Public Document Pack

City of Westminster

Committee Agenda

Title:	**North West London Joint Health Overview and Scrutiny Committee**
Meeting Date:	**Tuesday 4th December, 2018**
Time:	**2.30 pm**
Venue:	**Room 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR**
Members:	**Councillors:** Councillor Mel Collins (LB Hounslow) – Chairman Councillor Lucy Richardson (LB Hammersmith & Fulham) Councillor Ketan Sheth (LB Brent) Councillor Daniel Crawford (LB Ealing) Councillor Rekha Shah (LB Harrow) Councillor Robert Freeman (RB Kensington & Chelsea) Councillor Lorraine Dean (Westminster City Council) Councillor Alan Juriansz (LB Richmond)

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

Admission to the public gallery is by ticket, issued from the ground floor reception from 2.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend – Tel No: 020 7641 2341 Email: tfieldsend@westminster.gov.uk

Corporate Website: www.westminster.gov.uk

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

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME AND INTRODUCTION

The Chair and the Member from the Host Borough will welcome members and officers to the meeting and take introductions.

2. APOLOGIES FOR ABSENCE

The Chair will note any apologies.

3. DECLARATIONS OF INTEREST

Members will set out any interests.

4. MINUTES FROM THE 18 SEPTEMBER MEETING **(Pages 5 - 10)**

The Committee will consider the minutes from the meeting of 18 September 2018 and note any amendments to the minutes.

5. MATTERS ARISING

The Chair will consider any issues arising from the minutes.

6. ELECTION OF A VICE CHAIR

The Committee shall elect a vice chair from the voting members.

7. TERMS OF REFERENCE **(Pages 11 - 12)**

The Committee will note the final version of the Terms of Reference as discussed in the September 2018 meeting.

8. HEALTH BASED PLACES OF SAFETY IN NORTH WEST LONDON **(Pages 13 - 30)**

The Board to consider the engagement and proposals around Health Based Places of Safety (HBPOS).

9. UPDATE ON THE PROPOSED RECONFIGURATION OF ACUTE HOSPITALS (SOC 1) AND THE COMPLIANCE WITH RECONFIGURATION TEST **(Pages 31 - 36)**

The Board to receive an update.

10. THE NORTH WEST LONDON JOINT COMMITTEE OF CCGS **(Pages 37 - 38)**

The Board to consider the constitutional changes to the Joint Committee of CCG and their terms of reference.

11. WINTER PLANS **(Pages 39 - 48)**

NW London Clinical Commissioning Group to provide an overview of the winter plans and the use of the available funding during the upcoming months.

12. CONSULTATION ON THE ROYAL BROMPTON HOSPITAL MOVE

To receive an update on the Royal Borough of Chelsea and Kensington's scrutiny of the move of the Royal Brompton Hospital and note any emerging issues or concerns.

13. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Stuart Love
Chief Executive
26 November 2018

This page is intentionally left blank

Brent

MINUTES OF THE NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Held on Tuesday 18 September 2018 at 10.00 am

Present

Ketan Sheth	London Borough of Brent
Morrisey	London Borough of Ealing
Richardson	London Borough of Hammersmith and Fulham
Collins	London Borough of Hounslow
Shah	London Borough of Harrow
Juriansz	London Borough of Richmond
Dean	London Borough of Westminster

In attendance

Butler-Thalassis	London Borough of Westminster
Kevin Nicholson	Director for Acute Transformation, North West London Clinical Commissioning Groups (CCGs)
Mark Easton	Accountable Officer, North West London CCGs
Dr Mark Spencer	Medical Director, Shaping a Healthier Future
Rory Helga	Director of Communications and Engagement, North West London CCGs
Taru Jaroszynski	Policy and Scrutiny Manager, London Borough of Hounslow
James Diamond	Scrutiny Officer, Brent Council
Nikolay Manov	Governance Officer, Brent Council

Councillor Ketan Sheth welcomed everyone to the meeting. He spoke about the nature of the North West London Joint Health Overview and Scrutiny Committee and the challenges laid before it, emphasising the need for transparency and joint working between the Committee and the Clinical Commissioning Groups.

1. **Election of Chair and Vice- Chair**

Councillor Collins was nominated to chair the Committee for the duration of the 2018-2019 Municipal Year. Members of the Committee supported his nomination and it was **RESOLVED** that Councillor Collins be elected Chair of the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

Councillor Morrissey was nominated for the position of Vice-Chair of the Committee for the duration of the 2018-2019 Municipal Year. Members of the Committee supported her nomination and it was **RESOLVED** that Councillor Morrissey be elected Vice-Chair of the JHOSC.

Councillor Collins took over the chairmanship of the meeting.

2. Apologies for absence and clarification of alternate Members

Apologies for absence were received from Councillor Richardson.

Councillor Butler-Thalassis was in attendance at the meeting.

3. Declarations of Interests

Councillor Ketan Sheth declared that he was a lead governor at Central and North West London (CNWL) National Health Service (NHS) Foundation Trust.

Councillor Butler-Thalassis declared that she worked for a charity funded by the National Health Service.

Councillor Shah declared that she was an ambassador for the All-Party Parliamentary Group for Diabetes.

4. Minutes of the Previous Meeting

RESOLVED that the minutes of the previous meeting, held on 13 March 2018, be approved as an accurate record.

5. Update on Shaping a Healthier Future and the Sustainability and Transformation Plan

Mark Easton (Accountable Officer, North West London Collaboration of Clinical Commissioning Groups (CCGs)) introduced the paper which set out the key milestones and achievements that had been delivered against Shaping a Healthier Future and the North West London Health and Care Partnership and provided an overview of future next steps. He informed Members of the changes in the leadership team that had been made since the last meeting of the Committee – Mr Easton had been appointed as Accountable officer in June 2018 and Rory Helga had started as a Director of Communications and Engagement at North West London CCGs in the same month. Therefore, the current composition of the team included both new members and officers who had worked on Shaping a Healthier Future for a couple of years.

Mr Easton added that his post had been created as a result of the desire to coordinate the work of the eight CCGs operating in North London. He emphasised that although a Collaboration of the eight CCGs had been established, they remained separate entities, with Mr Easton, the Chief Finance Officer and the Chief Director of Quality being members of all eight CCG governing bodies. He added that the aim of this initiative had been to optimise resources and enable collaboration across the area. For example, a joint approach to developing a strategy and commissioning of acute trust and mental health and community trusts had been adopted across North West London. Nevertheless, Mr Easton noted that individual boroughs would still lead on the development of primary care and community services in their respective areas.

Mr Easton reminded Members that the North West London Sustainability and Transformation Plan (STP) had been agreed with 30 partners, including six of the eight local authorities across the area. A draft submission to National Health Service (NHS) England had been published in June 2016, and the approved version had been published in

October 2016. He said that the STP covered five areas which had been outlined on page 16 of the Agenda pack. Capital investment had been set out in two parts:

- **Strategic Outline Case One (SOC1):** it had been published in December 2016 and it covered changes in hospitals in outer North West London, including proposals to create new health and wellbeing hubs in each borough and to improve access to General Practitioner (GP) services.
- **Strategic Outline Case Two (SOC2):** it had not been published yet and it had been intended to cover changes in inner North West London, including improvements to Charing Cross Hospital.

