London region
- Hazel Fisher  
Programme Director Cardiac and Paediatrics  
Specialised Commissioning  
NHS England London region



# What you have asked us to talk about

- **Potential options** for Congenital Heart Disease provision in London
- **Assessment of options** meeting required standards
- Impact on **NWL CCG and NWL residents**
- How can the **NWL JHOSC** and other local authorities be **involved in the consultation process** and **impact on decisions**



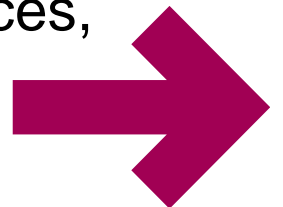
# Some background

- Congenital Heart Disease (CHD) standards were **consulted upon and agreed by the NHS England board in 2015**

Page 32  
32

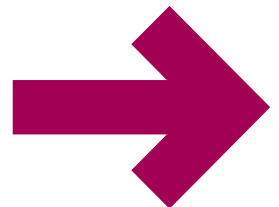
The Royal Brompton Hospital **can not currently meet the standard for paediatric colocation** from the Chelsea site, as they do not have the other specialist children's services on the site that the standards require if a hospital is to provide children's CHD

- In 2017 the **Royal Brompton Hospital proposed** a partnership with another compliant CHD provider – Guy's and St Thomas' Hospital - in order to meet all of the standards and continue providing the service. The RBH proposal is to move not just the paediatric CHD services, but all the services from the Chelsea site as a "joint venture"



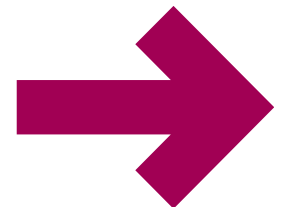
# Royal Brompton provides these services from its Chelsea site

- **Children Heart Surgery** - including Congenital Heart Disease and intensive care
- **Children's respiratory services** for children with Cystic Fibrosis, Primary Ciliary Dyskinesia and other conditions
- **Adult heart surgery and interventional cardiology** for conditions such as Congenital Heart Disease, non CHD structural heart disease, Pulmonary Hypertension, Inherited heart conditions, coronary artery disease and heart failure,



# Royal Brompton provides these services from its Chelsea site

- **Adult respiratory services** for conditions such as Cystic Fibrosis, Primary Ciliary Dyskinesia, Interstitial Lung Disease, severe & difficult to manage asthma and others
- **Thoracic surgery** (including lung cancer)
- Adults and children who require **Long term ventilation** in hospital and at home
- **Adults who require respiratory ECMO** – Extra Corporeal Membrane Oxygenation



# The proposals we have received

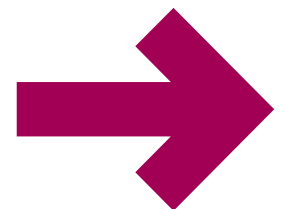
Any solution needs to work for all the services currently provided for from the RBH Chelsea site – this is not just about CHD

- **Royal Brompton Hospital and Kings Health Partners**  
who propose the movement of all the services currently on the Chelsea site to new buildings on the Guys & St Thomas' Westminster site as part of a joint venture. There would be no change to Harefield.

## **Chelsea & Westminster and Imperial College Healthcare**

who propose the movement of cardiac and respiratory services from the Royal Brompton Chelsea site; the Cystic Fibrosis services to Chelsea & Westminster Hospital and the cardiac (not adult and children's CHD) and other respiratory to Hammersmith Hospital.

Both proposals supports the movement of Congenital Heart Disease and ECMO to the Guys & St Thomas' site

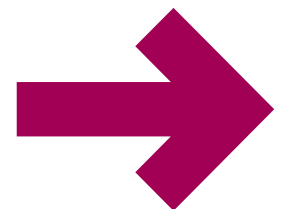


# The options for commissioners

We have not yet assessed a full “long list” of options nor shortened them through a funnel process.

