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Council
16 May 2012

**Report from the Director of
Strategy, Partnerships and
Improvement**

Wards Affected:
ALL

**Proposed public consultation on “Shaping a Healthier
Future” – health services in North West London**

1.0 Summary

- 1.1 The council has received notice from NHS North West London that it is to launch a public consultation on “Shaping a Healthier Future”, its strategy for health service improvement in North West London. As a result, it has invited relevant local authorities to set up a joint overview and scrutiny committee (JOSC) to consider and respond to the proposed consultation.
- 1.2 Participating boroughs in North West London need to appoint two representatives to sit on the JOSC (although there will be only one vote per authority). The purpose of this report is to provide Council with the necessary background information in order to make its nominations to the JOSC.

2.0 Recommendations

- 2.1 That Council agrees the proposals relating to Shaping a Healthier Future are substantial developments of the health service.
- 2.2 That Council agrees that a Joint Overview and Scrutiny Committee should be established with other authorities in North West London to consider the consultation on Shaping a Healthier Future.
- 2.3 That Council agrees two nominees to be the borough’s representatives on the Joint Overview and Scrutiny Committee.
- 2.4 That Council agrees the terms of reference for the Joint Overview and Scrutiny Committee will be presented to Council once they have been agreed by participating authorities.

3.0 Detail

- 3.1 The council has received notice from NHS North West London that it is to launch a public consultation on “Shaping a Healthier Future”, its strategy for health service improvement in North West London. As a result, it has invited relevant local authorities to set up a joint overview and scrutiny committee (JOSC) to consider and respond to the proposed consultation.
- 3.2 Shaping a Healthier Future is working to three overarching principles, which are guiding plans for service change in North West London. The principles are:
- **Localising** routine medical services means better access closer to home and improved patient experience
 - **Centralising** most specialist services means better clinical outcomes and safer services for patients
 - Where possible, care should be integrated between primary and secondary care, with involvement from social care, to ensure **seamless** patient care
- 3.3 There are two main elements to Shaping a Healthier Future. The first is the development of an Out of Hospital Care Strategy for each borough in North West London. Each Clinical Commissioning Group in North West London is working with its PCT and local authority to develop separate Out of Hospital Care Strategies. Consultation on the Out of Hospital Care Strategies will take place within each borough, and the Health Partnerships Overview and Scrutiny Committee will spend time scrutinising Brent’s strategy, which will go out for consultation in May 2012.
- 3.4 There are key themes emerging from the Out of Hospital Strategies across North West London:
- Easy access to high quality, responsive care to make out-of-hospital care first point of call for people
 - Clearly understood planned care pathways that ensure out-of-hospital care is not delivered in a hospital setting
 - Rapid response to urgent needs so fewer people need to access hospital emergency care
 - Providers working together, with the patient at the centre to proactively manage LTCs, the elderly and end of life care out-of-hospital
 - Appropriate time in hospital when admitted, with early supported discharge into well organised community care
- 3.5 The second part of the project relates to the future of acute hospital services in North West London and is influenced by the aim of delivering more services in non-hospital settings. The Case for Change documents for Shaping a Healthier Future set out the reasons why NHS North West London is looking to reconfigure hospital services in the area, reducing the number of hospitals providing a full range of acute services. These are summarised below.

Challenges in North West London:

- A growing population – an extra 113,000 people in NW London over the next ten years
- An ageing population
- 31% of the population have long term chronic conditions such as heart disease, diabetes and dementia conditions which require longer term care and management
- The cost of care – drugs and technology – is increasing, while money for the NHS is limited
- Workforce shortages affect some hospital specialities
- The way our hospitals and primary care is currently organised will not meet the needs of the future

Hospital care varies:

- More hospital space in NWL than in other parts of the country and uses a greater proportion of the NHS budget on hospital care than average – not the best use of resources
- Three quarters of hospitals require upgrading to meet modern standards, at an estimated cost of £150m
- Hospitals in NW London have significant financial challenges even if they become as efficient as they can be
- Hospitals vary in the quality of care and the time it takes for them to see and treat patients
- Recent study showed patients treated at weekends and evening in London hospitals – when fewer senior staff are available – stand a higher chance of dying than if they are admitted during the week.
- The NHS needs to ensure that senior doctors and teams are available more often, seven days a week, 24 hours a day
- Changes in the last few years to London's heart attack, stroke and major trauma services have shown how more lives can be saved by concentrating specialist services on a smaller number of sites. Not every hospital can safely do everything

