

# Joint Health Overview & Scrutiny Committee (JHOSC)

## Supplementary Agenda

Tuesday 3 September 2013

10.30 am

Royal Borough of Kensington & Chelsea, Committee Room 3

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**Members of the public are welcome to attend.**

Date Issued: 28 August 2013

# **Joint Health Overview & Scrutiny Committee (JHOSC) Supplementary Agenda**

**3 September 2013**

<b><u>Item</u></b>		<b><u>Pages</u></b>
<b>5.</b>	<b>SHAPING A HEALTHIER FUTURE PROGRAMME AND JHOSC RECOMMENDATIONS UPDATE</b>  North West London Collaboration of Clinical Commissioning Groups will provide an oral update on the Shaping a Healthier Future Programme and the JHOSC recommendations. This report supports the update.	<b>1 - 43</b>
<b>6.</b>	<b>JHOSC: CONTINUING SCRUTINY OF THE DEVELOPMENT OF PROPOSALS</b>  This report provides the views of North West London Collaboration of Commissioning Groups on the future of the JHOSC.	<b>44</b>



*Shaping a healthier future*  
JHOSC Update

3 September 2013

# Introduction

- This update covers:
  1. Timelines , milestones and updates
  2. Local and elective hospitals
  3. Out of hospital
  4. Whole systems integrated care
  5. A&E and winter resilience
  6. Implementation and Tracker Overview
- As some members are new, and as a refresher, we have provided some slides in the appendix that particularly address issues raised by the JHOSC. These should be read in conjunction with the three previous documents addressing points made by the JHOSC, namely:
  - 05/11/12 – SaHF Report, first response to recommendations
  - 07/02/13 – SaHF Presentation Pack with supporting documents, update on first response
  - 23/05/13 – SaHF briefing

## Over half of the JHOSC recommendations suggested actions by local authorities....

1. Proposals for out of hospital care are developed further, with the direct involvement of non-NHS partners. Action: Health and Well-being Boards (HWBs)
2. More information is produced on how patients flows will change in the new system. Action: NHS NW London (NHS NWL).
3. Milestones, standards and measures for Out of Hospital proposals to be developed and trigger points for implementation. Actions: Clinical Commissioning Groups (CCGs) and HWBs.
4. Plans to be developed on how all parts of the population will be educated in how to use the new models of provision. Action: Directors of Public Health.
5. Joint commissioning between local authorities and CCGs and between the CCGs should be strengthened. Action: HWBs and CCGs.
6. Measurable standards/outcome measures to be developed. Action: NHS NWL.
7. Involvement of staff in the development of the proposals to create greater ownership and ensure smooth implementation together with a Workforce strategy. Action: NHS NW London, provider organisations and Unions.
8. Detailed equalities impact assessment is developed and also plans for mitigation are developed. Action: NHS NWL, TfL and LAS.
9. That the JHOSC is constituted to provide continuing scrutiny of the development of proposals. Action: Local Authorities.



## ...so we continue to work closely with local authorities on the integration and planning of services

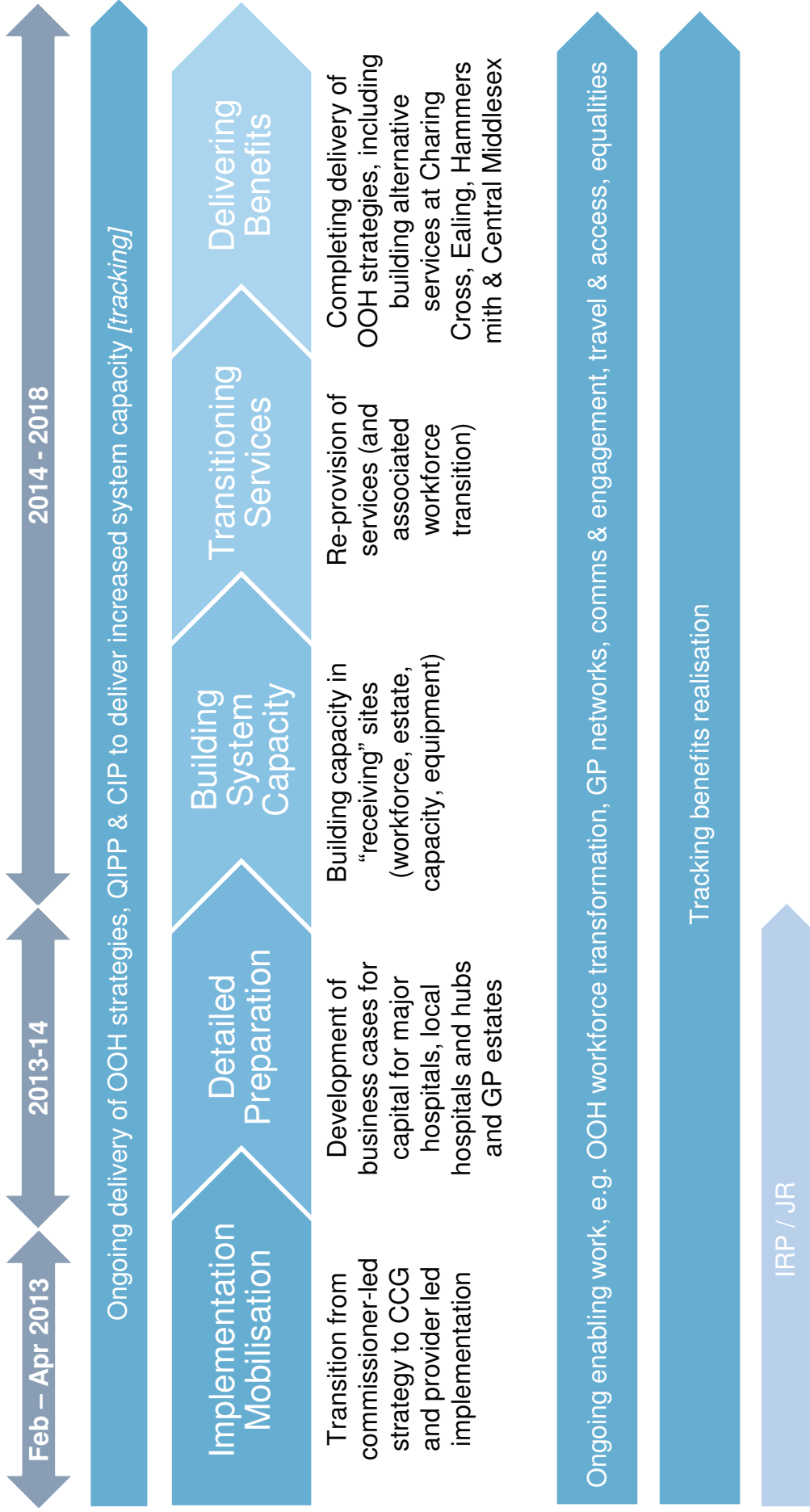
- Local authorities were part of our Out of Hospital steering groups within each CCG from the outset
- All Out of Hospital strategies were approved by the relevant Health & Wellbeing Board prior to consultation and now form part of the health and wellbeing strategy
- We are now implementing these strategies together – e.g. recently submitted joint Pioneer application for whole system care
- Across a number of CCGs, including Ealing, integrated health and care teams are being put in place to meet the needs of the population
- Hammersmith and Fulham and Ealing Councils have agreed to take part in the design of their Local Hospitals



# 1. Timelines, milestones and update

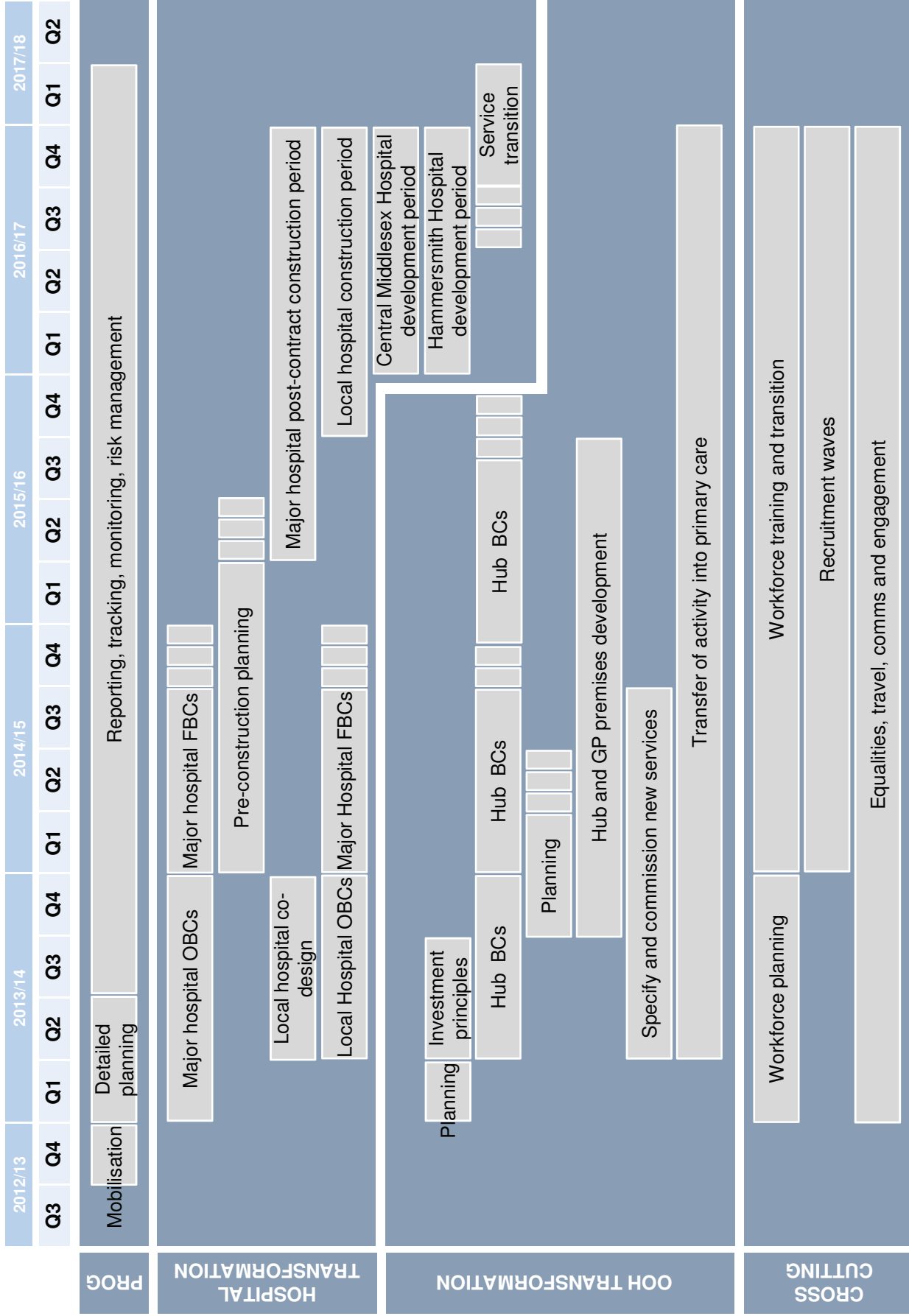
*Addressing Points 3, 4, 7 & 8 of the  
JHOSC Recommendation Report*

