



## Health Partnerships Overview and Scrutiny Committee 30<sup>th</sup> May 2012

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

For Action

Wards Affected:  
ALL

## Shaping a Healthier Future – Update on JOSOC and Brent Out of Hospital Care Strategy

### 1.0 Summary

1.1 NHS North West London is working on its programme for health service improvement in the cluster area – Shaping a Healthier Future. There are three overarching principles guiding plans for service change in North West London. These 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

1.2 There are two main elements to Shaping a Healthier Future. The first 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

- 1.3 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).
- 1.4 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.
- 1.5 The consultation on hospital services will start at the end of June 2012 and is likely to focus on the following options:
  - Option 1 – a reduction of nine major hospitals to five, with major acute services located at West Middlesex, St Mary's, Chelsea and Westminster, Northwick Park and Hillingdon Hospitals. The remaining hospitals

(Hammersmith, Charing Cross and Ealing will become local hospitals). This is likely to be the preferred option.

- Option 2 – As above for Option 1, but Charing Cross becoming a major acute site rather than Chelsea and Westminster.
- Option 3 – As above for Option 1, but Ealing becoming an acute site rather than West Middlesex.

- 1.6 Because of the cross borough nature of the proposals for hospital services, a Joint Overview and Scrutiny Committee made up of all boroughs in North West London (except Hillingdon who have declined to take part) has been established to scrutinise the proposals. The JOSC has been meeting informally, to contribute to the pre consultation work carried out by NHS London. Cllr Sandra Kabir and Cllr Ann Hunter 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. 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.
- 1.7 As the consultation on hospital services begins, the JOSC will move into its formal meetings. The consultation will last for at least three months, and in the time the JOSC will hold a number of meetings with witnesses who will be able to provide evidence on the changes, and whether they should be endorsed or not. At the end of the process all participating boroughs will have to agree a final report for consideration by NHS North West London. NHS North West London will have to respond to this report and its recommendations.
- 1.8 The second main issue 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 at this meeting scrutinising Brent's strategy which is to go out for public consultation. Brent's Out of Hospital Care Strategy is an appendix to this report.
- 1.9 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
- 1.10 Members of the Health Partnerships OSC should use the committee time to question representatives of Brent's Clinical Commissioning Group on their plans for out of

hospital care in the borough. A response to the consultation can also be sent from the committee, with recommendations for the Clinical Commissioning Group to consider and respond to.

## **2.0 Recommendations**

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to:

- (i). Note the update on Shaping a Healthier Future and the North West London Joint Overview and Scrutiny Committee
- (ii). Scrutinise the Brent Out of Hospital Care Strategy and question representatives from Brent Clinical Commissioning Group and NHS Brent on its contents
- (iii). Decide whether it wishes to respond formally to the consultation on the Out of Hospital Care Strategy.

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