Members heard that over the summer the collaboration of the eight CCGs had been able to submit a bid covering capital proposals and urgent capital work required at some sites, the outcome of which would be known in the autumn. This led to a discussion about changes to the Royal Brompton Hospital and it was noted that it had not been confirmed whether these would have an impact on the Imperial College Healthcare NHS Trust. The Committee enquired how these capital proposals differed from previous ones. Mr Easton explained that the proposals contained in SOC1 had been redesigned to achieve a reduction in cost and improve efficiency in order to address the fact that there was a significant backlog of maintenance issues. Furthermore, it was expected that benefits would be delivered from investments in primary and acute capacity.

Members raised specific questions that related to the redevelopment of St Mary's Hospital which was part of the Trust. They expressed concerns that a wide range of services were delivered at a site with a small footprint and asked whether a planning permission had been granted to construct a new building. It was noted that a way forward had not been agreed with Imperial College Healthcare NHS Trust and funding for some of the plans for St Mary's Hospital had not been secured. Dr Spencer added that the issue of ambulance access had been debated locally and talks had taken place with the local authority, with further information due to be provided at a later stage.

The Committee enquired about the next steps that would be taken in relation to delivering the STP and questioned the complexity of health policy. Mr Easton said the new NHS ten-year plan would be published in November 2018 and the North West London Collaboration of Clinical Commissioning Groups would review its plans to ensure that it would be able to deliver to national priorities and to contribute to the integration of care. The Collaboration would continue to work with the eight CCGs to facilitate the implementation of some of the expected changes such as the establishment of a single regulator for providers and commissioners in London. Members challenged the Collaboration on its engagement with the voluntary sector and Rory Helga (Director of Communications and Engagement, North West London CCGs) said that the Collaboration was willing to work with third sector organisations. Furthermore, patients would be engaged – for example, an update on the STP, highlighting some of the positive impacts on patients, had been discussed at the Shadow Joint Committee of CCGs on 6 September 2018. He added that the Collaboration supported a transition to a system of continuous engagement in each borough, which would allow regular contact in relation to multiple work streams, and various options to engage Elected Members had been considered. The issue of commissioning services capturing residents of several boroughs would be addressed at special sessions aimed at improving cohesion and streamlining processes. Moreover, Dr Mark Spencer (Medical Director, Shaping a Healthier Future) noted that services re-commissioned by the eight CCGs would

make use of digitalisation to promote collaboration and co-production with patients as well as sharing of best practice and knowledge.

In relation to the complexity of health policy, Mr Easton said that the Collaboration would work with stakeholders to make the STP simpler to understand. For instance, the current five key areas covered by the Plan would be revised to simply their descriptions, following which a sixth area might be added. Actions would be taken to improve the delivery of the STP and its governance arrangements would be revised – an STP Health and Care Board, consisting of providers and representatives of CCGs and local government, would be established to set the overall direction of the Plan. Reporting would be based on programmes and it would be easier to measure delivery against objectives, providing a framework for assessing progress in a structured way. This led a discussion of the scope of the STP and specific indicators that could be used to assess delivery. Mr Easton acknowledged the proposals that had been presented in the paper had been focused on increasing transparency and improving understanding by using simpler language which meant that in some cases it might be difficult to identify whether specific objectives had been achieved. The Collaboration would address this by establishing clear goals and monitoring performance against these.

Members queried who would be accountable for the delivery of the STP following the proposed changes. Mr Easton said that although there was not a legislative framework related to the STP, responsibility laid with the four senior leaders of the Collaboration who formed the executive team and who were held to account by regulators. Furthermore, the eight CCGs and the nine statutory provider bodies forming the Collaboration were accountable to the Secretary of State.

The Chair directed the discussion towards staff morale and engagement in relation to the STP and lessons learned from the summer pressures on Accident and Emergency (A&E) departments and how these could be implemented in the winter peak. Dr Spencer said that clinical departments had been working with NHS Horizons, while the Collaboration had engaged employees and had made efforts to maintain their motivation despite staff shortages and challenges associated with recruitment and retention. Mr Easton confirmed that the first tranche of winter funding had been received and that the lessons learned from the summer pressures on A&E departments would be incorporated into winter planning, which was on track.

The Committee thanked the officers representing the North West London CCGs for their time.

RESOLVED that the contents of the Update on Shaping a Healthier Future and the Sustainability and Transformation Plan report, be noted.

6. **Annual Report**

The Chair introduced the Annual Report which provided a summary of the activities of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) for the 2017/18 Municipal Year. He reminded Members that they had to consider whether the JHOSC had fulfilled its remit and whether it had to continue functioning. Councillor Collins said that it had been a privilege and a responsibility to Chair the meeting through the years and commented that the report demonstrated that the Committee had worked hard to

strengthen partnership scrutiny of health care in North West London and had been effective in discussing topics of interest.

RESOLVED:

(i) The contents of the Chair's Annual Report of the North West London Joint Health Overview and Scrutiny Committee, be noted; and

(ii) Meetings of the North West London Joint Health Overview and Scrutiny Committee would continue to take place.

7. **JHOSC Terms of Reference**

The Chair introduced the item and said that Members were committed to reviewing the Committee's remit each municipal year. He explained that the rationale for reconfirming the terms of reference and agreeing a structured work programme was to provide a clear understanding for all stakeholders of the role and remit of the North West London Joint Health Overview and Scrutiny Committee. He emphasised that the primary aim of health scrutiny was to strengthen the voice of local people, ensuring that their needs and experiences were considered as an integral part of the commissioning and delivery of health services and that those services were effective and safe.

RESOLVED:

(i) The contents of the Joint Health Overview and Scrutiny Committee Terms of Reference report, be noted;

(ii) The Committee would continue to work with the eight Clinical Commissioning Groups in North West London;

(iii) The Committee would continue to work with the North West London Collaboration of Clinical Commissioning Groups in order to understand better its role and responsibilities;

(iv) The terms of reference of the Committee be expanded to include consideration of the Sustainability and Transformation Plan;

(v) A letter be drafted by the Chair and the Vice-Chair, inviting the London Borough of Hillingdon to re-engage with the Committee;

(vi) The draft letter referred to in resolution (v) be circulated to all Members of the Committee; and

(vii) The revised terms of reference of the Committee be circulated to all participating local authorities so they could be ratified at the respective Full Council meetings and adopted at the next meeting of the Committee.

8. **Work Plan**

Taru Jaroszynski (Policy and Scrutiny Manager, London Borough of Hounslow) introduced the report which advised Members to consider the proposed list of potential topics for the

2018/2019 Municipal Year and to agree a Work Programme for the Committee to cover the meetings that had been scheduled to take place in December 2018 and March 2019.

The Committee referred to the potential 'long list of topics' (page 43 of the Agenda pack). It was noted that any decision reached would not be final as it would be possible to add urgent items and an emergency call-in meeting might be called if necessary. Furthermore, the Chair gave Members the opportunity to add any subjects they considered to be of interest to the Committee. Some of the topics that were proposed included - 'Workforce development and integration of care in light of Brexit', 'Out-of-hospital care for adults', 'Addiction services', 'Provision for 19-25 year olds who had been discharged from Child and Adolescent Mental Health Services (CAMHS)'.