# We have a five year plan to deliver SaHF

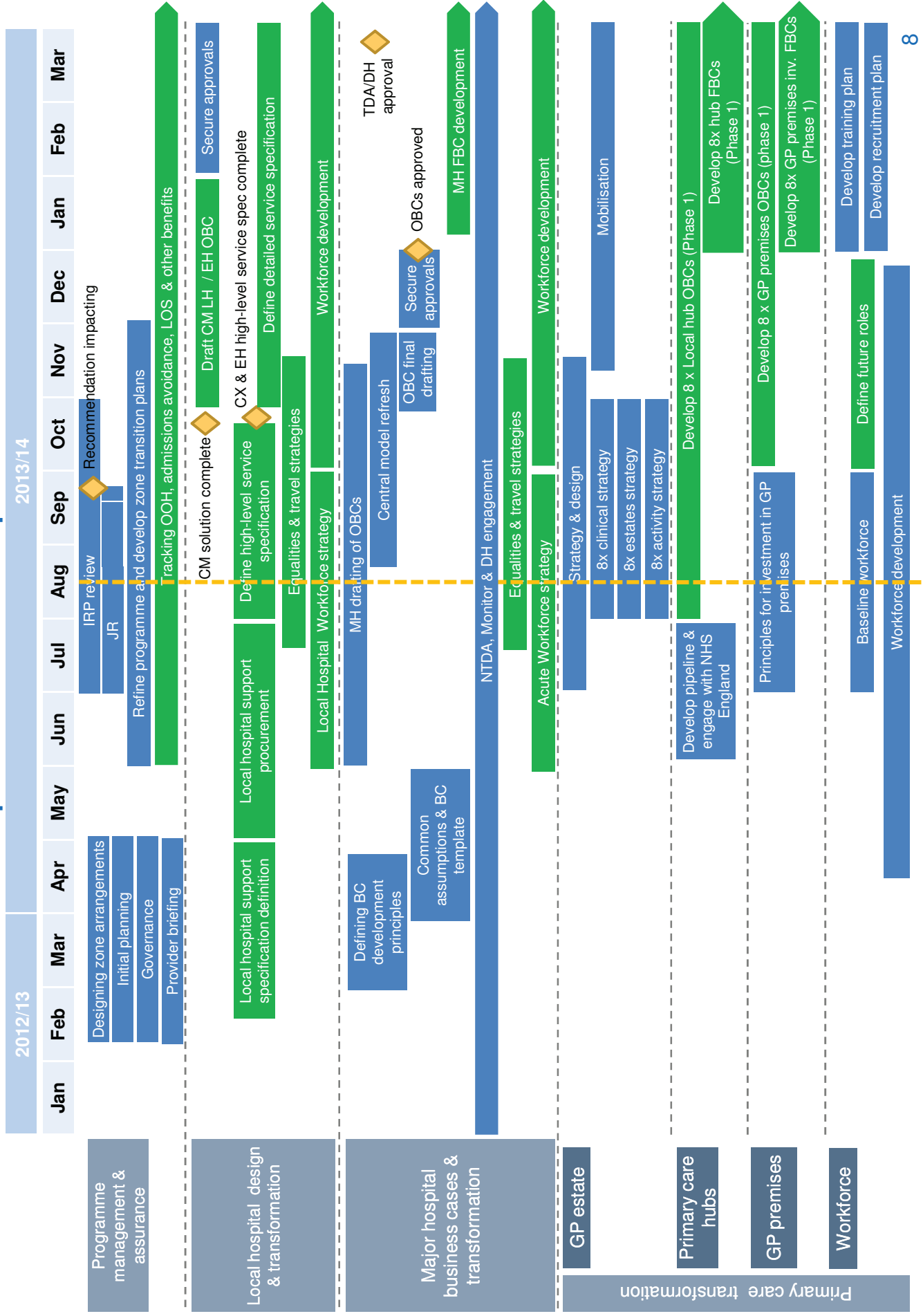




# There is a SaHF critical path that will drive the programme planning, priorities and progress



# We have a detailed implementation plan for 2013/14



# We have made substantial progress on priorities for 13/14

<p>PROGRAMME DESIGN</p>	<ul style="list-style-type: none"> <li>• Collaboration of 8 CCGs who lead SaHF formed</li> <li>• With NHS England agreed multi-year multi-million financial strategy to support implementation</li> <li>• Established four regional zones for implementation, and recruited teams to manage them</li> <li>• Developing detailed implementation plans for service transition</li> <li>• Developed a tracking tool to monitor quality, shape change, activity change</li> </ul>
<p>HOSPITAL TRANSFORMATION</p>	<ul style="list-style-type: none"> <li>• Acute Trusts all provided with financial support to develop their business cases</li> <li>• Major and Local hospital business cases on track for delivery this financial year</li> <li>• Have agreed with the NTDA on the approvals process</li> <li>• NTDA leading work to develop options for the future of Central Middlesex Hospital</li> <li>• Commissioned external support to develop proposals for enhanced services at Ealing and CX</li> </ul>
<p>OoH TRANSFORMATION</p>	<ul style="list-style-type: none"> <li>• Developed OBC pipeline for GP hubs and premises and securing support</li> <li>• Commissioned work to develop a set of common principles for investing in primary care</li> <li>• Submitted an application to become an Integrated Care pioneer site and we have been shortlisted</li> </ul>
<p>CROSS CUTTING</p>	<ul style="list-style-type: none"> <li>• Working with HE NWL to develop joint plans and establish a baseline to support modelling</li> <li>• Established Finance group and developed a granular activity model</li> <li>• Clinical Board reconvened and working to identify key risks, established Maternity, Paediatric and Urgent and Emergency Care CIG</li> <li>• Re-formed the Patient Group (PPRG) and Travel Advisory Group (TAG)</li> </ul>

## Our Patient and Public Representative Group will play a key role

- The Patient and Public Representative Group (PPRG) will continue the work of the previous patient and public group
- Membership includes representatives of all eight NW London Healthwatches, Equalities Champion, all eight CCG PPI Lay Members and invitees from surrounding CCGs
- Patient and public representatives will sit on all key workgroups including Programme Board, Clinical Board, Finance & Business Planning Group, Travel Advisory Group and Equalities Impact Review Steering Group etc
- PPRG will also advise on the implementation plans, public materials and delivery, including all aspects of patient and public engagement
- The PPRG met for the first time on 16<sup>th</sup> Jun. The next meeting is on 4<sup>th</sup> Sep

# The Travel Advisory Group will oversee delivery of the travel action plan

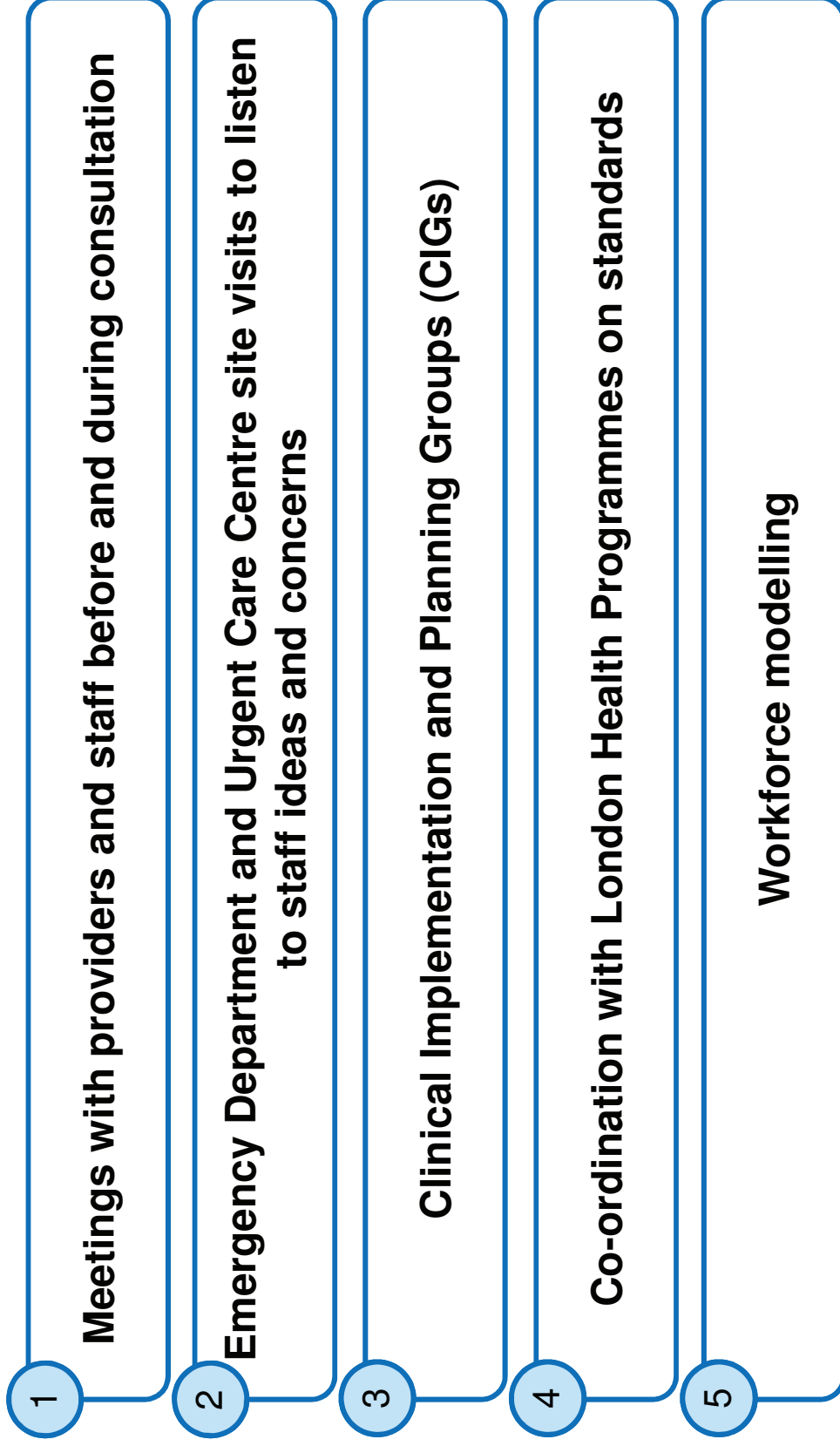
- TAG work programme will be agreed with the PPRG – this may include:
  - Trip rate data collections from each site
  - Developing improved travel plans and information by sharing best practice
  - NHS organisations being included in public transport liaison committees
  - Consideration of door-to-door transport solutions
  - Active engagement with TfL
- The first TAG meeting is planned for 9<sup>th</sup> Sep