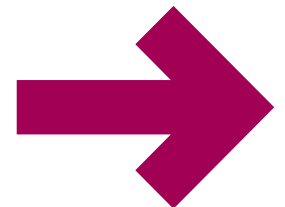
However potential options include:

- The **Royal Brompton / Kings Health Partners** proposal
- The **Chelsea & Westminster / Imperial Healthcare** proposal
- The **movement of paediatric CHD from RBH** to another compliant CHD provider either in total or spilt
- The **movement of paediatric and adult CHD and associated services from RBH** to another compliant CHD provider either in total or spilt

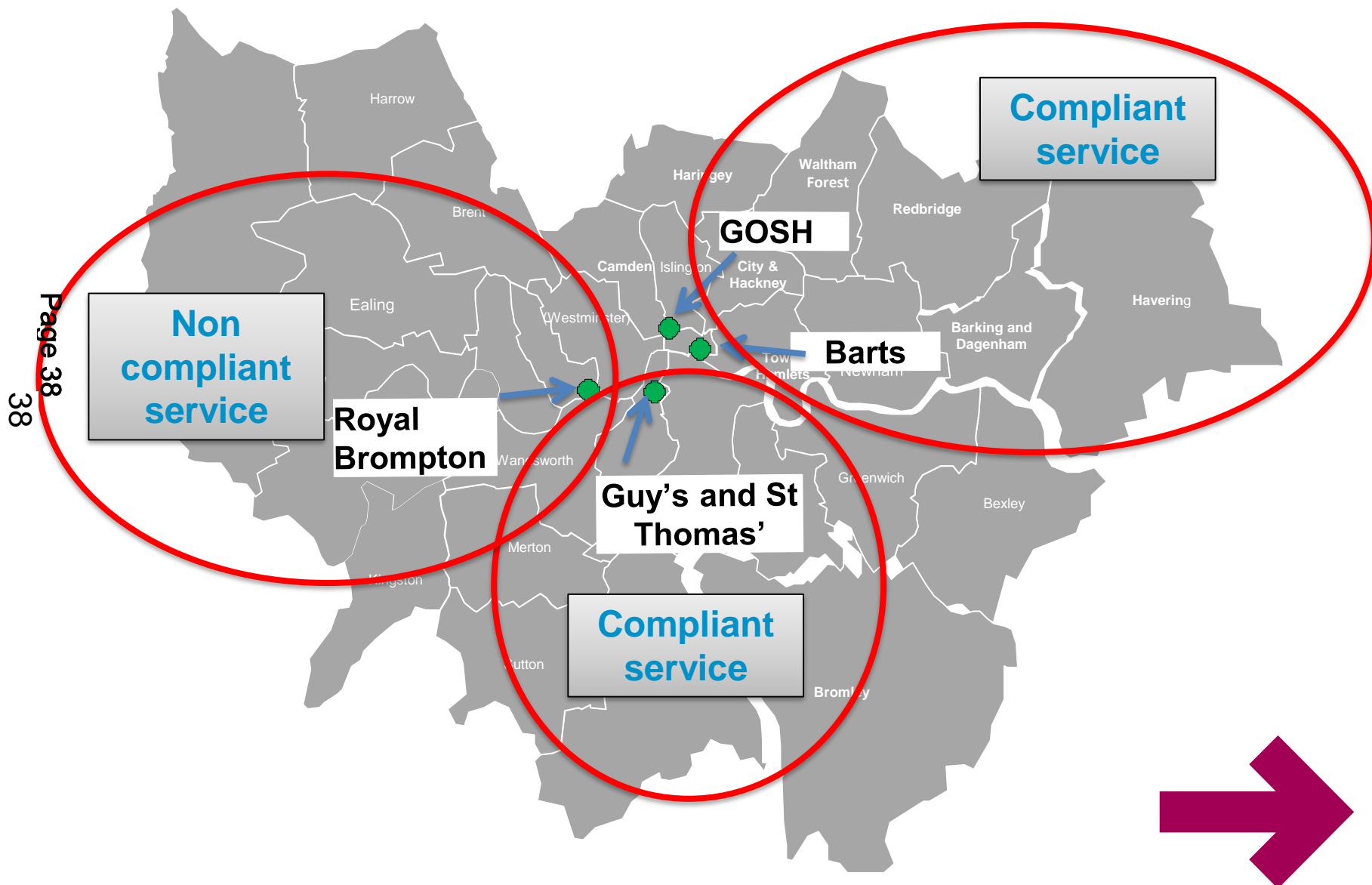


# The options for commissioners

- All of the options we have outlined would meet the CHD standards
- Paediatric CHD services have to move to meet the standards; there is uncertainty about the sustainability of the RBH Chelsea site clinically and financially if paediatric services move.
- The option of keeping some services on the Chelsea site will be considered in the review.