RESOLVED:
(i) The contents of the North West London Joint Health Overview and Scrutiny Committee Work Programme, be noted;

(ii) The following topics be included in the Committee's Work Programme, subject to any urgent items added as and when necessary:

Meeting Date	Proposed Topics
4 December 2018	<u>Main agenda items:</u> • Integrated Care Systems and its application in North West London and the Shadow Joint Committee, Governance and Scrutiny • Proposed reconfiguration of acute hospitals (an update on Strategic Outline Case One (SOC1) <u>Standby item:</u> • Performance Metrics for Shaping a Healthier Future Programme and the Sustainability Transformation Plan (STP)
12 March 2019	Main agenda items: • Specific Topic Focus: mental health (Delivery Area 4 of STP) – to include homelessness and provision for 19-25 year olds who had been discharged from CAMHS. • Financial aspects of the STP and the Shaping a Healthier Future Programme (taking account of STP workforce and the risk register) - to include discussions on expenditure on consultant fees and the impact of Brexit on workforce development. Standby item: • Further Updates on the London Ambulance Service and Acute Accident and Emergency (A&E)

9. **Any other urgent business**
None

NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Membership

One nominated voting member from each Council participating in the North West London Joint Health Overview and Scrutiny Committee plus one alternate member who can vote in the voting member's absence. In addition, one non-voting co-opted member of the London Borough of Richmond. The committee will require at least six voting members in attendance to be quorate.

Chair and Vice Chair

The North West London Joint Health Overview and Scrutiny Committee will elect its own chair and vice chair. Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

Terms of Reference

1. To scrutinise the 'Shaping a Healthier Future' reconfiguration of health services in North West London and the Sustainability and Transformation Plan for North West London; in particular the implementation plans and actions by the North West London Collaboration of Clinical Commissioning Groups ('NWL CCGs') and its Joint Committee, focusing on aspects affecting the whole of North West London.

2. To review and scrutinise decisions made or actions taken by NWL CCGs and/or other NHS service providers, in relation to the 'Shaping a Healthier Future' reconfiguration and the Sustainability and Transformation Plan for North West London, where appropriate.

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

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

The stated purpose of the North West London Joint Health Overview and Scrutiny Committee is to consider issues arising as a result of the Shaping a Healthier Future reconfiguration of health services and the Sustainability and Transformation Plan for North West London, taking a wider view across North West London than might normally be taken by individual Local Authorities. Individual local authority members of the North West London Joint Health Overview and Scrutiny Committee will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future' and the Sustainability and Transformation Plan for North West London).

Participation in the Joint Health Overview and Scrutiny Committee will not preclude any scrutiny or right of response by individual boroughs. In particular, and for the sake of clarity, this joint committee is not appointed for and nor does it have delegated to it any of the functions or powers of the local authorities, either individually or jointly, under Section 23

of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Duration

The Joint Health Overview and Scrutiny Committee will continue until all participating authorities decide otherwise. This does not preclude individual authorities from leaving the Committee beforehand. The Committee will keep under review whether it has fulfilled its remit and any recommendation of the Committee will be reported to a Full Council meeting of each participating authority.

The North West London health and care partnership

Health Based Places of Safety
JHOSC Briefing Report

November 2018

Purpose

This report provide an overview of the work to support the development of proposals to improve quality and access to health based places of safety (HBPoS) sites across North West (NW) London – including detailed progress on plans for communicating and engaging with key stakeholders in appendix 1.

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.

The aim is to develop a full business case for consideration by April 2019.

The Joint Health Overview and Scrutiny Committee is asked to:

1. Note the work done to date
2. Use this session as an opportunity to ask further questions about the project of work and our engagement programme.

National Policy, Legislation and Pan-London Standards

Over a number of years focus on mental health support and care has increased and a number of key policy changes have been introduced, resulting in the need to review how services are commissioned and provided. The policy changes include:

- Police and Crime Act Amendments (section 80-83) - Legislative changes under the Police and Crime Act 2017 extend the powers to detain and convey under sections 135 and 136 of the Mental Health Act. This came into force on 11 December, 2017. Key changes introduced are:
    - It is unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances
    - A police station can only be used as a place of safety for adults in specific circumstances, which are set out in regulations
    - The previous maximum detention period of up to 72 hours will be reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary)
    - Before exercising a section 136 power police officers must, where practicable, consult a health professional.

- Mental Health Crisis Care for Londoners - New Guidance - London's section 136 pathway and HBPoS specification was published in December 2016. The guidance aligns with the legislative changes of sections 135 and 136, sets out the standard for HBPoS and clarifies stakeholders' responsibility in the section 136 pathway. The key focus areas of the specification are governance and monitoring, estates, assessment process, workforce, patient information and follow up process. This guidance, in line with the Five Year Forward View 24/7 crisis care provision, sets out the need to provide 24/7 dedicated staff who have received training on physical and mental state

assessments, age appropriate support and the knowledge of legislation including Mental Health Act, Mental Capacity Act and Care Act.

- National Guidance - alongside the Pan-London standards are also considerations and principles of HBPOS from national guidance as part of the Five Year Forward View and the national Crisis Care Concordat. There is also a key report from the Care Quality Commission - A safer place to be – and the Royal College of Psychiatrist: Standards on the use of Section 136 of the Mental Health Act 1983.

- Another key guidance is the NHS England London 'Compact' between London's key stakeholders published in July 2018 on access to mental health inpatient services. The 'Compact' sets out the roles and responsibilities of individual organisations along patient pathways to admission, and details principles for a London-wide approach to capacity management and escalation.

Background: North West London Local Position

Section 136 is an emergency power of the Mental Health Act 1983 which allows a person to be taken to a place of safety from a public place, if a police officer considers they are suffering from mental illness and in need of immediate care.

HBPoS suites are places where the police and ambulance crews can take people who have been detained under Section 136. At the place of safety they can be supported and looked after whilst they are assessed by a psychiatrist and an approved mental health professional.

There is currently one HBPoS site in each NW London boroughs with an average of 1600 recorded cases. The HBPOS sites are operated by Central North West London Mental Health NHS Trust (CNWL) and West London NHS Trust (WLNHST) across NW London.

The table below provides the details of each site operated by Trusts:

CNWL HBPoS Sites	Number of beds	WLNHST HBPoS Sites	Number of beds
St Charles in Royal Borough of Kensington and Chelsea	1	St Bernard's in Ealing	1
Northwick Park on the Brent/Harrow border	1	Lakeside in Hounslow	1
Park Royal in Brent	1	Hammersmith and Fulham Mental Health Unit	1
The Gordon in Westminster	2		
Riverside Centre in Hillingdon	2		

The CNWL Care Quality Commission (CQC) inspection published in June 2015 rated the services as 'good'. They noted the high prevalence of Section 136 activity across the sites and issues with compromising the privacy and dignity in one site but the general staff and service user experience were reported as positive. The WLNHST services were rated 'requiring improvement' by the CQC in February 2017. There were issues noted with one site needing work to meet the standards. WLNHST have recently had another inspection and have been asked to review its internal recording systems and staffing structures.

There are variations across NW London in how HBPOS sites are operating mainly due to the way each site is staffed. Currently there is no single site with dedicated resources and when a patient is taken to a site, ward staff are called to assist in the HBPOS assessments which results in delays. There is a real need for improvement both in terms of the service quality and the experience for those that may need to use the place of safety – addressing the pan London standards.

The quality concerns highlighted across all of London show only 36% of service user's surveyed saying they felt safe and only 12% feeling the rooms in the sites were comfortable and welcoming. There is also significant demand on the services with an increase of over 4500 Section 136 cases in 2015-2016 across London– numbers that continue to rise. Mental health crises account for 13% of London Ambulance Service call outs and take the longest time to address needs.