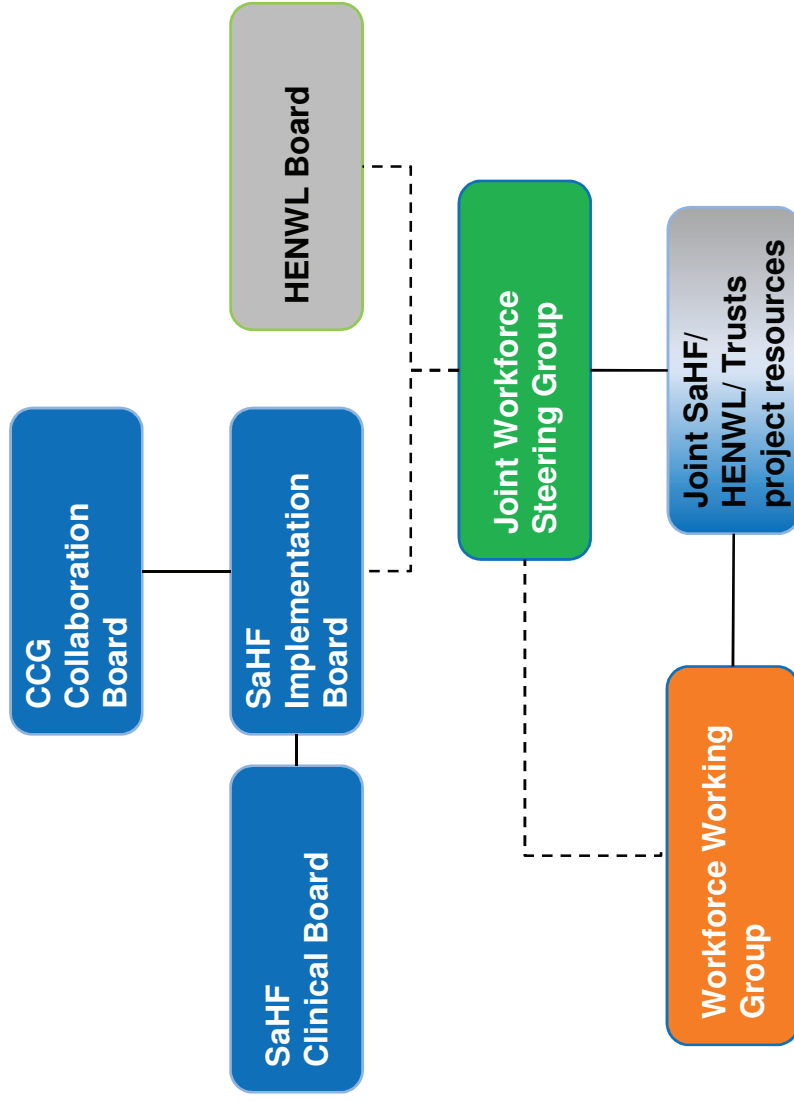
## Equalities work is focused on identification of issues and resources

- Briefed all eight CCGs on the outcomes of the SaHF equalities work
- All eight CCGs have developed a set of equality objectives for 2013/14 (a key theme is around maternity and interpretation services – concerns that were raised during consultation)
- SaHF objectives have been integrated with CCG objectives
- Appointed Ealing Zone manager who has responsibility for equalities for the programme across NWL
- Recruiting an independent equalities champion
- Engaging with those who may be less likely to engage / respond to traditional communication processes.

**We have followed a consistent approach to engaging with staff**



# The workforce governance structure brings together key partners to ensure successful workforce transformation



**SUBJECT TO AGREEMENT WITH HENWL ON 22.08.13**

Joint Workforce Steering Group Membership	
•	<b>Jeremy Levy</b> - Director of Educational Quality, HENWL
•	<b>Therese Davis</b> – Deputy director of Educational Quality, HENWL
•	<b>Julia Whiteman</b> – Postgraduate Dean, HENWL
•	<b>Lizzie Smith</b> – Director of Workforce and Planning, HENWL
•	<b>Thirza Sawtell</b> – Director, NWL S&T
•	<b>Susan LaBrooy</b> – SaHF Workforce clinical lead
•	<b>Mohini Parmar</b> – Chair, Ealing CCG
•	<b>Ethie Kong</b> – SaHF Workforce clinical lead
•	<b>Trust HR Director representatives (TBC)</b>
•	<b>Richard Hahn</b> – SaHF zone manager / workforce lead

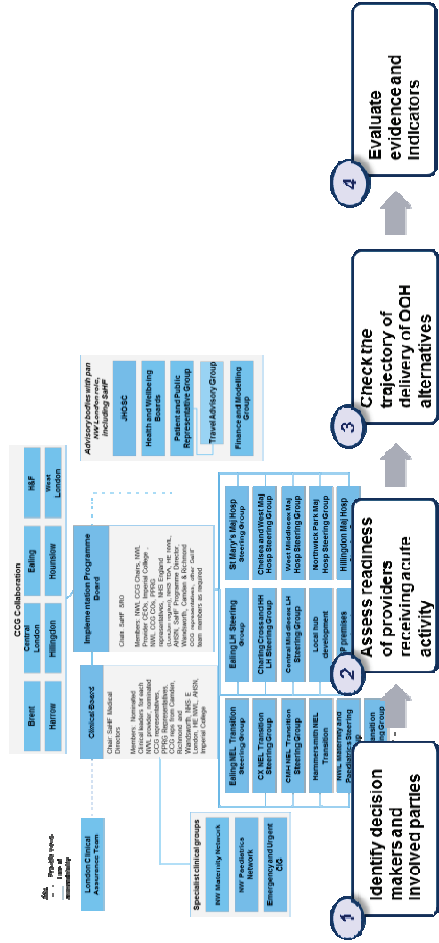
Workforce Working Group Membership	
•	Workforce Lead (SaHF)
•	Trust Workforce Leads
•	CCG Workforce Lead
•	HENWL representation
•	Comms representation





# We have programme structures to manage risk and assure ourselves on delivery throughout implementation

## Governance & decision making



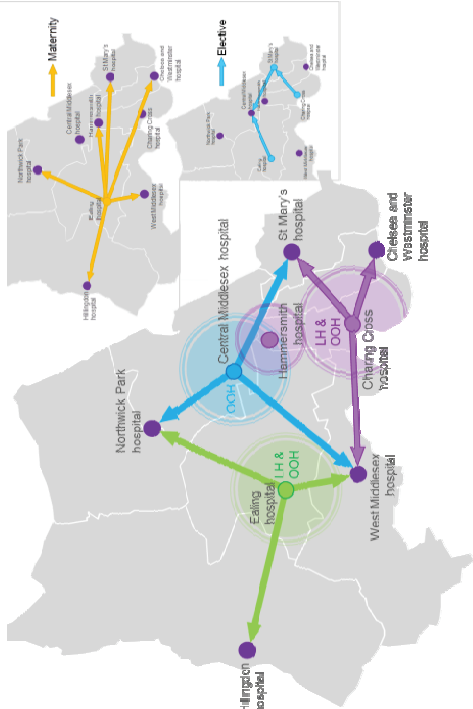
1 Identify decision makers and involved parties  
 Commissioners of services, clinical groups and other involved parties

2 Assess readiness of providers receiving acute activity  
 Check for the completion of preparatory plans by acute providers

3 Check the trajectory of delivery of OOH alternatives  
 Check for the completion of preparatory plans by preparatory planners

4 Evaluate evidence and indicators  
 Evaluate evidence of capacity in the system, clinical, safety, transport etc.

## Implementation management



## Tracking system change

Quality  
 • Outcome measures that should be improved by the delivery of the SaHF programme

Shape change  
 • CCGs reporting QIPP projects related to SaHF  
 • Providers reporting CIP projects related to SaHF

Activity  
 • BIU providing data on activity and bed usage across the system

## Monitoring progress

Shaping a healthier future

## Update on IRP

- Following a request made by Ealing Health Overview and Scrutiny Committee, on 23<sup>rd</sup> May the Secretary of State referred SaHF to the Independent Reconfiguration Panel, requesting a full report by 13<sup>th</sup> Sep
- IRP conducted ‘familiarisation visits’ and ‘NHS evidence sessions’ during Jun-Jul with key stakeholder groups and providers including hospitals
- IRP held a range of meetings and events with other interested stakeholders, including the public, to hear their views on the programme
- Final ‘wrap up’ sessions held on 12<sup>th</sup> and 20<sup>th</sup> Aug
- Publication of the IRP report will be determined by the Secretary of State

# Judicial Review

- 9<sup>th</sup> Aug – Judge considered Ealing Council’s application and found no grounds for a judicial review
- Ealing Council have applied for an oral hearing to challenge this decision
- Oral hearing set for 9<sup>th</sup> Oct with a possible spill-over into the 10<sup>th</sup> Oct
- If judge agrees that a judicial review is required this is likely to take place in Dec



## 2. Local and elective hospitals

*Addressing Points 1, 2, 3, 6 & 7 of the  
JHOSC Recommendation Report*

# We are developing exciting proposals for enhanced services at Local Hospitals and a sustainable Central Middlesex elective hospital

- The JCPCT recommended that:
  - **Ealing** should become a local hospital delivering as a minimum urgent care (via an urgent care centre), outpatient appointments and supporting diagnostics including x-ray and ultrasound
  - **Charing Cross** should become a local hospital delivering as a minimum urgent care (via an urgent care centre), outpatient appointments, supporting diagnostics, mental health and teaching
  - **Central Middlesex Hospital** become an elective and local hospital delivering urgent care (via an urgent care centre), outpatient appointments, a range of elective procedures, supported by a Level 2 ITU and supporting diagnostics
- The JCPCT also recommended that further work should be taken forward:
  - By Ealing CCG – with local stakeholders – to confirm the enhanced services and develop the Local Hospital model for **Ealing hospital**
  - By Hammersmith and Fulham CCG – with local stakeholders – to confirm the enhanced services and develop the Local Hospital model for **Charing Cross hospital**
- Our analysis indicated that the Central Middlesex site would operate with a £11 million deficit – we committed to exploring further options to address this challenge during implementation



## Central Middlesex

- The NHS Trust Development Authority (NTDA) has commissioned further work to define options for the future of Central Middlesex Hospital led by Ruth Carnall
- A major stakeholder meeting took place in August and there is broad consensus around a package of services for the site. Options that are being worked include:
  - Extended range of community based services for Brent CCG
  - Elective orthopaedic centre for NWLH, Ealing and Imperial
  - Rehabilitation centre for local, regional and specialist services
  - Transfer of mental health services for Brent from adjacent site
- Confirmation that DH allowing PFI affordability analysis to be conducted for this site that resulted in recurrent subsidies being provided to other PFI sites earlier in 2013. CMH originally excluded from this analysis
- This exercise will conclude in Oct and will be followed by the development of an **outline business case**
- This work is integrated with the SaHF programme arrangements, reporting into our Central Middlesex and elective zone and the Implementation Programme Board