Differing outcomes for patients:

- Difference of up to 17 years in life expectancy between different boroughs in NW London
- Some ethnic groups have poorer health outcomes than others
- One in four patients in NW London dissatisfied with access to their GP
- Six of the eight boroughs in NW London are in the bottom 10% nationally for patient satisfaction with out-of-hours GP services.
- 20-30% of patients who are currently admitted to hospitals in NW London as emergencies could be more effectively cared for in their own community

3.6 NHS North West London is working on options for acute services that will mean a reduction in the number of major hospitals in the area, possibly to five. However, out-of-hospital services will be expanded and improved in all areas

and all nine current hospitals will retain Local Hospital services, providing around 75% of all current activity (excluding specialist activity).

- 3.7 The possible reconfiguration of major hospitals in North West London will include, whatever option is chosen, Hillingdon Hospital and Northwick Park Hospital. These hospitals will remain major acute sites because of their geographical location, serving as they do large populations in outer North West London. Central Middlesex Hospital is likely to become an elective care centre and will no longer provide emergency care services (overnight A&E has already closed at CMH), although an Urgent Care Centre will remain on the site.
- 3.8 The consultation will focus on options relating to the following hospitals, which have been grouped together. NHS North West London has suggested that there will be five major acute hospitals in North West London, Hillingdon, Northwick Park and:
- Either Hammersmith or St Mary's
 - Either Ealing or West Middlesex
 - Either Charing Cross or Chelsea & Westminster
- 3.9 Work is ongoing to agree which options NHS North West London will go out to consultation on. Council's have been informed that consultation is likely to begin at the end of June 2012 and run for at least three months.
- 3.10 The JOSC has already started meeting informally, to contribute to the pre consultation work being carried out by NHS London. The chair and vice chair of the Health Partnerships Overview and Scrutiny Committee have represented Brent at these informal meetings. Terms of reference have been drafted, along with a work programme for the JOSC. These need to be agreed by the JOSC once it is properly constituted and meeting formally. Participating council's have also agreed that each borough should have two representatives on the JOSC, but that there will only be one vote per council, should a vote need to be taken during JOSC proceedings. Some boroughs, including Brent, wanted one representative per council, others wanted two. This was agreed as a compromise.
- 3.11 Council should note that all boroughs in North West London have agreed to take part in the JOSC, except Hillingdon. The participating authorities are Brent, Ealing, Hammersmith and Fulham, Harrow, Hounslow, Kensington and Chelsea and Westminster.

4.0 Financial Implications

- 4.1 There are no direct financial implications for the authority by participating in the JOSC, apart from officer time which will be met from current resources or the costs incurred from hosting a JOSC meeting, which would also be met from existing budgets. It should be noted, however, that NHS North West London has agreed to contribute to the costs of supporting the JOSC, up to £30,000. Boroughs are working to appoint an organisation to provide policy advice and support to the Joint Committee.

5.0 Legal Implications

5.1 Under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 NHS bodies have a duty to consult an overview and scrutiny committee on:

- Any proposals it may have under consideration for any substantial development of the health service in its area; or
- Any proposal to make a substantial variation in the provision of such services

5.2 The Secretary of State's direction issued on 17th July 2003 provides:

"where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:-

(a) make comments of the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;

(b) require the local NHS body to provide information about the proposal under Regulation 5 of the Regulations; or

(c) require an officer or the local NHS body to attend before it under Regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions under the consultation."

5.3 The proposals in Shaping a Healthier Future are considered to be a substantial development in the health service in North West London, which will have an impact across the whole of the area. A JOSC should therefore be established for the purposes of consultation on these proposals.

5.4 Under the Council's Constitution the establishment of a joint committee and the appointment of members to a joint committee is a function reserved for Full Council.

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

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