# CHD services in London

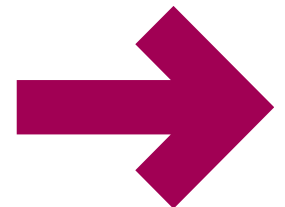




# North West London residents

- Currently **North West London residents** account for **24%** of the *patients* at the RBH (as a combination of inpatients and outpatients).
- A movement of services would add very little to travel time, but provide services that meet national standards.
- **North West London residents** would be involved in any consultation and views and interest sought on their views on options for delivering the services.

39  
Page 39



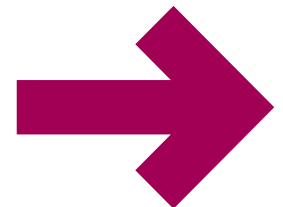
# Interdependent services

- The Royal Brompton Hospital works closely to deliver services for patients with other hospitals in North West London

Page 40

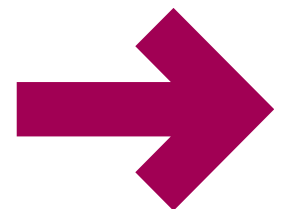
We have **worked with these North West London providers** to understand what this work looks like, how services are provided and where the links are

- Doing this work with providers we have established together **that this work can continue as it is or any issues could be resolved.**



# NWL CCG

- **North West London CCG** will be part of the process looking at the services that it commissions from the Royal Brompton alongside the other CCG commissioners



# The process

Service reconfiguration process

We are here

Develop a  
Case for  
change

Develop the  
clinical  
models

Development  
of fixed points

Development  
of hurdle  
criteria

Identify long  
list of options

Application  
of hurdle  
criteria to  
produce a  
shortlist of  
options

Evaluation of  
shortlist of  
options to  
identify a  
preferred  
option(s)

Development of  
a Pre-  
Consultation-  
Business Case  
(PCBC)

Assurance of  
PCBC by Clinical  
Senate,  
Regional  
Director,  
JHOSC, OGSCR,  
Investment  
committee, etc

Decision to  
consult  
*followed by*  
Public  
Consultation

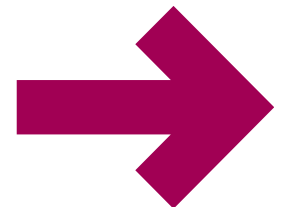
Evaluation of  
consultation  
discussions and  
responses

Final decision  
made - by  
commissione  
rs

# Consultation

- we are working with the **CCG representatives** on our programme board to establish the committee structure for CCG decision making over CCG commissioned RBH services
- we will work with the **Overview and Scrutiny Committees** in affected areas to establish which OSCs should form a JHOSC
- we would like to begin consultation at the start of the summer but we are aware that this is an ambitious target and it may be autumn

43  
Page 43



This page is intentionally left blank

## Joint Health Overview and Scrutiny Committee (JHOSC)

### Update on Strategic Outline Case Part 1 (SOC 1) funding bid and Shaping a Healthier Future (SaHF)

<b>Summary</b>	This document sets out the current status of our SOC 1 capital bid, and gives an update on the Shaping a Healthier Future programme
<b>Date</b>	28 February 2019
<b>Owner</b>	Mark Easton (Accountable Officer)

## Update on Strategic Outline Case Part 1 (SOC 1)

### Background: SOC 1 bid

In July 2018, a request for capital funding for the majority of the transformation programmes underpinning SOC 1 was submitted in a new Department of Health and Social Care process for providing capital funding. A decision is expected later this year.