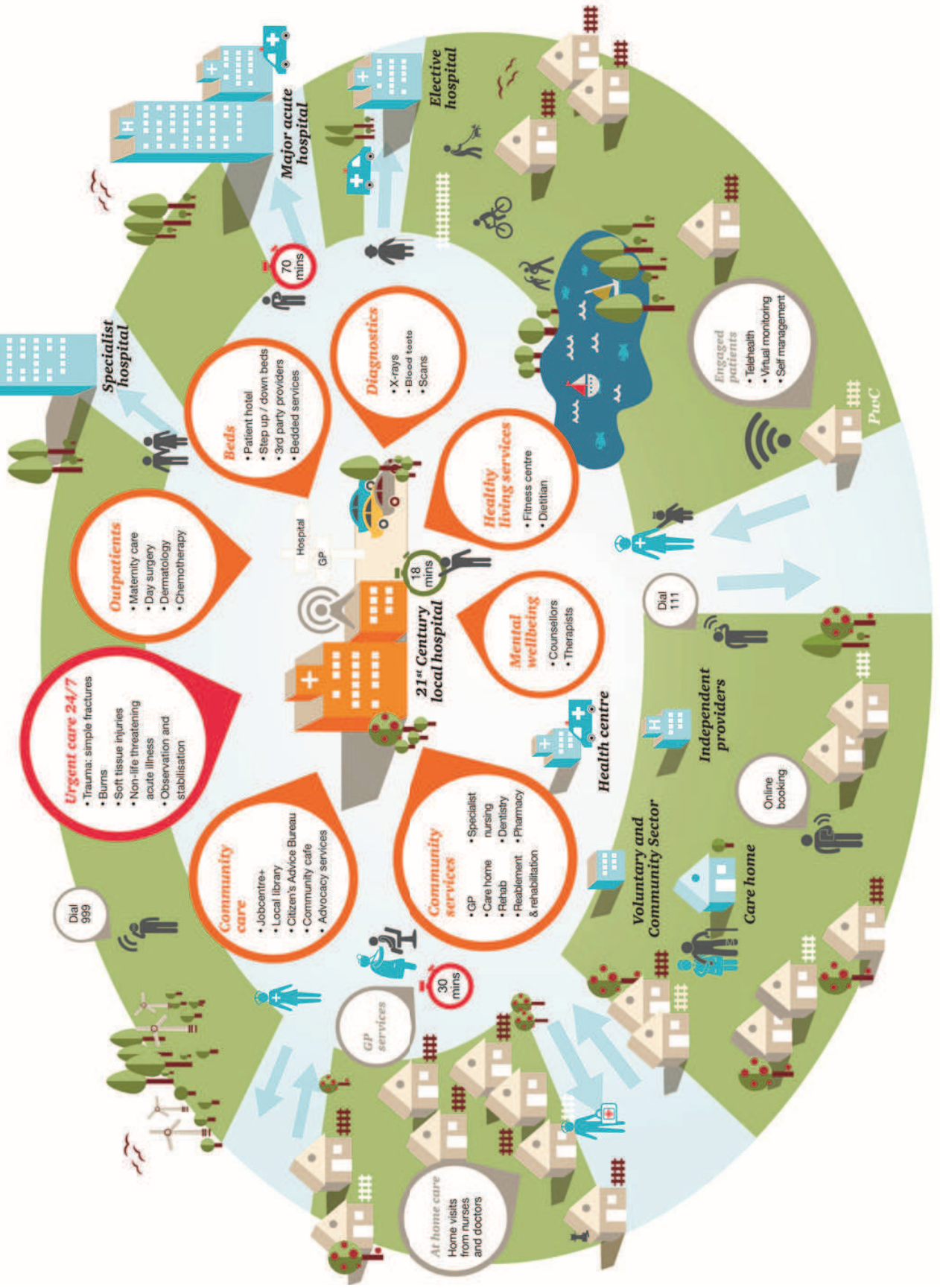


# Ealing, Charing Cross

Site	Current status	Additional considerations
<div data-bbox="635 1765 826 2031" style="background-color: #a0c4ff; padding: 10px; text-align: center;">Ealing Hospital</div>	<ul style="list-style-type: none"> <li>▪ External resource commissioned to produce the business cases</li> <li>▪ Includes mobilisation work in August with local people - including councils - to get all views in order to inform co-design offer</li> <li>▪ A co-design process will take place in the Autumn to agree a specification for services at Ealing Hospital and Charing Cross Hospital with the local population</li> <li>▪ This work engages a range of stakeholders, including the CCG, Trust, and other providers</li> <li>▪ <b>This work will produce outline business cases by January 2013 and full business cases by mid-2014</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Ealing Hospital's own analysis confirms there is not sufficient activity to sustain it becoming an elective site</li> <li>▪ No decision has yet been taken about changes to <b>Claypolds Hospital</b>. It was not included within the Decision Making Business Case, though it may become an option as part of the enhanced offer if we develop rehabilitation beds in Ealing local hospital</li> </ul>
<div data-bbox="1102 1765 1294 2031" style="background-color: #a0c4ff; padding: 10px; text-align: center;">Charing Cross Hospital</div>		<ul style="list-style-type: none"> <li>▪ <b>Charing Cross as an elective site</b> was not considered by the JCPCT</li> <li>▪ Imperial Trust are considering the options for retaining some elective services at the site that fit with the model of care being worked up for Central Middlesex</li> </ul>



# An illustrative vision of a fully integrated local hospital





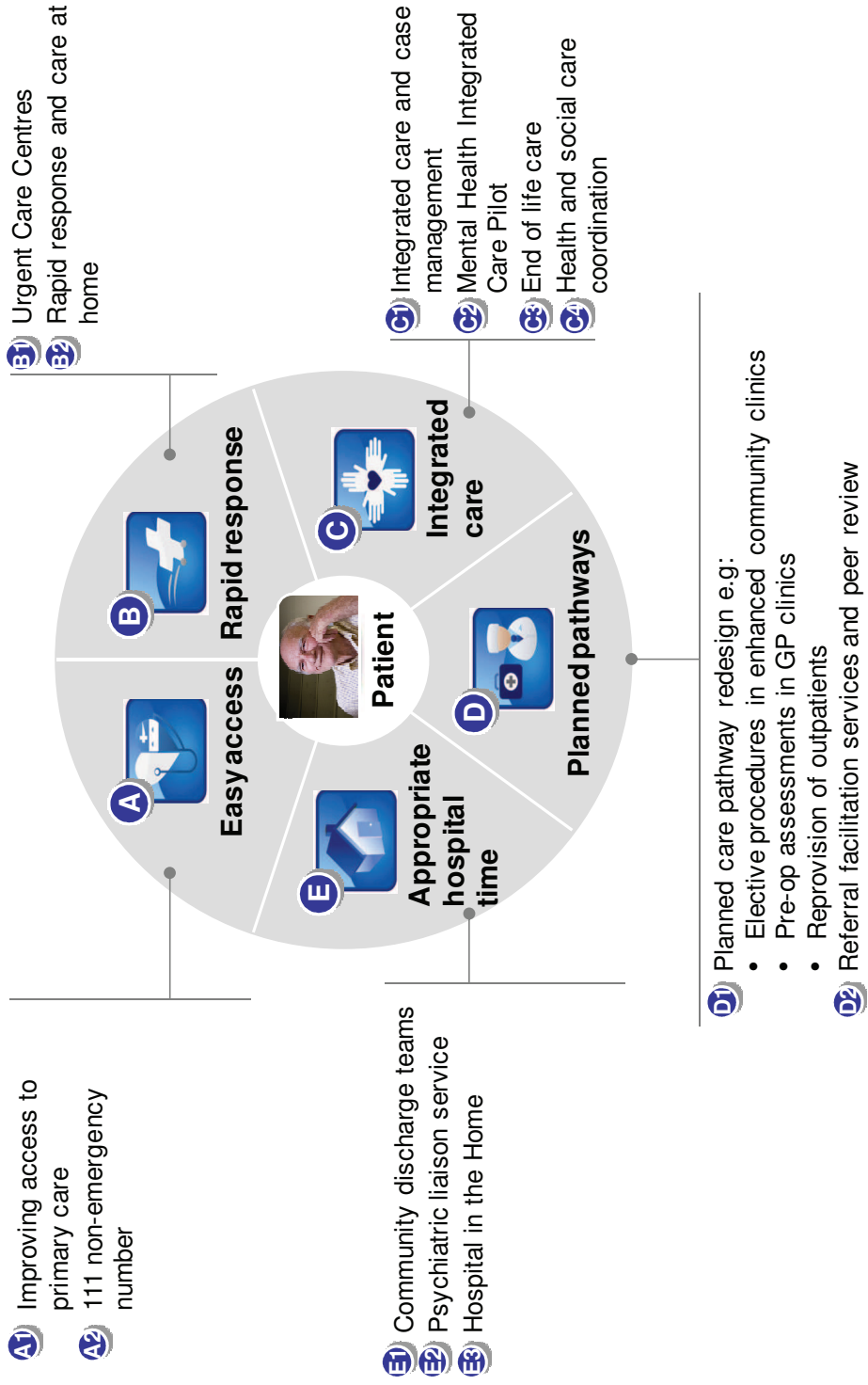


## 3. Out of hospital

*Addressing Points 1, 2, 3, 6 & 7 of the  
JHOSC Recommendation Report*

# By 17/18, we will be spending an additional **£190 million annually** on out of hospital services

Details of each CCG's plans can be found in Appendix 2





## 4. Whole Systems Integrated Care

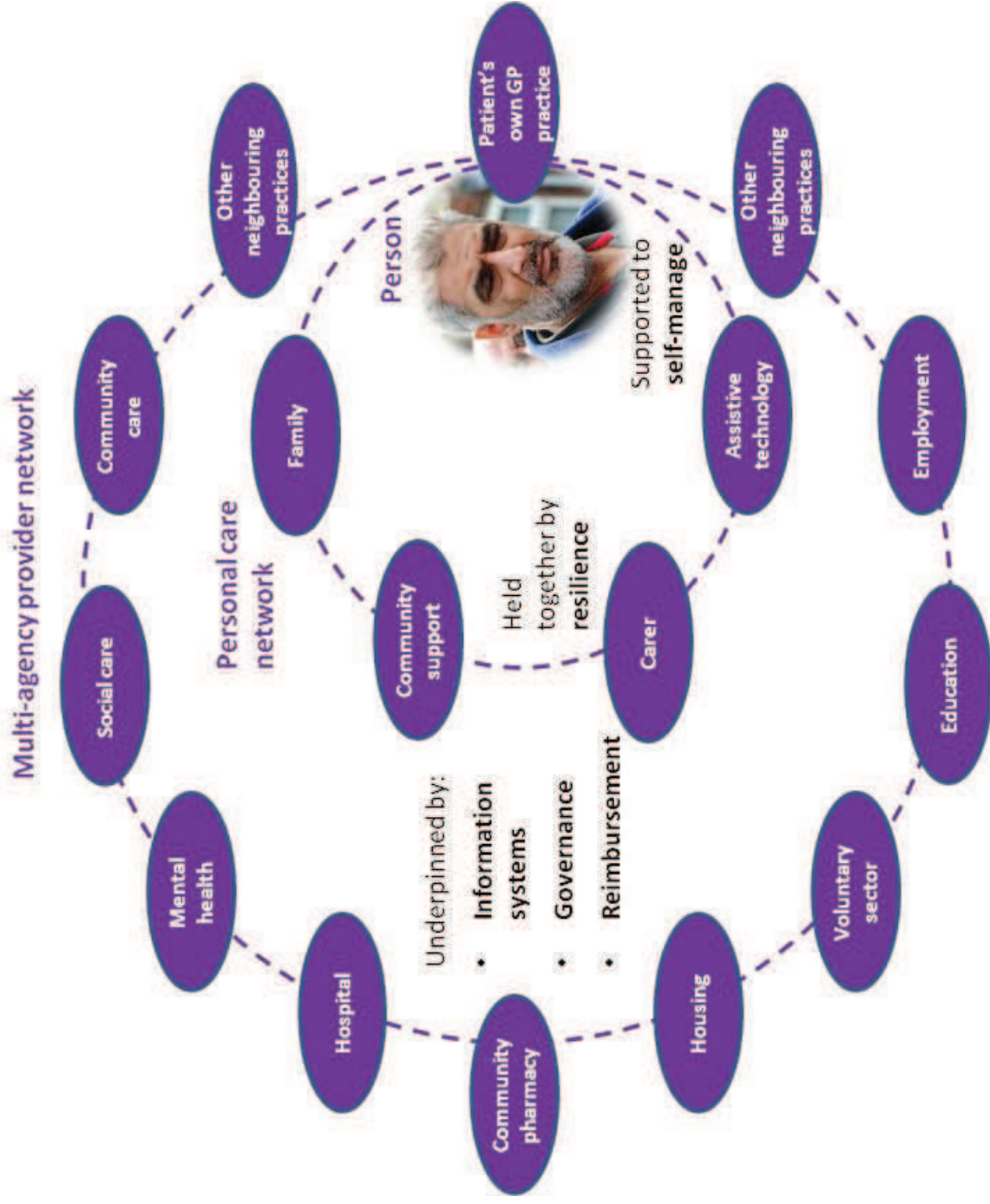
*Addressing Points 1 & 5 of the  
JHOSC Recommendation Report*