In 2015 the police reported over 200 concerns with HBPoS across London – half of these related to capacity issues and not being able to access the site. Waits of up to 7 hours in a police van have been reported – impacting the negative experience for the service user and resulting in increased use of police resources. The average time spent for the police dealing with one Section 136 case is 14 hours. Issues with access to the HBPOS in turn cause unnecessary A&E attendances. Many cases taken to A&E do not have a physical health condition and the A&Es are not best equipped to deal with those in mental health crisis.

Pan London Development Plan

Against the backdrop of legislative and Pan-London guidance, and to support Pan-London level improvement, Healthy London Partnership (HLP) initiated a work programme to review the quality and configuration of HBPoS suites across London. Following a lengthy and robust process it reported its findings outlining that the current configuration of HBPoS do not meet the standards set out in the Pan-London s136 pathway guidance. It proposed a reconfiguration of HBPoS sites to reduce delays, avoid unnecessary A&E attendances, decrease patient admissions and readmissions and improve patient outcomes, the treatment environment and staff expertise.

Following the publication of the case for change by HLP, NW London stakeholders held discussions at Crisis Care Concordat meetings and agreed the need to review and redesign the Section 136 pathway and HBPoS suites. This document sets out the work and the engagement completed to date to review the NW London position.

Across London a number of areas have already begun the implementation of the recommendations to improve quality of care and patient experience by introducing dedicated sites and staff. South London and Maudsley Mental Health Trust is the first Trust in London to fully implement the London s136 pathway guidance and HBPoS specification to provide a 24/7 staffed place of safety for adults and children detained under s136. The new model of care replaced four single occupancy HBPoS sites in Lambeth, Lewisham, Croydon and Southwark with one centralised HBPoS based at the Maudsley Hospital providing a range of accommodation options and a 24/7, specialist, and dedicated service. The model is supported by a Memorandum of Understanding between the four borough councils which sets out the agreed mutual responsibilities and operational practices to be adopted by each borough's Approved Mental Health Practitioners (AMPHs) to support the single site model. This has resulted in greater clarity of each team's role in- and out-of-hours and reduced inter-borough disputes regarding responsibility for supporting individual clients. Following its first year of operation, the new model of care has been evaluated and concluded that the centralised place of safety is a vast improvement on the old model.

Engagement

Across London HLP conducted two years of extensive engagement with over 400 Londoners with lived experience and the agencies that support this crisis service. Of the average 1600 people per annum who use the HBPOS in NW London, there are multiple interactions by the same individuals - which are included in this figure.

In order to meaningfully engage and target this cohort of service users and those staff that work in and support this service, the NW London Health and Care Partnership have

undertaken a series of engagement activities over the last six months to ensure service user feedback has shaped the development of options for redesigning HBPoS sites in NW London. This work follows on from the engagement conducted by HLP in the development of their proposal.

Our engagement work is still on-going and equality impact screening is in the early stages of being undertaken to assess impact across the eight local areas.

Engagement activities that have taken place so far across NW London over the last six months include:

- **Service user survey (June – August 2018)**

  Promoted by 23 mental health third sector organisations and NW London MH trusts (24 responses)

- **Engagement of key staff and stakeholders** that work with and support HBPOS (From March 2018, on-going)
- **Local Authority communication-** letters have been circulated to DASS and appropriate members in August and October
- **NW London Crisis Care Concordat (20 September)** attended by service user representatives, commissioning and clinical staff, local authority staff, London Ambulance Service and Metropolitan Police colleagues. Prior to this focused session, HBPoS were discussed in several previous sessions.
- **Workshops** two workshops one at each mental health trust, with 55 in attendance including service users, police, staff, London Ambulance Service, local authority staff. Two follow-up sessions arranged for December.

Full details of NW London engagement and that conducted by HLP can be found in appendix 1.

The engagement undertaken thus far has been invaluable and outlined the following:

- Staff to adopt more compassionate and respectful approach as service users outlined their need to be both listened to and responded to by better communication on their needs and their situation.
- The need to improve the physical environment and the facilities.
- Access to information, peer support workers

The engagement also outlined the need to have effective preventative approaches to avoid the person's mental health getting to a crisis point, and the emphasis on follow up care so the person feels confident there will be some continued support. There is an independent project looking to improve preventative interventions and services to minimise attendance at A&E, HBPOS and unnecessary admissions. Feedback has been provided to the project to ensure the needs and voices of the service user have been factored into this project scope and development.

Options appraisal

Clinicians and commissioners in NW London recognised the need to undertake a review of Section 136 HBPoS sites and processes and it is acknowledged that there may be benefits to proposed new arrangements i.e. co-location, dedicated staffing models and parity and quality of the service offer to service users. However, there was a clear signal that any plans

and options for NW London need to be developed by talking to those using and working in Section 136 services with a view to more thoroughly understanding local needs.

Through on-going engagement across NW London it is clear the emphasis needs to be on improved quality of the service and a better experience for the user and their carer – whether this be their family, friend or other support. It is also clear that the way to achieve this is to review the number of HBPoS sites and how outcomes and ambitions set out can be achieved through dedicated staffing with longer term sustainability in mind.

The analyses of various options are being undertaken with the development of potential staffing models, estates requirements and a specific focus on impact on local authority protocol's and capacity to ensure understanding and management of risks to other partners.

The Pan-London options appraisal identified several delivery options, with the aim of deciding on an optimal Pan-London place of safety configuration – including the required number of sites, optimal capacity and optimal locations across London. The output of this process was a nine-site model across London – with three sites in NW London. This wider, pan-London process then informed the development of the HBPoS proposal across NW London - undertaking local data analysis to compare and validate the pan-London assumptions. These options were then tested with all stakeholder groups across NW London, starting to look at their feasibility and possible alternative configurations. The table below provides a brief outline and overview of the current options and key considerations in developing a new model of care in NW London.

Options	Configuration of sites	Advantages	Disadvantages
Option 1: Eight Sites	• St Charles in Royal Borough of Kensington and Chelsea • The Gordon in Westminster (There are already plans to re-configure The Gordon moving capacity to St Charles) • Northwick Park on Brent/Harrow border • Riverside Centre in Hillingdon • Park Royal in Brent • Lakeside in Hounslow • Hammersmith and Fulham Mental Health Unit • St Bernard's in Ealing	There will be little change and disruption to the current model and pathways apart from the St Charles site expansion. The St Charles expansion will go some way to support the rational for consolidating beds into a one site hub.	The rationale for the change across NW London and London as a whole is not fully realised i.e. reduction of sites will minimise delays, avoid unnecessary A&E attendances, decrease patient admissions and improve the quality of the service offer to the end user.
Option 2: Five sites	• St Charles in Royal Borough of Kensington and Chelsea • Northwick Park on Brent/Harrow border • Riverside Centre in Hillingdon • Lakeside in Hounslow • Hammersmith and Fulham Mental Health Unit	Fits with the current CNWL and WLNHST strategic planning and wider crisis care developments. More flexible facilities in terms of capacity in the short-term ,and allows time for further planning for a future three-site model if appropriate. Goes some way to support the London rationale for change – with a key element to improve the quality of the service offer to the end user. Provides a better basis for wider crisis care developments – which in turn supports avoiding unnecessary A&E attendances.	To fully meet the pan London standards it would require adequate staffing in each facility which is less efficient and will cost more than staffing a smaller number of sites. This may also impact on the service offer to the end user and does not fully realise the rationale for change in the pan-London work The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site. Possibility of estate implications if the full pan-London changes are implemented. Changes may have some impact on local authority capacity, demand and determining responsibility for undertaking assessments.
Option 3: Four sites	• St Charles in Royal Borough of Kensington and Chelsea • Northwick Park on Brent/Harrow border	Fits with the CNWL strategic planning and wider crisis care developments. More flexible facilities in terms of capacity in	Has a disproportionate spread of sites across each Trust area – and for CNWL less efficient and will cost more than a smaller number of sites because of the need for adequate staffing to meet the