As shown in our JHOSC paper dated 23 November, the elements of this funding proposal are:

Organisation	SOC 1 July 18 Capital submission (£000s)
Primary Care (GP Practices)	£7,100
'Out of Hospital' Hubs (Community facilities providing space for more care primary, community and social care)	£60,801
London North West University Hospital NHS Trust (additional capacity)	£106,887
The Hillingdon Hospital NHS Trust (additional capacity)	£43,825
West Middlesex University Hospital (additional capacity)	£41,300
<b>Total</b>	<b>£259,913</b>

### Current status of SOC 1 bid

We continue to await formal clarification on the status of our bid for SOC 1 capital. We have advised regulators that clarification is urgently required.

### Implications for patients in North West London

Although much of our primary and community strategy does not require capital funding, we have significant capital requirements both for the hospital strategy and for backlog maintenance. In the absence of a decision on capital we will continue to deliver the vision of all parts of the system working differently and more closely together to benefit local people.

We have already delivered more GP appointments in each borough and a series of changes to improve services like diabetes, maternity and services for older people (see our North West London Progress Update from our published North West London CCGs Joint Committee papers for more examples and further detail).

We continue to work closely with local authorities to ensure that people who are well enough to be discharged from hospital are able to get home more quickly. All of these measures are will deliver better care and outcomes for people in North West London – and they all will continue.

### Update on Shaping a Healthier Future (SaHF)

The capital funding proposal is only one part of SaHF. Since the programme began in 2012 there has been considerable progress with most of the programme's other elements. SaHF considered all the challenges facing the health care system and the requirements set out in the national strategy of the time, which was the *Five Year Forward View*.

SaHF sets the strategy and indicates how this may be achieved. The four agreed SaHF principles are fixed, and throughout implementation of the programme we will continue to make sure that we are achieving these objectives in the most appropriate way.

#### **SaHF Principles: the principles of SaHF are to make sure all patient care is:**

- Personalised (enable and support patients to best look after their own health and wellbeing)
- Localised (convenient access to care closer to home where possible)
- Coordinated (ensuring services consider every aspect of a patient's health and wellbeing and that delivery is coordinated across every service involved)
- Specialised (centralised where necessary for specific conditions, ensuring greater access to specialist treatment)

### NHS Long-Term Plan

As you know, the NHS Long-Term Plan has now been published, and we will be engaging with patients and other stakeholders as we develop our plans at a local level. Our vision for improving health and care in North West London will be in line with the NHS Long-Term Plan and its stated objectives.



## Joint Health Overview and Scrutiny Committee (JHOSC): NHS Long-Term Plan and creating an integrated care system in North West London

28.02.2019

<b>Summary</b>	This documents gives a strategic overview of the alignment between the NHS Long-Term Plan and the North West London Health and Care Partnership
<b>Date</b>	28 February 2019
<b>Owner</b>	Mark Easton, Accountable Officer

### The NHS Long-Term Plan: overview and context

The Long-Term Plan has big ambitions; NHS England says it aims to save almost half a million lives, stop 85,000 premature deaths each year, prevent 150,000 heart attacks, strokes and dementia cases, give mental health care to 345,000 more young people, and create a “digital front door” into NHS services through cutting edge technology.

It also seeks to answer major questions facing the NHS, such as: how do we make the most out of exciting new healthcare technologies, what can we do to prevent illness instead of just treating it, how do we plan well for the future with a growing, ageing population, and how can we continue to attract and keep the best staff in the world? Underneath all of this, of course, sits the biggest question of all: how can we do all of this with a finite amount of money?

To deliver the plan, the NHS has secured a funding boost of 3.4% a year over the next five years. This will be the first time in NHS history that the primary, community and mental health care spend is guaranteed to grow faster than the overall NHS budget. The Department for Health and Social Care is committed to recruiting and retaining the best talent from all over the world, and expects to see “unprecedented excitement” about working in primary care in particular. There are also plans to recruit 1,000 social prescribing ‘link workers’ which would free up GPs so that people can get an appointment much more quickly when they need one. Social prescribing will give people time to talk about what matters to them and in some cases support them to find suitable activities that are a better alternative to medication.

NHS England says that by 2023-24, social prescribers will be handling around 900,000 patient appointments a year. Over the next five years, every patient will have the right to digital GP consultations.