## The voice of patients, carers and people who use services will be at the heart of the Whole System Integrated Care programme

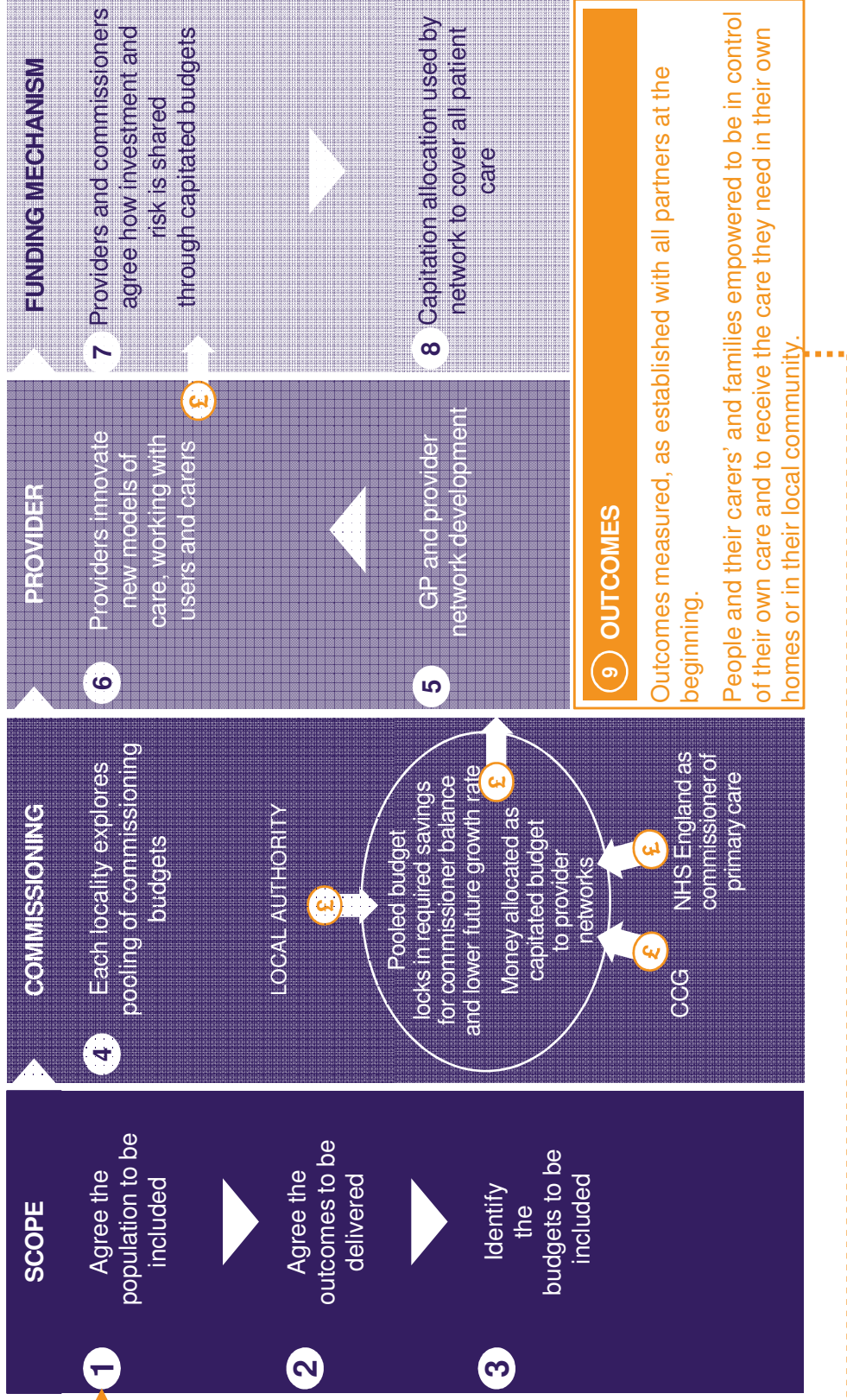
- The overall objective of the programme is to support improved outcomes and experience for patients, people who use services and carers through integration achieved at scale and pace.
- National Voices' *Narrative on Integrated Care* and the government-driven partnership *Think Local, Act Personal* have set out what our commitment to patients, carers and people who use services should be.
- These will serve as a starting point for establishing a person-centred ethos that will underpin the Whole System programme. We will develop this commitment with people, providers and commissioners to discover what this means for North West London in practice.
- Embedding partnerships has been created as a cross-cutting workstream that sits across all of the programme modules with the aim of assuring co-design and co-production throughout the programme.
- Submitted a pioneer application in Jun 2013 (over 100 applications submitted nationally. Panel interview with DoH and Pioneer Team in Sep 2013. Successful pioneer sites to be announced in the Autumn.



GPs will be at the centre of coordinating care, working in integrated networks to support people to meet individual goals



# Next stage of the work





# Participating organisations

<b>NHS</b> Brent Clinical Commissioning Group	 Brent	<b>NHS</b> Central London Clinical Commissioning Group	 City of Westminster	<b>NHS</b> Ealing Clinical Commissioning Group	 Ealing www.ealing.gov.uk	<b>NHS</b> Hammersmith and Fulham Clinical Commissioning Group	 h&f hammersmith & fulham	<b>NHS</b> Harrow Clinical Commissioning Group	 Harrow COUNCIL LONDON	<b>NHS</b> Hounslow Clinical Commissioning Group	 London Borough of Hounslow	<b>NHS</b> West London Clinical Commissioning Group	 THE ROYAL BROMPTON HOSPITAL KENSINGTON AND CHELSEA	<b>NHS</b> Hillingdon Clinical Commissioning Group		<b>NHS</b> Central London Community Healthcare NHS Trust	 IMPERIAL COLLEGE HEALTH PARTNERS	<b>NHS</b> Central and North West London NHS Foundation Trust	 NIHR CLAHRC for North West London	<b>NHS</b> Ealing Hospital NHS Trust	 bucks NEW UNIVERSITY	<b>NHS</b> Hounslow and Richmond Community Healthcare NHS Trust	 NWL COMMISSIONING SUPPORT UNIT	<b>NHS</b> Imperial College Healthcare NHS Trust	 NHS Health Education North West London	<b>NHS</b> The Hillingdon Hospitals NHS Foundation Trust	 NHS England	<b>NHS</b> The North West London Hospitals NHS Trust	 WEST LONDON	<b>NHS</b> West London Mental Health NHS Trust	<b>NHS</b> West Middlesex University Hospital NHS Trust
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## 5. A&E and winter resilience

*Addressing Points 1, 2 & 3 of the  
JHOSC Recommendation Report*



## A&E and winter resilience

- There are no SaHF plans to reconfigure hospital services prior to winter
- The programme will have no effect on performance this year. Local urgent care boards, CCGs and HWBs, with appropriate scrutiny by OSCs, are in the best position to provide local details, however in general:
  - NHS England requires all Local Area Teams (LATs) to work on recovery and improvement plans. Each CCG will coordinate the production of a local plan. These plans should be complete by Nov 2013
  - Eight urgent care boards (covering the eight local acute providers with A&E departments) have been established. Membership includes local authorities and patient / public representatives. The boards are investigating key drivers of the urgent care pathway such as the availability of primary care and community nursing, psychiatric nursing, delayed transfers of care, patient pathways within hospitals, discharges etc
  - All CCGs, NHS 111 and the London Ambulance Service are required to supply a surge management plan to NHS England by 22<sup>nd</sup> Sep. A review by North West London CCGs has identified areas of work to focus on including the planning and assurance process, improvements in the management of bed capacity, improvements in working relationships with local adult social care teams, better infection control, improvements in A&Es and in escalation arrangements and making better use of urgent care centres.
  - Despite national negative coverage, local providers of the 111 service are performing well.
  - Overall performance in north west London is good in relation to the four hour target, even during winter pressures. Imperial, Hillingdon and Ealing performed above 96% in Qs 3 & 4 of 2012/13; West Middlesex above 97% and CW at 98.4%. However North West London was below the 95% performance target.