	• Riverside Centre in Hillingdon • Lakeside in Hounslow	the short-term for CNWL, and allows time for further planning for a future three-site model if appropriate. Goes some way to support the London rationale for change – with a key element to improve the quality of the service offer to the end user. Provides a better basis for wider crisis care developments – which in turn supports avoiding unnecessary A&E attendances.	London standards. The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site. Changes will have some impact on local authority capacity, demand and determining responsibility for undertaking assessments. Especially across the WLNHST boroughs and Hounslow becoming the site covering three boroughs.
Option 4: Three sites (a)	• St Charles in Royal Borough of Kensington and Chelsea • Riverside Centre in Hillingdon • Lakeside in Hounslow	Supports the rationale for the change across London as a whole and develops a more efficient hub model. Reduction of sites should minimise delays, avoid unnecessary A&E attendances, decrease patient admissions. The option is likely to improve the safety, privacy, and dignity of all service users through improved built environments and dedicated staffing teams.	Estates would have to be developed to accommodate the increased demand. The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site. There may be issues on local authority capacity and demand and determining responsibility for undertaking assessments.
Option 5: Three sites (b)	• St Charles in Royal Borough of Kensington and Chelsea • Northwick Park on Brent/Harrow border • Lakeside in Hounslow	Supports the rationale for the change across London as a whole and develops a more efficient hub model. Reduction of sites should minimise delays, avoid unnecessary A&E attendances, decrease patient admissions and improve the quality of the service offer to the end user.	Further increased estates costs. Hillingdon has high demand and closing the site would have disproportionate impacts on both the Hounslow and Harrow/Brent sites. The police and London Ambulance Service will experience longer conveyance times when picking up in areas without a site – especially with the closure of Hillingdon as this site has high demand partly due to the proximity to Heathrow. There may be issues on local authority capacity and demand and determining responsibility for undertaking assessments.

Next steps
The next step is to continue with discussions with all stakeholders, health sector, police, ambulance service, local authorities and service users to fully consider advantages, disadvantages and implications of each option. Following the completion of this process, the multi-stakeholder panel will meet to discuss all feedback and the pros and cons of each option and then make a recommendation scenario with a view to short list options- one or two.

The aim then is to develop a full business case for the short listed option(s). Once the business case is finalised in April 2019 there will be further discussions and a decision on a feasible option to commence implementation planning - with the aim of transitioning to the new model of care in April 2020.

The engagement and co-production with professionals, patients, families and partners will continue to be an essential part of this work as we progress each stage. The planned engagement activities are as follows:

- Service user focus group - 28 November 2018; to be attended by those service users involved in the NW London survey, their carer representatives and service users from both the Mental Health Trusts' Co-production Steering Groups. The aim of the focus group will be to discuss their experiences and how these experiences could be impacted by the various site re-configuration options. Following this session, further sessions will be set-up to ensure engagement and co-production continues with service users, family members and carers,
- Local authority/Approved Mental Health Professional (AMHP)/Emergency Duty Team(EDT) focus group - 30th November 2018; January to March (dates to be confirmed); local authority AMHP and EDT colleagues to attend a discussion with health partners to identify specific issues and collectively agree next steps.
- On-going fortnightly meetings with Mental Health Trust colleagues. These meetings will ensure close working relationships to refine the small number of options and formulate the business case.
- Regular updates to commissioners and contract colleagues in CCGs - including close working to support the formulation of the business case and acquire appropriate sign off from Senior Management.
- Crisis Care Concordat Meetings - 17th January 2019 and 20th March 2019; wider stakeholder engagement – including the police and London Ambulance Service. The aim of this forum is to bring updates and work through specific issues.
- Continued updates to Social Care Directors and Council Members through letter correspondence and discussions.
- Updates and engagement with Acute Trust colleagues in Emergency Departments - through correspondence and presenting updates at meetings in hospital sites.

The North West London
health and care partnership

Appendix 1

This appendix documents the details of our engagement work and builds upon the summary in the main document.

Health Based Places of Safety
Engagement progress report and forward plan

November 2018

This document sets out all the engagement work that has taken place by Healthy London Partnership (HLP) and the North West London health and care partnership (NWLHCP), to support the development of proposals for health based places of safety (HBPoS) in NW London.

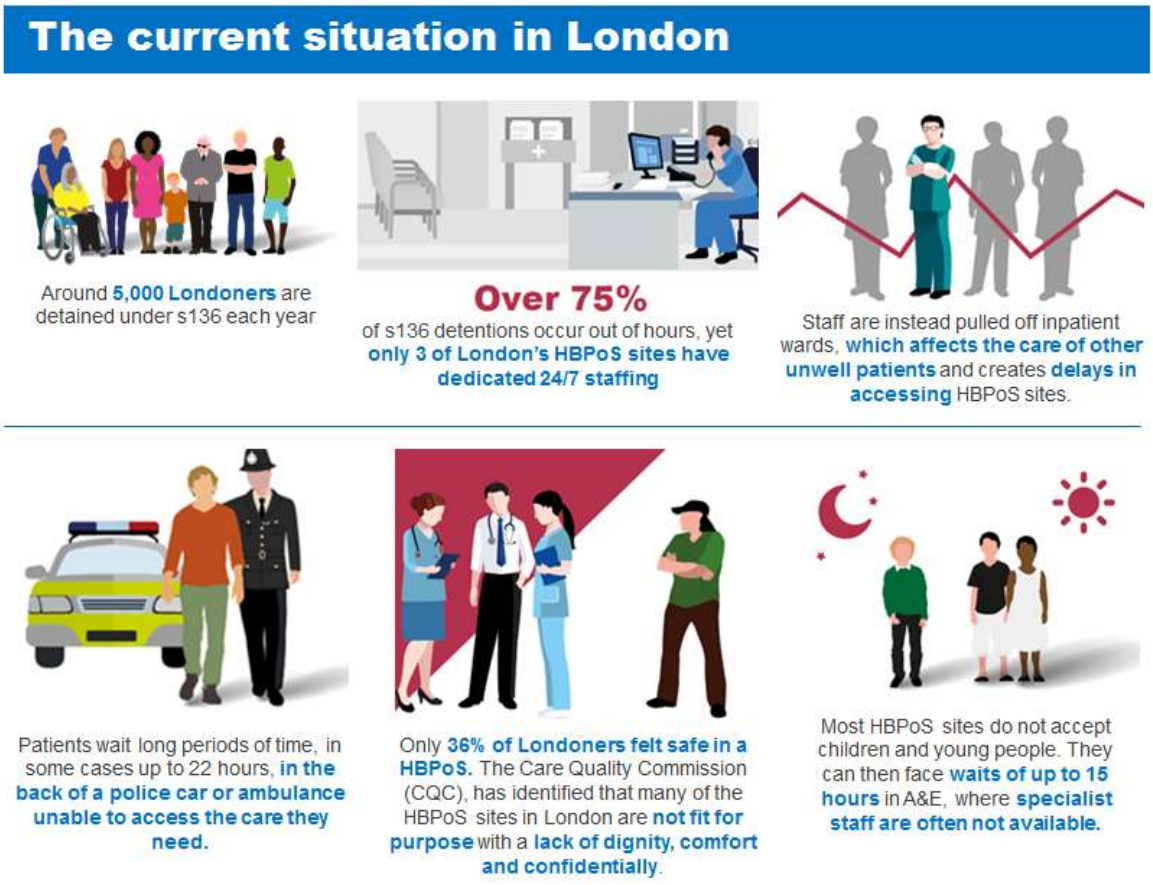
Contents:

1.0 Background

Health based places of safety are places where ambulance crews or the police can take people who are in mental health crisis, to be supported and where a plan for their on-going care can be made.