### Integrated Care Systems and the role of primary care

The key delivery mechanism is through **Integrated Care Systems**, which are stipulated to cover the whole country by 2021, typically involving a single CCG, and with populations over one million. We are developing our Sustainability and Transformation Partnership into an Integrated Care System called the North West London Health and Care Partnership, covering the health and care of our 2.2 million residents.

The plan encourages full engagement with primary care, including through a named accountable Clinical Director of each primary care network, and a primary care strategy to accompany each Integrated Care System's five year plan. This is in line with our ambitions for our local primary care plans and achievements to date.

## Priorities in the Long-Term Plan

In order to make the NHS more joined-up and coordinated in its care, more proactive in the services it provides and more differentiated in its support offer to individuals, five major changes to the NHS service model are stipulated in the long term plan over the next five years:

1. Boost Local Services (and other care provided in the community), and dissolve the primary and community health services divide.
2. Redesign and reduce pressure on emergency hospital services.
3. People will get more control over their own health, and more personalised care.
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS.
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

## NHS England London priorities: Start well, live well, age well

### Prevention and health inequalities

**We will...** reduce preventable issues related to or caused by smoking, obesity - and in doing so, achieve specific reductions in inequalities across England.

### Healthy childhood and maternal health

**We will...** deliver a 50% reduction in stillbirths, neo-natal mortality and maternal deaths by 2025, further improvements to infant mortality, reductions in childhood obesity and improved care for children with long-term conditions.

### Integrated and personalised care for people with long-term conditions and older people with frailty, including dementia

**We will...** design better support for people to live well with long-term conditions and frailty and reductions in demand for bed based care through proactive support.

## NHS England clinical priorities

### Cancer

**We will...** deliver specific improvements in cancer survival rates including faster and earlier diagnosis.

### Cardiovascular and respiratory

**We will...** improve outcomes for respiratory disease, reduce deaths from heart disease and stroke, reduce variation, and improve hyper acute care and rehabilitation.

### Learning disabilities and/or autism

**We will...** improve diagnosis, early intervention and personalised support for children and young people with learning disabilities and/or autism.

### Mental health

**We will...** improve access to appropriate mental health care for children and young people, crisis care for all ages, and perinatal mental health care. We also looking at how we might improve community mental health care for adults with a severe mental illness and complex needs.

### Primary care

**We will...** establish a more networked model of care to increase resilience and expands the range of services for patients closer to home. The networked model will support increased Multi-Disciplinary Teams (MDTs) working in primary care.

### Primary and community care

**We will...** ensure that over the next five years, every patient will have the right to digital GP consultations. Redesigned hospital support will be able to avoid up to a third of outpatient appointments.

### GP practices

**We will...** fund the creation of practices typically covering 30-50,000 people with integrated teams of GPs, community health and social care staff. GPs will sign new “network contracts” as part of NHS England’s plans to extend the scope of primary and community services to deliver fully integrated community-based health care and risk stratification to reduce unwarranted variation from 202/21. Investment in primary medical and community services will also grow faster than the overall NHS budget, which means there will be a ring-fenced local fund worth at least an extra £4.5 billion a year at the national level in real terms by 2023/24.

## Implications for NW London and our Health and Care Partnership refresh

We have been working with our providers across NW London for some time to deliver benefits to our population through our STP, including maternity, paediatric transition, home first, and access to primary care.

We are now refreshing our areas of focus to ensure it reflects what matters to our patients, and to ensure we are reducing any unnecessary variation in our care across our patch, whilst delivering the priorities set out in the long term plan. Our proposed areas of focus are:

- Healthy communities and prevention

- Maternity, children and young people
- Primary, social and community care
- Urgent and emergency care
- Mental health
- Cancer care
- Hospital and specialist care

### **Alignment with national NHS Long-Term Plan**

We are required to publish a response to the Long-Term Plan, showing how it will be implemented in North West London. Our existing local plans align well with the national direction of travel and we are currently looking at where the gaps and synergies are, with a view to developing our local plan.

### **Patient and public involvement**

The national plan is already based on a period of NHS engagement with over 3.5million people from all around the country. But the engagement with the public isn't over yet. NHS North West London CCGs will now be having a series of conversations with people who live in North West London about the local detail of our plans, and about how what we're doing will benefit residents and their families.