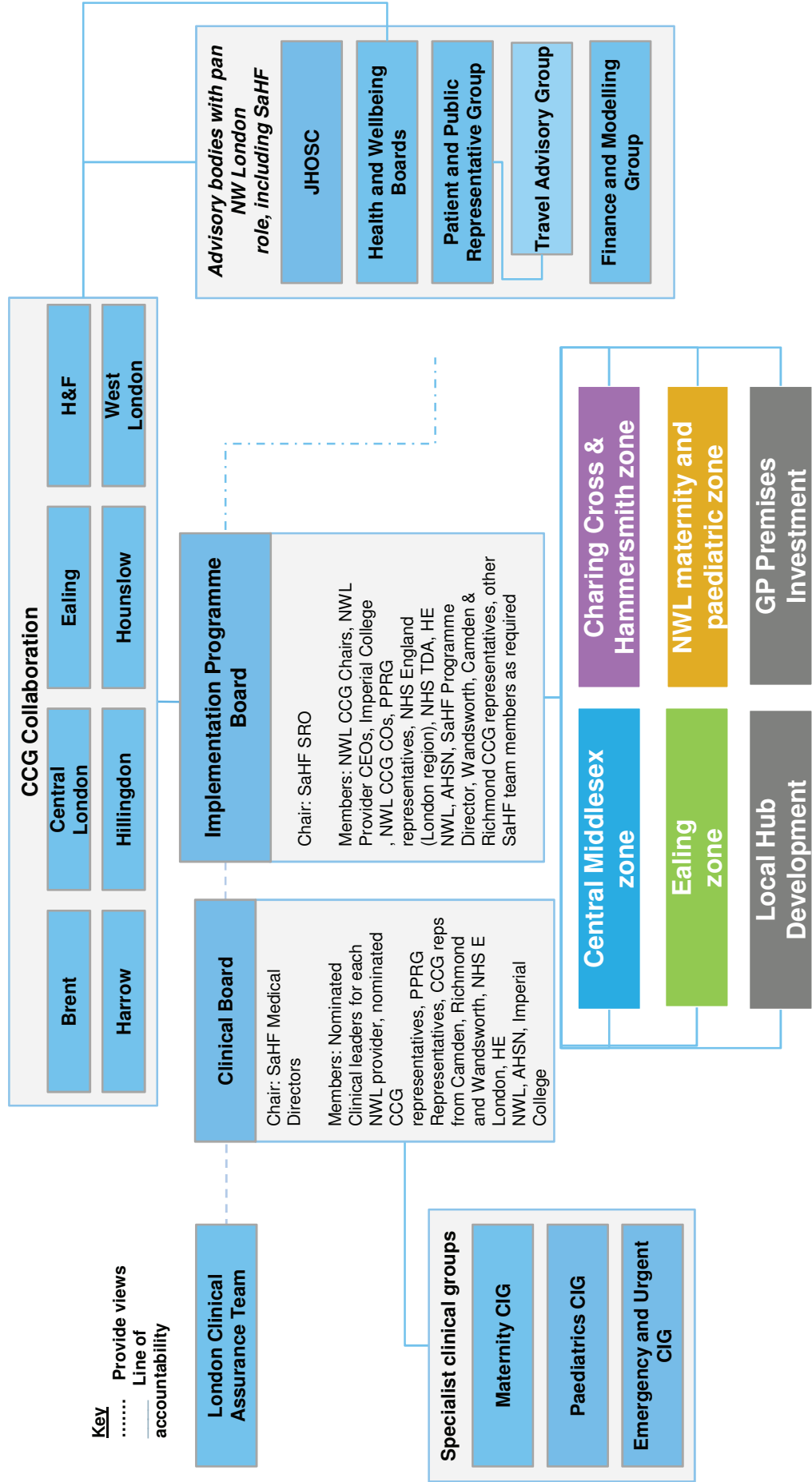




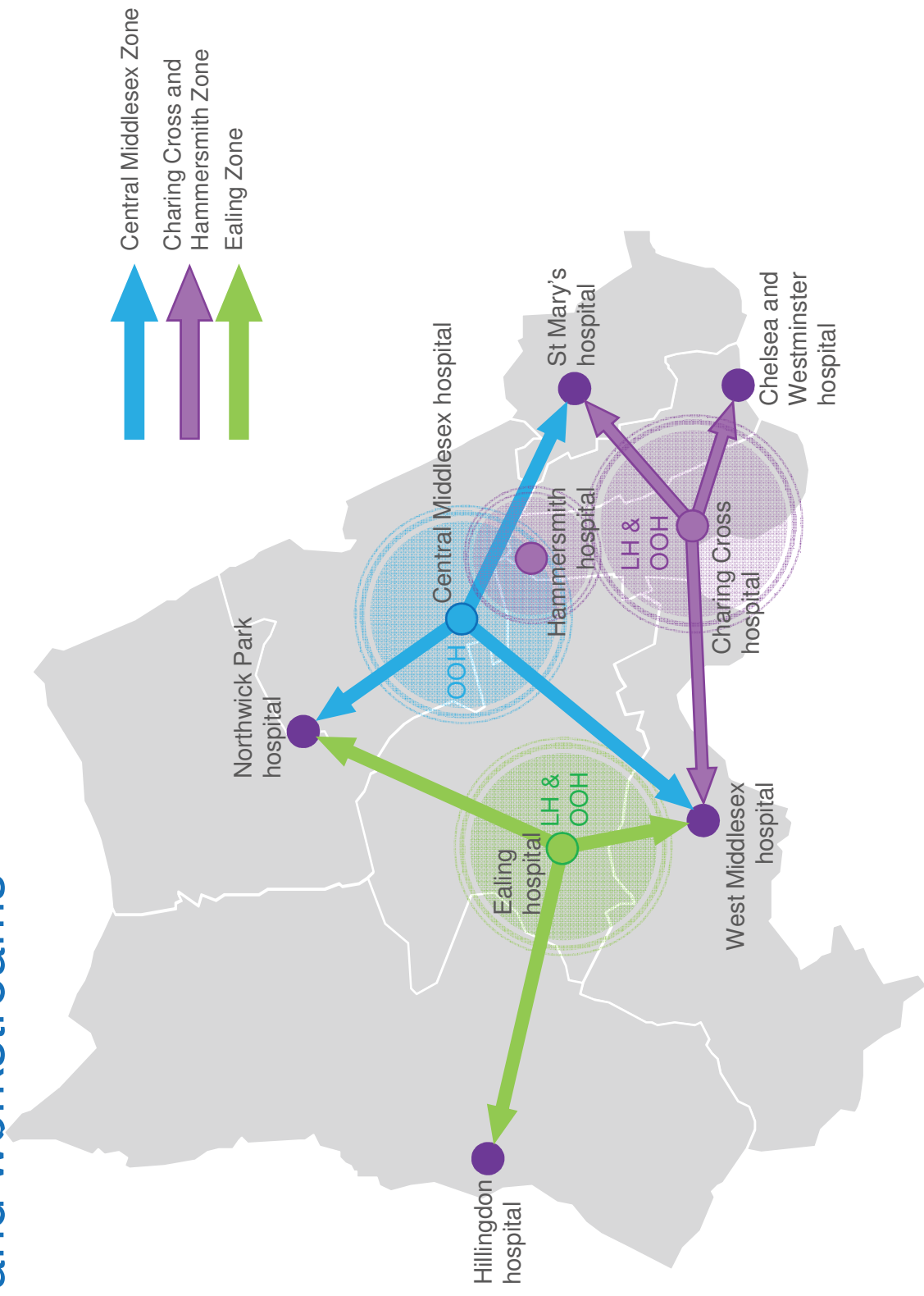
## 6. Implementation & Tracker Overview

*Addressing Points 1, 2 & 3 of the  
JHOSC Recommendation Report*

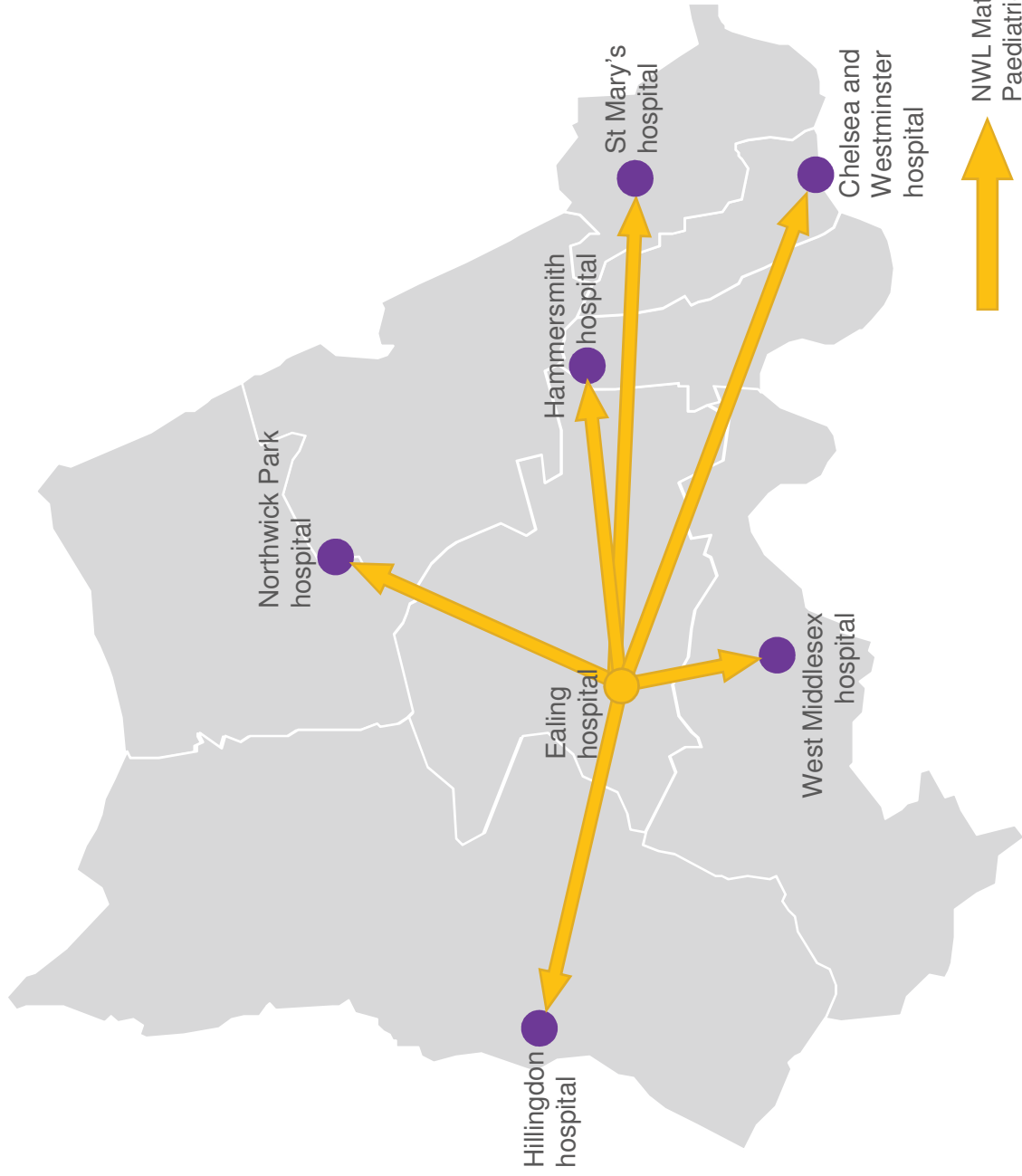
# A CCG led governance structure has been established to monitor and oversee delivery across the programme



# For acute non-elective changes complex interdependencies are best managed by grouping changes into geographical zones and workstreams



Transition of maternity and paediatrics involves the majority of providers across the region and will be the final zone