There are approximately 5300 s136 detentions in London per year, which includes multiple detentions for the same individuals.

Currently the provision of health based places of safety is not up to standard across London and NW London and the following graphic sets these points out in more detail.



Following the publication of the HLP proposal the North West (NW) London health and care partnership have reviewed recommendations and continued to engage with service users and agencies to determine how best we can develop a new and improved model of care with our partners in NW London.

This document details this engagement work.

2.0 Healthy London Partnership engagement summary (London-wide)

Healthy London Partnership ran an extensive engagement programme over two years 2015 to 2017 to ensure the voice of people with mental health was at the heart of their programme and proposal. A full summary of all of HLP's engagement work can be found in appendix 5.2.

The pan-London s136 Pathway and Health Based Place of Safety (HBPOS) proposal, which outlines the minimum standards of care for HBPOS sites and the responsibilities of staff within the pathway, was developed through extensive engagement with London's crisis care system, including over 400 service users and carers, frontline staff from London Ambulance Service, police, mental health and acute trusts. 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.

Engagement was conducted through many different channels:

- Five workshops, with over 50 services users and carers held in each STP in London
- online survey, for service users and carers, online from 18 Jan to 24 Feb 2018 -154 responses received
- development of I-statements - these are first person statements setting out the expectations of how Londoners wish to be treated, over 200 service users co-produced a set of I-statements (Appendix 5.2 pages 48 and 49)
- BME service user experience workshop
- expert by experience videos and stories

More details about these engagement activities can be found in appendix 5.2 pages 14-18.

An outline of audiences engaged in this work is displayed in the figure below.

Outcomes of engagement

The following areas were identified through the engagement process as particularly important in the delivery of crisis care.

The survey responses and focus group have helped to identify both the current problems across these areas and how service users think improvements could be achieved.

Access to the right help – less than half of survey respondents knew how to access advice and support to get the help they needed when in crisis

Timeliness of care – nearly 70% of survey respondents felt there were missed opportunities to prevent their mental health deteriorating to crisis point

Compassion – only 34% who attended an ED and 27% who attended a place of safety agreed that staff had treated them with compassion

Choice and Involvement – only 30% felt involved in discussions about their mental health problems

Staff attitudes and knowledge – only 36% of those who attended an ED felt listened to and that their concerns were taken seriously

Environment – 93% of respondents feel that being in an environment that suits their needs when in crisis is either important of very important

Continuity of care – Over 95% said that receiving appropriate follow-up care after their crisis was either important of very important

"They kept me waiting an awfully long time, and I slipped back into psychosis before they had assessed me, which looking back was very frightening. I remember barricading myself in the hospital waiting room, not letting anybody in and piling cushions up because I was so afraid of them.

I think somebody should have initiated some kind of sedation earlier on, rather than subjecting me to that because it was from when I was arrested at 8 o'clock in the morning and I didn't get any treatment until about 4 or 5 in the afternoon and I was obviously slipping in and out, they could see it. They could see when I was in the place of safety, they could see that I was ill.

I remember standing up and shouting. What was going on in my head was terrible, absolutely terrible."

A London service user's story

3.0 NW London health and care partnership engagement (to date)

Very small numbers of people use HBPOS in NW London, on average we see 1600 interactions with this service each year, and multiple interactions by the same individuals are included in this figure.

To meaningfully engage and target this cohort of service users and those staff that work in and support this service, the NW London health and care partnership have undertaken as series of engagement activities over the last six months to ensure service user feedback has shaped the development of options for HBPOS in NW London. This work follows on from the engagement conducted by HLP.

This work is still on-going but engagement activities that have taken place so far across NW London over the last six months include:

- **Service user survey (June – August 2018)**
  - Promoted by 23 mental health third sector organsiations and NW London MH trusts (24 responses)
- **Engagement of key staff and stakeholders** that work with and support HBPOS (From March 2018, on-going)
- **NW London crisis care concordat (20 September)**
- **Workshops** (Two times workshop one at each mental health trust, with service users, police, staff, LAS local authority staff.)

- **Service user focus group (28 November 2018)**

Service user survey

Voluntary sector organisation 'Rethink' was brought in to work with a mental health service user panel called the making a difference alliance to undertake engagement with those that have used a health based place of safety and carers in NW London.

A questionnaire was co-produced by the expert-by-experience advisory group. The survey was shared through third sector mental health organisations, local authority and the two mental health trusts in NW London from June – August 2018.

The following organisations were approached (by email, phone and meetings) to:

1. Distribute the survey via email and newsletters (giving the link to the online survey and information about how to arrange to take the survey in person or over the phone)
2. Promote the survey at expert-by-experience forums
3. Make individuals aware of the survey

Amadeus House	K&C Social Council
BME Health Forum	Mind in Ealing and Hounslow
The Bridge	Mind in Harrow
Brent, Wandsworth & Westminster Mind	NSUN
Central North West London NHS Foundation Trust	One Westminster
CVS Brent	Salvation Army
Hammersmith & Fulham Mind	SMART
Healthwatch Central West London	Sobus
Healthwatch Hammersmith & Fulham	SMART
Hillingdon CVS	We Co-produce
Hounslow Voluntary Sector Support Service	West London Network
Hounslow Wellbeing Network	West London NHS Trust
K&C Mind	

The survey results

- 24 people service users completed the survey

- further surveys were started but not enough meaningful data supplied to analyse
- 15 people said the experience they were referring to was not their first experience with emergency mental health care
- 62% of respondents from a BME background
- An even split of male and female respondents
- Six people said the reason for their crisis/section 136/5 was psychosis, four people because they were suicidal, two because they couldn't get help out of hours, one because of bipolar, one because of PTSD, others did not share

Of those who were reached, one person started the survey but could not finish as the recall was too upsetting.

Other people did not have experience within the last two years. To avoid people becoming upset about that their experience 'not counting' these experiences were collected but analysed separately.

The main themes raised by those that responded:

1. **The approach of health staff and the police** made the greatest difference – for people to feel safe and supported. Their approach must be compassionate and respectful – providing dignity. Staff must ask about, and listen to, a person's needs. Dialogue is essential. A trauma-informed approach: "what happened to you" not "what's wrong with you" is essential.

2. **Verbal communication of information by staff** made the second greatest difference – for people to feel safe and supported.
   People need to know:
   - where they are
   - why they're there
   - what's happening
   - what will happen next
   - how long things will take
   - how they can communicate their needs
   - if they can contact someone.