One of the ways people will be able to get involved will be through our soon-to-be-launched Citizen's Panel, a new democratic platform through which any member of the public can meaningfully influence NHS decision-making at a local level, in an easy, flexible way. We will also be working closely with Healthwatch and other community and voluntary sector partners – as well as, of course, engaging with patients regularly through all our usual channels.

Once we've heard from residents about how they'd like us to make these plans a reality in North West London we will be publishing our local plan for 2019-20 this year, followed by our full plan covering the next five years. We look forward to hearing not only from our residents, but also from you, as NHS colleagues, so that we can all improve our health and social care system together.

### **Local conversations with the public and stakeholders**

We want to talk to local people and organisations about the Long-Term Plan. It is important to recognise that in doing this, we are by no means starting from scratch. We have been talking to local people and stakeholders about changes to local health services for many years, and we have recently been working across North West London on a process of 'resetting' our long term strategy. We have set a clear direction of travel, which is strongly aligned to the national plan.

It is our intention to co-produce our engagement plan with Healthwatch, our integrated lay partner group and partners in the NHS and local authorities. We have been working with the five Healthwatch organisations and lay partners to develop an outline approach, which we will work through with these and other partners in immediate future.

The focus is likely to be on involving the public and stakeholders in considering and influencing the tangible impacts on local services and care. It also presents the opportunity

to bring about a step change in public engagement across North West London, with the development of a dedicated Citizens' Panel, a co-produced, aligned approach to outreach and stakeholder engagement across the patch and much closer partnership work with Healthwatch, the voluntary sector and local authorities to broaden our reach and interaction with our local communities.

The following draft objectives have been agreed with Healthwatch, lay partners and provider colleagues and by the Health and Care Partnership Programme Board.

### A step change in public engagement

#### We will...

- Establish a Communications and Engagement Advisory Group, working with the Integrated Lay Partner Forum and local authorities, to plan and develop future engagement activity as a single NHS, working in partnership with our local authorities, Healthwatch, the voluntary sector and the public.

Develop a 4,000-strong Citizens' Panel for North West London to support, comment on and develop our thinking on a range of healthcare issues (we have secured funding for this from NHSE and would look at align with any existing panels).

Work with Healthwatch to develop face to face conversations with people and groups across North West London, to develop and adapt our thinking.

- Supplement our events by holding webinars/tweet chats as appropriate, focused on key elements of our plans: possible themes to be discussed with partners and Healthwatch.
- Outreach engagement to take place in each North West London borough, ensuring that key audiences in each borough are reached, including those that are seldom heard (specific objectives to be agreed) – a lot of this will involve going to where people are by attending regular meetings.
- Develop our Community Voices programme as a key way of reaching into communities, having unprompted conversations and gathering real time feedback and experiences.
- Develop a schools resource pack to enable messages about healthy living to be disseminated to children and young people (already underway, in partnership with Imperial College Partners).
- Ensure NHS and local authority staff are engaged, informed and involved in the development of the plan.
- Ensure due regard is paid to equalities impacts of any proposed changes (a dedicated NW London Equalities Steering Group is being set up).

- Recruit volunteers to support community engagement once the Citizens' Panel is up and running.

## Workforce, Training and Leadership

Workforce is one of the key enablers that will be essential to the success of these plans, both at a national and local level.

This means we need to set out the future size and shape of the workforce, and then set out what can be done in the short, medium and long-term to deliver this.

Wider reforms will be finalised in 2019 when the workforce education and training budget for HEE is set by government, and will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group. Our initial commitments on workforce are as follows:

- Funding is being guaranteed for an expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21.
- New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support, are all being backed, together with a new post-qualification employment guarantee.
- International recruitment will be expanded over the next three years, and the workforce plan will set out new incentives for shortage specialties and hard-to-recruit to geographies.
- More flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment.
- Formal regulation of senior NHS managers could be introduced to improve their standing and help fill the most difficult jobs, with the NHS to consider "the potential benefits and operation" of a professional registration scheme.
- More doctors will be encouraged to train as generalists rather than specialising in a specific area of medicine in an effort to shift away from the dominance of "highly specialised" medicine and to ensure medics are better able to provide care to patients who have more than one long-term condition.