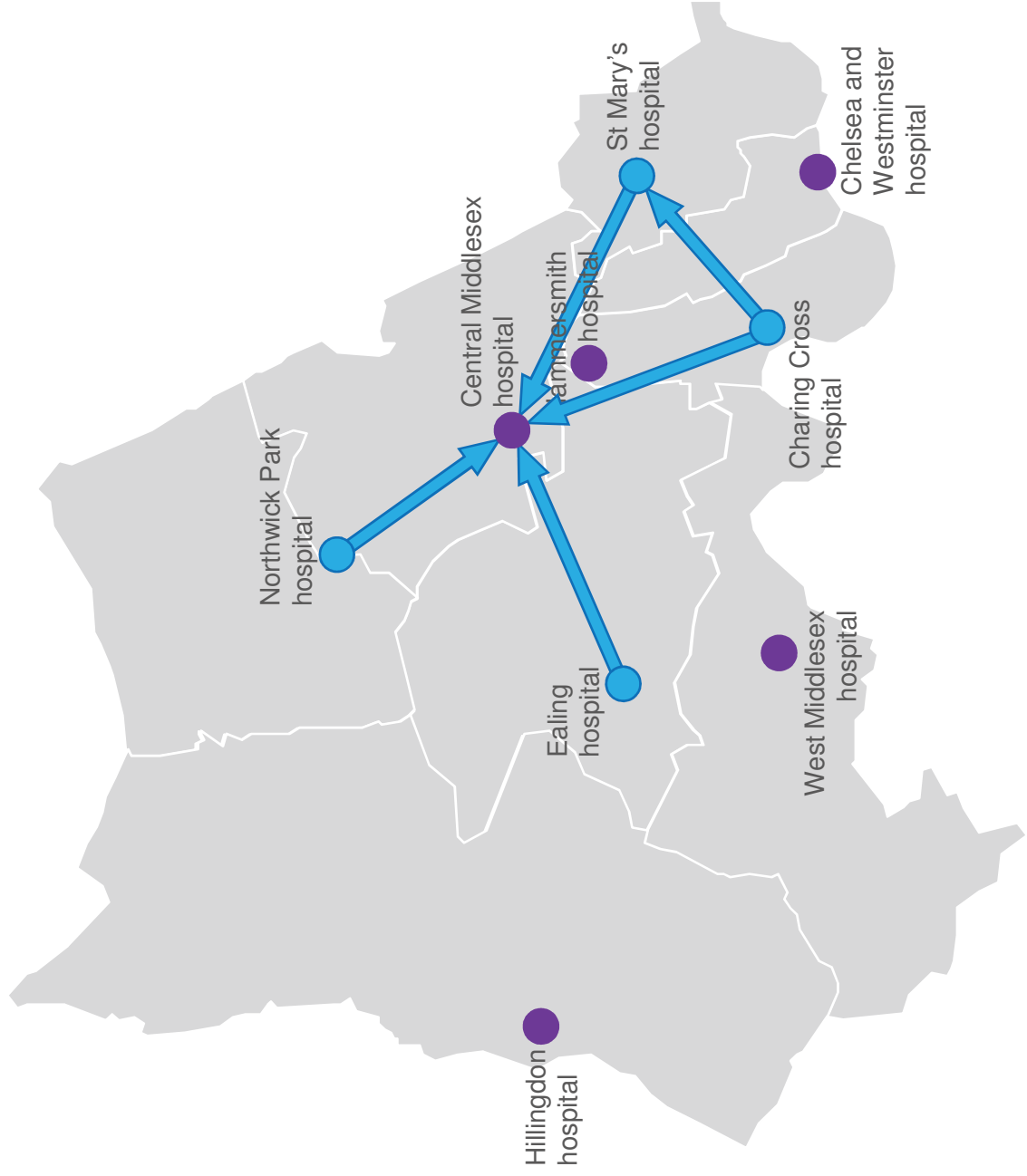


NWL Maternity and Paediatric zone



Shaping a healthier future

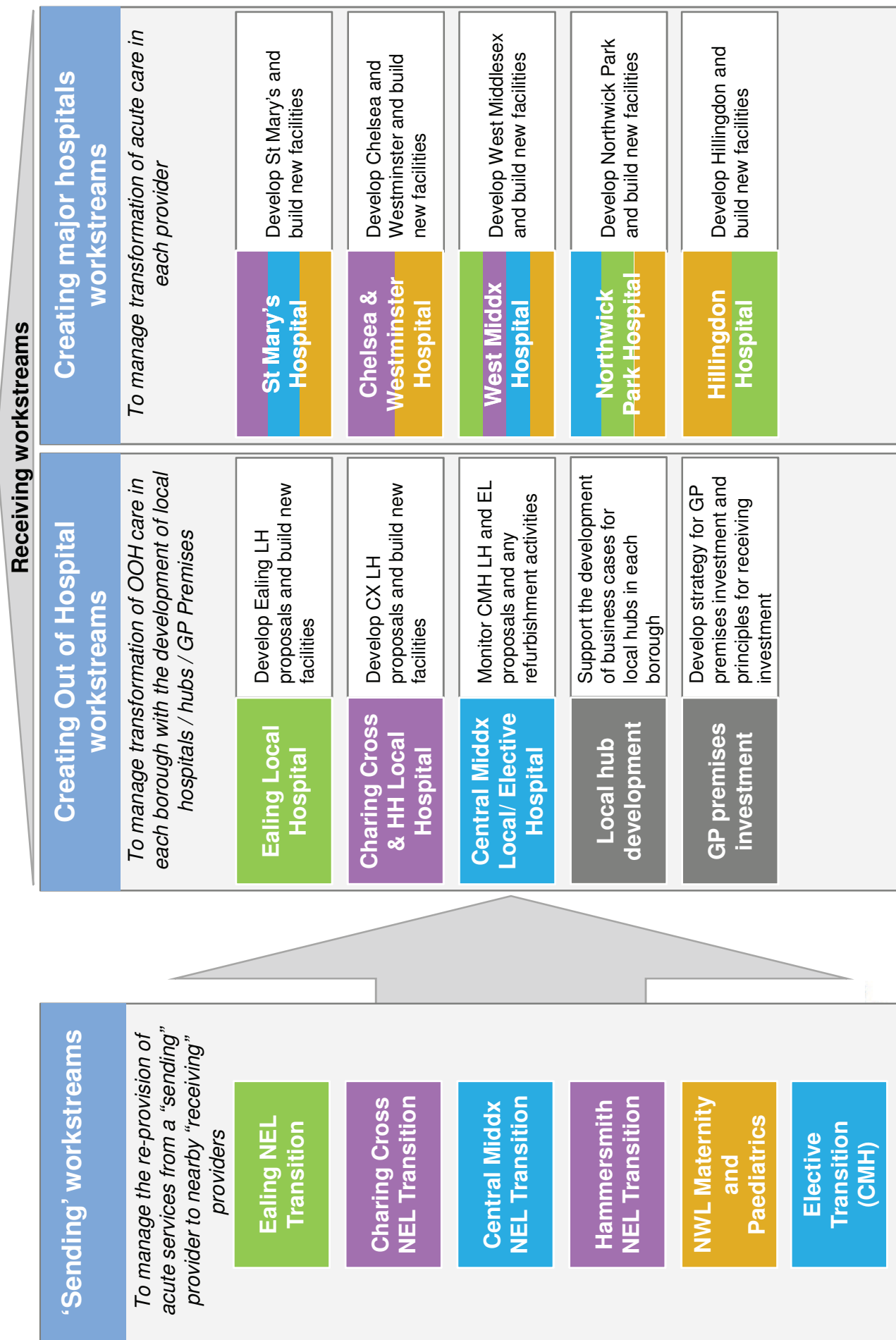
# Elective transition will be managed by the Central Middlesex regional zone



# All zones have been mobilised, are making progress and addressing challenges

<p><b>Central Middlesex zone</b></p>	<p><b>Charing Cross &amp; Hammersmith zone</b></p>	<p><b>Ealing zone</b></p>	<p><b>NWL maternity and paediatric zone</b></p>
<p><b>SRO</b> – Brent CCG Chair</p> <p><b>Zone portfolio manager:</b> Deborah McBeal</p> <p><b>Major challenges</b></p> <ul style="list-style-type: none"> <li>• Ensuring CMH is developed as a viable elective centre</li> <li>• Handling potential unplanned closure of an A&amp;E unit</li> </ul>	<p><b>SRO</b> – H&amp;F CCG Chair</p> <p><b>Zone portfolio manager:</b> Oliver Excell</p> <p><b>Major challenges</b></p> <ul style="list-style-type: none"> <li>• Imperial College's provision of education facilities</li> <li>• Imperial College Healthcare Trust preference to locate elective services at Charing Cross</li> <li>• Development of a local hospital model for Charing Cross</li> </ul>	<p><b>SRO</b> – Ealing CCG Chair</p> <p><b>Zone portfolio manager:</b> Sam Burrows</p> <p><b>Major challenge</b></p> <ul style="list-style-type: none"> <li>• Maintaining appropriate staffing at Ealing during transition</li> <li>• Development of a local hospital model for Ealing</li> </ul>	<p><b>SRO</b> – Hounslow CCG Chair</p> <p><b>Zone portfolio manager:</b> Richard Hahn</p> <p><b>Major challenges</b></p> <ul style="list-style-type: none"> <li>• Developing a workforce with of required skill set and size</li> <li>• Confirming levels of remaining neo-natal units</li> </ul>

# Workstreams are being established to coordinate and expedite delivery in the ‘receiving’ organisations with a transition steering group for each of the ‘sending’ organisations





# The SaHF Tracker provides information to the Implementation Programme Board to support decision making

- The *Shaping a healthier future* Tracker is an internal tool used by the programme to monitor the following dimensions:

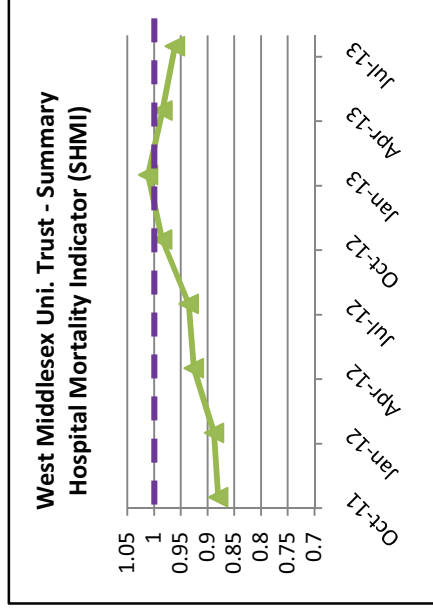
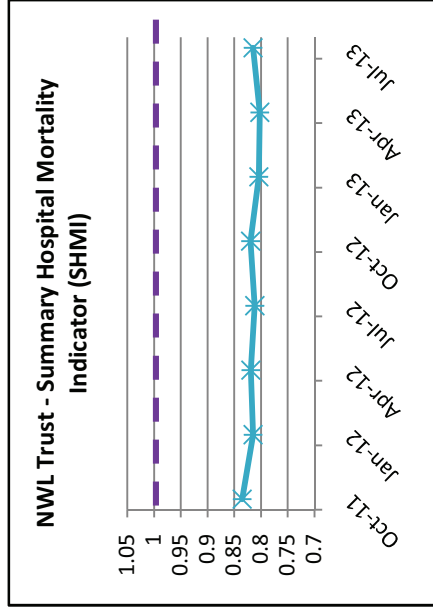
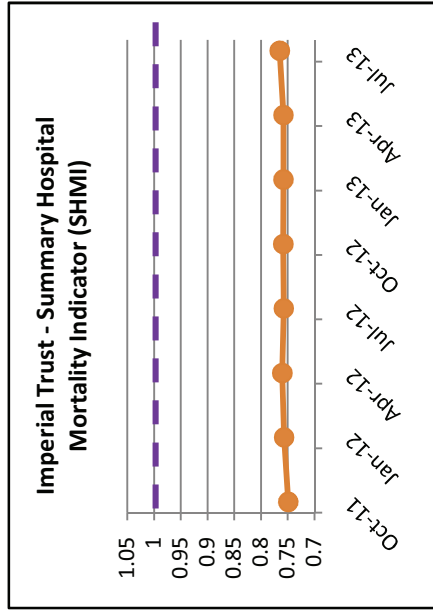
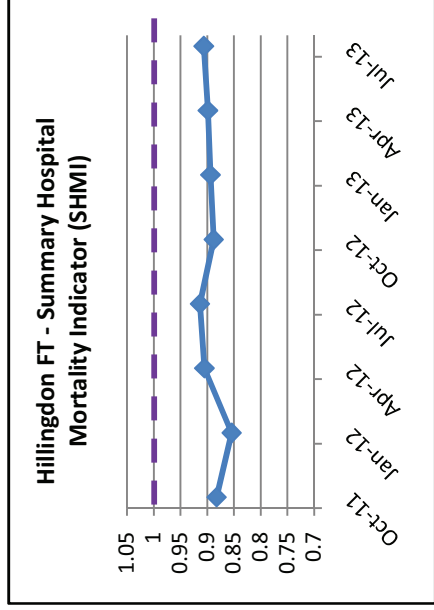
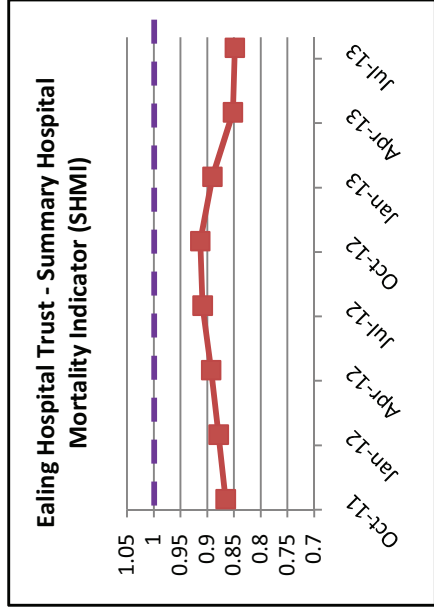
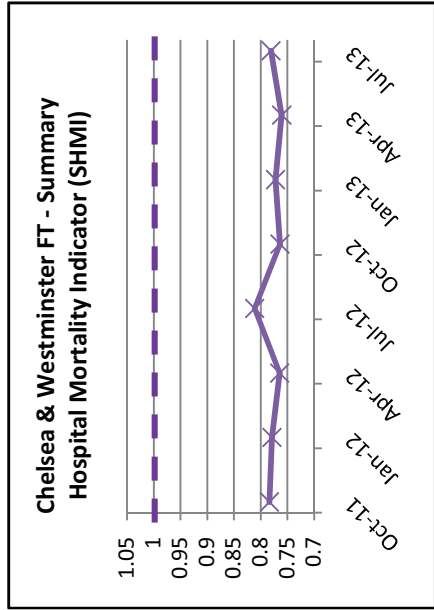
- **Quality**
- **Activity**
- **Shape change**