3. **The environment and facilities at the place of safety** made the third greatest difference - for people to feel safe and supported. A non-clinical, homely, feel makes a huge difference; and forms of comfort such as soft chairs. 75% of respondents said music would be welcome, and 50% said TV, although with a choice about whether to have it on or not. Drink and food were essential needs.

4. **Waiting and travel time**
   Some respondents said waiting time at and around the place of safety was very important to their experience of feeling safe and supported, but others ranked it as less important.

The majority of respondents said travel time from pick up to the place of safety, and home from the place of safety, was the least important to their experience of feeling safe and supported.

Challenges

It was challenging, to reach people who had lived experience of a HBPOS in the last two years and were willing to share their experience. Completing the survey for some was too upsetting. To further engage service users in a supported environment a focus group is being held on 28 November.

Engagement of key staff and stakeholders

In addition to engagement with service users, key stakeholders have been engaged across NW London to support the development of the NW London model for HBPOS. This work started in March 2018 and is on-going:

- Directors of adult social services, safe guarding leads and key council stakeholders involved in the development of a NW London model.
- CCG commissioning leads for mental health
- Mental Health Trusts, service leads and executive team
- Police
- London Ambulance Service
- Emergency Departments
- Healthy London Partnership
- Cllrs, MPs, Council leaders and key stakeholders, written to across the eight boroughs

Crisis care concordat

On 20 September 2018 a multi-agency Crisis Care Concordat meeting was held.

This meeting was well attended and had representation from all eight boroughs with attendees from across CCGs, trusts, London Ambulance Service, the police and local authorities.

Findings from our service users were presented at the meeting. There was a clear agreement from the members of the Concordat that any change should be grounded on improving quality and the experience for the service user, regardless of the number or location sites agreed across NW London.

Workshops and meetings

- **Two workshops** were held one at each of our mental health trusts in NW London inviting all stakeholders to look at options in NW London.
    - 30 October 2018 (WLMHT) - attended by 25 stakeholders from the mental health trust, CCGs, police, local authority and service users.

- 15 November 2018 (CNWL) – attended by 30 stakeholders from the mental health trust, CCGs, police, LAS, local authority and service users. S

Follow up meetings at both mental health trusts will be held in December to further discuss options for a new model of care in NW London.

4.0 Next steps for engagement in NW London

Equalities impact assessment

To support the development of the options appraisal an equalities impact assessment is underway, to review each of the option presented

Options development

Service users, carers and stakeholders will be invited to comment on the potential scenarios set out in the Health Based Places of Safety briefing report for JHOSC. This will be covered as part of the service user focus group on 28 November and we will also invite comments online via our website and Twitter.

All comments and views will be collated and then considered by a dedicated Health Based Places of Safety Panel, which will include service user and carer representatives, commissioners, social care, mental health professionals, the Metropolitan Police and the London Ambulance Service.

Details of the next events

Service user focus group (28 November 2018)

A focus group is being held on 28 November with service users and carers to co-produce a new model of care in NW London and support the development of the option appraisal. This focus group is for who have had a personal experience using a section 136 suite in the last two years. All attendees have already completed surveys and provided responses on what HBPOS require, this focus group will build on the initial responses and requirements from service users based on site options.

The outputs of this workshop will feed into the development of the option appraisal.

Feedback will be shared with focus group attendees and they will be invited to further support the development of the new model.

Trust workshops

Two workshops are organised for early December to discuss the development of the options appraisal. The work from the service user focus group will feed into these sessions.

How we will decide on the new model of care

Following the completion of the engagement process, the panel will meet to discuss all feedback and the pros and cons of each scenario. They will then make a recommendation on the best way forward. This will be discussed with all those that have input into the engagement process.

On-going engagement

Once the changes have been implemented, we will continue to test how well the changes are working and to consider what further engagement is needed with service users, carers and professionals as the service develops.

5.0 Documents

5.1 Healthy London Partnership – London's Mental Health stakeholder engagement audit

5.2 Healthy London Partnership – London's section 136 pathway and Health Based Place of Safety specification

This page is intentionally left blank

North West London
Collaboration of
Clinical Commissioning Groups

Joint Health Overview and Scrutiny Committee (JHOSC)

Update on Strategic Outline Case Part 1 (SOC 1) and North West London compliance with NHS England reconfiguration tests

Summary	This document is in two sections: - Section A provides an update on the current status of the SOC 1 bid. - Section B sets out an overview of the ways in which North West London CCGs is fully compliant with the NHS England tests against which reconfigurations must be assessed.
Date	23 November 2018
Owner	Kevin Nicholson (Director of Acute Care Transformation) Mark Easton (Accountable Officer)

Section A: Update on Strategic Outline Case Part 1 (SOC 1)

Background to SOC 1

The proposed reconfiguration of acute hospitals is part of the North West London strategic programme Shaping a Healthier Future (SaHF). SaHF is an evolving programme which sets out to improve patient care and outcomes across North West London.

The strategy underwent full public consultation in 2012. The preferred option was published in a Decision Making Business Case in February 2013 which was approved by the Joint Committee of PCTs (JCPCT) and subsequently by the Secretary of State for Health in October 2013 with the caveat that: “Ealing and Charing Cross hospitals should continue to offer an A&E service, even if it is a different shape or size from that currently offered.”

The first of the business cases for the capital required to implement this strategy was produced in 2016. This is referred to as the Strategic Outline Case Part1 (SOC 1). SOC 1 focused on the capital needed for investment in:

- primary care estate across NW London
- community hubs across NW London

- acute changes across outer NW London, including the development of a local hospital at Ealing.

Status of 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.

The elements of this funding proposal are:

Organisation	SOC 1 July 18 Capital submission (£000s)
Primary Care (GP Practices)	£7,100
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
Total	**£259,913**

Section B: North West London compliance with NHS reconfiguration tests

What are NHS reconfiguration tests?

In May 2010, the then Secretary of State for Health set out four tests against which substantial NHS reconfigurations are to be assessed:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners.

NHS England introduced a further reconfiguration test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

North West London compliance with NHS Reconfigurations Tests

Compliance with the four tests set out by the Secretary of State in 2010

Compliance with the four tests set out by the Secretary of State in 2010 was addressed in detail within the Decision Making Business Case (DMBC) document, published in 2012. The DMBC (chapter 11, pages 427 – 458) covers all aspects of assurance and compliance. Although the DMBC was published some time ago, the strategic approach that it outlines is still current.

The process of providing assurance against these tests is ongoing. Since publication of SOC 1, NHS England and NHS Improvement as NHS regulators have been assuring SOC 1 (and therefore SaHF) compliance with these four tests. The process will continue with the development of the Outline Business Cases (OBCs) and Full Business Cases (FBCs).

The following is a summary of the compliance to date with these four tests.

1) Strong public and patient engagement

a) Pre-consultation activities involving the public and patients

Public and patient engagement has been a core part of the programme structure. This has been achieved through our governance structures and the following forums:

- The Patient and Public Advisory Group (PPAG)
- Travel Advisory Group (TAG)
- Health Overview and Scrutiny Committee (HOSC) and JHOSC engagement
- Health and Wellbeing Boards (HWBs).