## Joint Health Overview and Scrutiny Committee (JHOSC): Continuing Healthcare (CHC) Policy Proposals

28.02.2019

### 1. Introduction

#### **Amendment to the NHS continuing healthcare (CHC) choice and allocation of resource policy in North West London**

NHS North West London CCGs proposes to make changes to our policy on funding community-based packages of care for people that are eligible for Continuing Healthcare. (As you will be aware, NHS Continuing Healthcare is a package of care for people who are assessed as having significant on-going healthcare needs. It is arranged and funded by your CCG.)

The amendment is expected to impact a very small number of patients (fewer than 20) in each borough.

#### **Current policy and proposed changes: an overview**

If a person receives care in their own home the NHS covers the cost of the support from health professionals and personal care which can include help with washing and getting dressed.

At the moment, the NHS does not consistently apply a maximum cost to delivering care through this policy in a patient's home. Our proposal is that where the cost of home care support is in excess of 10% of alternative costs that this would trigger a review to see if the extra costs can be justified.

CCGs recognise that there will be situations where the cost of care at home is greater than 10% due to the specific needs of individual patients.

The draft policy, if agreed, would apply to new and existing patients assessed as eligible for CHC and receiving care at home.

For existing patients, we would review their care when it is next up for review (this is usually once a year). We have written to all patients currently receiving care through CHC to explain this proposal. We are also holding a drop-in session for patients, family members and carers and all patients have been invited to this. We have provided a number of ways of them providing their views or asking further questions. The engagement process lasts until 13 March 2019. The CCG governing bodies will review the responses in April 2019.

### **Why are we proposing this change?**

The CCGs are required to make best use of money it spends and as you know often make difficult decisions. Within CHC we are always striving to meet patient need and ensure the Care Package is value for money.

Each CCG except Hounslow, which has a joint local authority policy, has an existing policy which outlines how resources are allocated per package. However, the policies differ in many areas. Therefore a year ago the CHC Leads agreed to develop a North West London CCGs Policy that would provide equity in service provision across North West London.

A group was set up specifically to ensure that there was a robust framework around the implementation of the CHC Policy.

However just as the CCGs were about to share the policy, Brent, Harrow and Hillingdon, along with other CCGs across the country received a challenge from the Equality and Human Rights Commission (EHRC) that their existing policy was unlawful. It has not been proven that the policy is unlawful; however, we agreed to re consider the wording of current policies.

The collective of CCGs (20) that received the challenge agreed to work together on a policy with a specialist legal advisor to review the wording and develop a policy that retained patient choice and consideration of value for money within the legal framework.

The CHC Leads agreed to adopt that policy in draft and to engage with the public prior to Governing Body approval and implementation. This approach was to ensure that the feedback received from the public was included as part of the Governing Body decision making.

### **2. Task and finish group**

The CCGs set up a task and finish group as of 28 September 2018 which met monthly, led by Diane Jones as the Senior Responsible Officer (SRO).

The policy has been discussed at arrange of CCG meetings, including the Chairs, Chief Operating Officers and Managing Directors meeting in December 2018, Senior Management Team in January 2019 on two occasions, local Patient Engagement committees and Quality Committees.

Each CCG has completed an Equality Health Impact Analysis (EHIA) screening, which will be updated when the engagement is completed to take into account any new information gathered during that work. The attached spreadsheet gives an overview (appendix 1).

The Task and Finish Group collectively agreed an engagement period from the 13 February to the 13 March 2019.



North West London CCGs sent letters to individuals in receipt of a CHC home care package considered NOT to be affected by the implementation of the policy.

Hand-delivered letters were sent to individuals in receipt of a CHC home care package considered to be affected by the implementation of the policy.

Individuals and/or their carers have been invited to meet with a CHC lead in their home or a public venue.