Quality	Activity	Shape change
<ul style="list-style-type: none"> <li>• Outcome measures that should be improved by the delivery of the SaHF programme e.g.:               <ul style="list-style-type: none"> <li>• Summary Hospital Mortality Indicator (SHMI)</li> <li>• Proportion of deaths at usual residence</li> <li>• Infection incidence</li> <li>• Never events, Complaints, Serious incidents</li> <li>• 4 hour (95%) target compliance</li> <li>• Number of last minute cancellations by the hospital for non clinical reasons</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Business Intelligence Unit data on service usage across the system:               <ul style="list-style-type: none"> <li>• UCC attendances</li> <li>• A&amp;E attendances</li> <li>• Non-elective admissions</li> <li>• Rapid response events (community)</li> <li>• Average length of stay</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CCGs reporting QIPP delivery related to SaHF</li> <li>• Providers reporting CIP delivery related to SaHF</li> </ul>



# Monitoring quality example: Summary Hospital Mortality Indicator

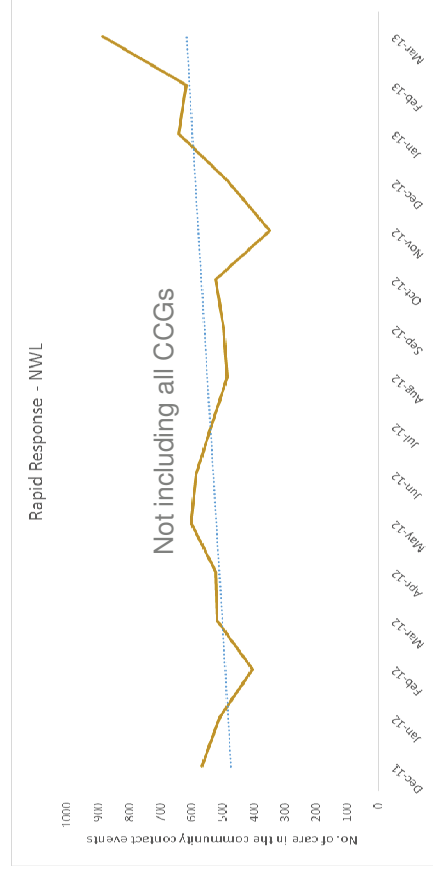
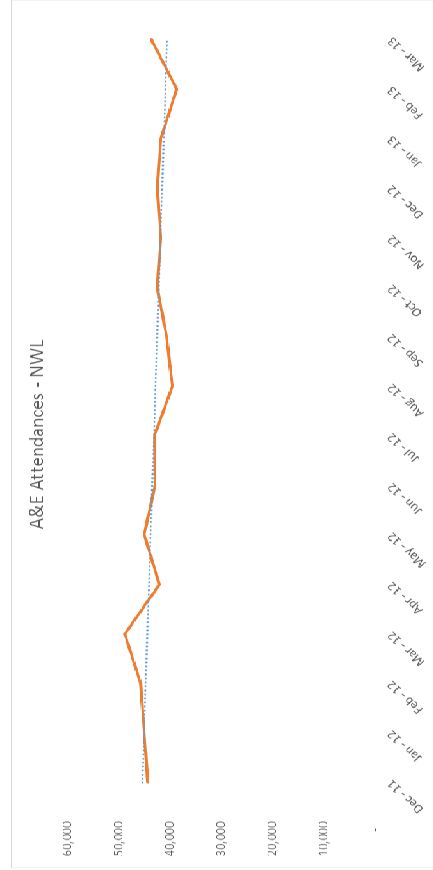
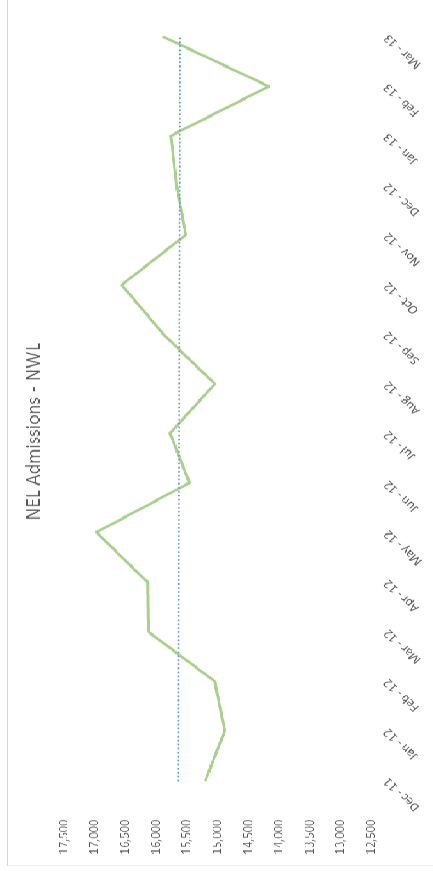
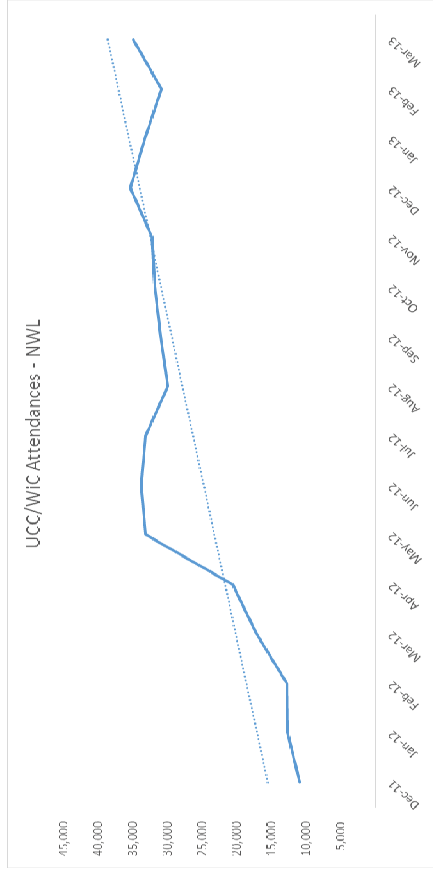
<b>Quality</b>	<ul style="list-style-type: none"> <li>Outcome measures that should be improved by the delivery of the SaHF programme</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>BIU data on service usage across the system</li> <li>Providers reporting CIP delivery related to SaHF</li> </ul>
<b>Shape change</b>	<ul style="list-style-type: none"> <li>CCGs reporting QIPP delivery related to SaHF</li> <li>Providers reporting CIP delivery related to SaHF</li> </ul>



# Monitoring activity example: Pan-North West London UCC attendances, A&E attendances, NEL admissions and rapid response events

Activity metrics are monitored collectively across North West London as well as at an individual CCG level.

Quality	Activity	Shape change
<ul style="list-style-type: none"> <li>Outcome measures that should be improved by the delivery of the SaHF programme</li> </ul>	<ul style="list-style-type: none"> <li>BIU data on service usage across the system</li> </ul>	<ul style="list-style-type: none"> <li>CCGs reporting QIPP delivery related to SaHF</li> <li>Providers reporting CIP delivery related to SaHF</li> </ul>



Shaping a healthier future

Source: NWL CSU System measures tool

Note: Activity being verified

# Monitoring shape change example: A NWL CCG example of QIPP scheme reporting

**Quality**

- Outcome measures that should be improved by the delivery of the SaHF programme

**Activity**

- BLU data on service usage across the system

**Shape change**

- CCGs reporting QIPP delivery related to SaHF
- Providers reporting CIP delivery related to SaHF

Each CCG and provider submit progress information to the programme on their QIPP & CIP schemes where it is considered in conjunction with the activity data .

## Achievements

All 'vital projects' are expected to go live on plan.

Some benefits are being delivered in planned care pathway re-design: community cardiology.

Also within pathway re-design MSK, Dermatology and Gynaecology have been newly procured.

## Challenges

Understanding the shortfall in community cardiology and developing plans to close this gap.

Vital Few programmes	CCG project	POD	CCG ref	Project stage and original milestone date						Current stage	Go live delay (mths)	Go live2 date
				Strategic outline case	Outline business case	Full business case	Practical completion	Staffed and ready				
A Prevention and early intervention	A01 WellWatch 13/14	NEL	CL006	Jan-13			Mar-13	Apr-13	Apr-13	1	-	Apr-13
	A02 End of Life Care	NEL	CL009				Jan-13	Apr-13	Apr-13	BR	-	Apr-13
B Rapid response and step up schemes	B01 Integrated Health and Social Care Redesign*	NEL	CL007				Aug-13	Oct-13	Oct-13	4	-	Oct-13
C Outpatient planned care pathway redesign	C01 Pathway-redesign	PC	CL001a	Mar-13	May-13	Oct-13	Nov-13	Jan-14	Jan-14	1	-	Jan-14
	C06 Inter Practice Referral Service	PC	CL003	Jul-13	Aug-13	Oct-13	Dec-13	Jan-14	Jan-14	1	-	Jan-14



# Where we use Tracker and how it is evolving

- The programme currently uses the Tracker report in the following forums:
  - Implementation Programme Board
  - Zone Steering Group meetings
  - Individual CCG and Provider meetings
- The programme is continuing to review content and presentation of data in the tracker to ensure that it:
  - Enables effective monitoring of programme progress
  - Informs and enables effective programme decision making
  - Informs the baseline that programme benefits will be measured against
  - Is tailored to its audience enabling the most important monitoring information for that audience to be primarily visible





## Joint Health Overview and Scrutiny Committee Briefing Paper – Future of JHOSC

### 1. Purpose

This briefing paper is to provide a North West London CCG view on the future of the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

### 2. Background

In November 2011, Dr Anne Rainsberry, Chief Executive of NHS North West London wrote to the eight local authorities covered by NHS North West London to establish a JHOSC pursuant to the 2003 Directions issued under the Health & Social Care Act 2001.

The request was that a time-limited JHOSC be formed of representatives from each individual Health Overview and Scrutiny Committee (HOSC) in the area - Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. Once established, the JHOSC could:

- Make comments on the *Shaping a healthier future (SaHF)* consultation programme
- Request *SaHF* to provide information about the proposal
- Request an officer of *SaHF* to attend to answer questions in relation to the proposal.

Neighbouring boroughs were also invited to take part if they believed that there was a good reason or significant interest for representatives of their HOSC to be involved in the NWL JHOSC.

### 3. The future of the JHOSC

Since the JCPCT made its agreement to the proposed changes in NWL on the 19<sup>th</sup> February there has been significant activity and developments in the *SaHF* programme and in the NWL health economy more generally.

The *SaHF* programme is now being taken forward by eight clinical commissioning groups (CCGs). The next five years offers the prospect of significant service change that will affect NWL as a whole.

Whilst we will continue to engage with key stakeholders including all eight HOSCs, individually, we believe there is significant value in the JHOSC continuing to function as an Overview and Scrutiny body by providing a forum where NWL issues relating to *SaHF*, which cross borough boundaries, can be scrutinised and discussed.

As this is a continuum of the previous activity of the JHOSC we believe it makes sense for it to continue in its present format and terms of reference.

However it is worth noting that there needs to be careful consideration and agreement by both the JHOSC and the NHS that the issues to be discussed do not cut across the properly constituted governance and involvement structures already in place (e.g. OSCs, HWBs, Healthwatch, CCG, and NHS provider trusts' governing boards and patient and public involvement mechanisms).