**Table 1: Individuals in receipt of a CHC home care package**

<b>CCG</b>	<b>Total home care</b>	<b>*Those affected</b>	<b>Unaffected</b>	<b>Overall CHC home care packages as % of all CHC packages</b>
Brent	77	9 (12%)	68 (88%)	11%
Central	72	0	72 (100%)	19%
Ealing	91	12 (13%)	79 (87%)	9%
Hammersmith & Fulham	61	0 (12%)	61 (100%)	12%
Harrow	70	6 (9%)	64 (91%)	11%
Hillingdon	80	21 (26%)	59 (74%)	11%
Hounslow	84	2 (2%)	86 (98%)	15%
West	68	0	68 (100%)	13%

*\*Received a hand delivered letter by a senior CHC clinician*

Those affected are currently in receipt of a care package, which is above 10% the same care needs being met with an alternative home care provider or a care home with Nursing. However, if the individual has exceptional clinical and or social needs this would be accepted as requiring no change.

I have attached a list of frequently asked questions gathered from a range of stakeholders (appendix 2).

### **3. Feedback from engagement so far**

Ian Robinson will present his engagement feedback stories and case studies to the JHOSC.

**Diane Jones**

**Chief Nurse and Director of Quality**

**Submission: 28 February 2019**

This page is intentionally left blank

# North West London Joint Health Overview and Scrutiny Committee

**Date:** Tuesday 12<sup>th</sup> March 2019

**Classification:** General Release

**Title:** Annual review of the JHOSC

**Report of:**

**Policy Context:** North West London Joint Health Overview and Scrutiny Committee Governance

**Report Author and Contact Details:** **Aaron Hardy (020 7641 2894)**  
[ahardy1@westminster.gov.uk](mailto:ahardy1@westminster.gov.uk)

## 1. Executive Summary

- 1.1 The North West London Joint Health Overview and Scrutiny Committee's (JHOSC) terms of reference requires an annual review of whether there is a need for the JHOSC to continue or whether it has fulfilled its remit.
- 1.2 This paper outlines the suggested process for undertaking the review.

## 2. Key matters for the NWL JHOSC's consideration

- 2.1 The joint committee is asked to provide a view on:
  - The proposed scope of the review
  - The proposed process for the review

## 3. Background

- 3.1 The terms of reference for the JHOSC lay out its responsibilities as
  - Scrutinise the 'Shaping a Healthier Future' programme
  - Scrutinise the Sustainability and Transformation Plan for North West London
  - review and scrutinise decision made, or actions taken by North West London Collaboration of Clinical Commissioning Groups and/or other NHS service providers, in relation to 'Shaping a Healthier Future' reconfiguration and the Sustainability and Transformation Plan for North West London
  - To make recommendations as appropriate.
- 3.2 The proposed scope of the annual review of the JHOSC is:

- Has the JHOSC scrutinised appropriate topics?
  - Answering this question should involve examining whether the reports the JHOSC has considered were priorities for North West London, were they within the terms of reference of the JHOSC and if not, should the terms of reference be amended?
- Has the JHOSC added value to services residents across North West London receive?
  - It is important that any review identify how the JHOSC has had a positive impact on residents in North West London. This could involve the JHOSC making recommendations that were accepted and implemented, increasing public involvement in the decisions that affect them or ensuring that the actions taken by commissioners and providers across North West London are robust.
- How does the JHOSC operate?
  - As the JHOSC holds meetings in public, and has a limited number of meetings per year, a key question for the review should be is the committee making the most of its time, and how can it work most efficiently, both inside and outside of meetings.
- What is best practice?
  - As there are a number of JHOSCs across London, there is an opportunity to learn from their experiences to shape the future practice of the JHOSC.

3.3 The suggested process and time table for the review is:

<b><u>Timescale</u></b>	<b><u>Action</u></b>
12 <sup>th</sup> March 2019	Agree scope and process of review
March 2019	JHOSC support officer workshop
April 2019	Input from NHS partners sought
April 2019	JHOSC member workshop (inc Work Programme session)
May 2019	Individual councils agree any revisions to terms of reference within their own governance arrangements
June 2019	First JHOSC meeting of 2019/20

3.4 The development of the 2019/20 work programme could also form part of the process.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Aaron Hardy (020 7641 2894)**  
[ahardy1@westminster.gov.uk](mailto:ahardy1@westminster.gov.uk)

## BACKGROUND PAPERS

None