Senior members of the programme participated in a range of engagement activities including:

- British Medical Association meeting
- Clinical Commissioning Group meetings
- Other Council meetings
- Health and Wellbeing Boards
- Local Medical Committees
- Mayor's Question Time
- Meetings with local MPs
- West London Citizens meetings
- West London Health Conference.

b) Consultation activities involving the public and patients

The consultation period ran from 2 July to 8 October 2012. The following activities were undertaken:

- Over half a million summary leaflets setting out the SaHF proposals were distributed. These leaflets were sent to all GP surgeries, libraries, hospital sites, town halls, local LINks offices and pharmacies
- The dedicated website www.healthiernorthwestlondon.nhs.uk received over 18,500 visits during the consultation period.
- The website served as a one-stop shop for programme information, roadshow and event details, interactive consultation responses, feedback forums and news. It was regularly updated with the latest news, information and documents to download. The site continues to be active beyond the consultation period in order to provide regular updates on the programme's progress and status.

- Digital and social media channels played a role in public engagement and served a similar role as the website, with a more direct level of engagement with the audience developed before and during consultation
- Advertisements were placed in 13 local papers across NW London and neighbouring boroughs. Letters and responses were also printed in local newspapers.
- Over 70,000 full consultation documents and response forms were sent out.

During the consultation period, the SaHF team attended or arranged over 200 events which included:

- Two road shows in each of the eight NW London boroughs
- An additional road show in the neighbouring boroughs of Camden, Richmond and Wandsworth;
- Public meetings and debates;
- GP events and other events for staff.

Hospital site events were also run, in the main for staff members but on occasions, members of the public were invited to attend.

Over 17,022 responses were received during the consultation period.

c) The future

Going forward, the programme will continue to inform and engage with its stakeholders so that they can understand the proposals as they develop and hold the NHS to account.

Recently, the NW London Collaboration of CCGs has re-confirmed its commitment to engage in the next stages of the project as we move towards developing the outline and full business cases and refreshing the activity modelling.

.

2) Consistency with current and prospective need for patient choice

To ensure the SaHF programme embedded patient choice, the proposals for reconfiguration were independently reviewed (by Mott MacDonald) pre-consultation (pre-July, 2012).

In its conclusion, the report stated: “Overall, it can be shown that the proposals drawn up for the proposed changes in the provision of healthcare services across NW London have adequately addressed the Department of Health’s guidance on how the service reconfiguration affects current and prospective patient choice:

- Patient choice has informed the reconfiguration so that providers are able to tailor their services to what people want;
- Proposals have been developed to ensure that services are locally accessible wherever possible and centralised where necessary;
- Proposals have been developed which are supported by evidence based best practice in improving health outcomes and improvements in patient experience.

The SaHF programme remains confident it continues to embed patient choice within their proposals in line with policy for the following reasons:

- For the majority of patients using acute services their nearest hospital will continue to offer the majority of services they currently use.
- The benefits of consolidating services so that the quality of care in all remaining units is raised to a consistent and higher standard giving patient’s choice of several highest quality providers, outweighs the impact of the reduction in the number of units
- Implementation of many of the Programme’s recommendations would improve aspects of patient choice. An example of this is development of out of hospital care, where more services will be offered in the community nearer to patients home

- Little feedback was received in regard to patient choice from the consultation. That which was received has been considered and the proposals refined accordingly.

3) Clear, clinical evidence base

The programme was designed from the outset to be clinically led. The programme structure includes medical representation in its groups, and medical leadership was provided by four programme Medical Directors. In addition, all clinical proposals were developed through discussion at the Clinical Board which had senior representatives for each provider and CCG.

The Clinical Board considered detailed evidence at each stage before making recommendations to the Programme Board. Local clinicians also met to discuss maternity and paediatrics proposals in more detail and a separate workstream developed out of hospital proposals. Through this participation and leadership, the programme has ensured that the clinical vision and standards lead the reconfiguration proposals.

The feedback received on the SaHF consultation included the following from the JHOSC: "We recognise that the development of the proposals have been "clinically-led" and approved by a Board comprising the Medical Directors of the Acute Providers and Chairs of Clinical Commissioning Groups (CCGs) in North West London".

"Despite its inherent differences, the committee has been able to reach a broad consensus on many of the important issues before it. Importantly it has reached a broad agreement on the strength of the clinical case for reconfiguration of the accident and emergency provision. It has, though, not found it appropriate to endorse any one of the particular options put forward".

4) Support for proposals from clinical commissioners

CCGs led by CCG Chairs have been involved and engaged in each stage of the SaHF Future programme and their feedback has been used to inform the proposals being taken forward by the programme.

Just before consultation was due to start all CCG Chairs wrote letters to the programme supporting the rationale for changes to healthcare services and hence, the need to consult the public.

All CCGs submitted a formal written response to the consultation. In general they all supported the Case for Change and outlined where they had a preference for a particular Option.

In 2016 all CCGs approved SOC1 via their governing bodies.

In 2018 individual CCGs gave approval to each of the provider components of the capital submissions to DH.

Compliance with NHS England's test for proposed bed closures (where appropriate)

SOC 1 originally called for a net bed reduction of 364 beds. This would require that the case satisfied at least one of the criteria set out by NHS England. In February 2018, the SaHF programme submitted a response to an NHS England and NHS Improvement assurance query, setting out how North West London could manage if the demand on beds was such that the SOC 1 planned reduction could not be achieved. The SaHF assurance response concluded that going forward it would be expected that provider Outline Business Cases

(OBCs) would reflect an activity and bed requirement in line with this alternative scenario (ie no reduction in beds). This would mean that this additional test for bed closures would not apply.

However, all providers are expected to achieve productivity improvements to reduce length of stay. This efficiency expectation will in itself reduce the number of beds. This and other factors may mean that the current need for beds does reduce over time so compliance with this test will need to be kept under review as outline business cases are developed.

The SaHF programme will need to hold an overview of bed capacity and ensure alignment between the overall activity modelling and individual business cases. We will need to demonstrate to regulators and stakeholders that sufficient capacity will be in place to meet future demand.

Summary

To date the SaHF programme has satisfied NHS regulators of compliance with the four tests outlined by the Secretary of State in 2010 and the additional test introduced by NHS England from April 2017.

It is recognised that this will be an ongoing process.

North West London
Collaboration of
Clinical Commissioning Groups

Joint Health Overview and Scrutiny Committee (JHOSC)

Update on the status of the Joint Committee of North West London Clinical Commissioning Groups

Summary	This document gives an overview of the current status of the Joint Committee of North West London CCGs correct as of 23.11.2018
Date	23 November 2018
Owner	Ben Westmancott, Director of Compliance

1. Progress to date
2. Next steps
   2.1 NHS England ratification process
   2.2 Meetings
   2.3 Governance structure
3. Relationship with the JHOSC

Progress to date

The North West London Collaboration of Clinical Commissioning Groups (CCGs) established a Joint Committee. The committee has been meeting in “shadow” (i.e. trial) format since February 2018.

The September round of governing body meetings featured a series of items presented to each of the North West London CCGs for consideration known collectively as the “governance products”. These included terms of reference of the Joint Committee (Appendix 1) and a proposed new harmonised constitution. It also included terms of reference of other joint or in-common committees and a Memorandum of Understanding.

The governance products were all agreed and the harmonised constitutions were recommended to the respective memberships (ie the GP practices). The constitutions provide a solid foundation for the collaborative arrangements and all CCGs voted decisively and overwhelmingly in favour of adopting them at subsequent votes.

Next steps

NHS England ratification process

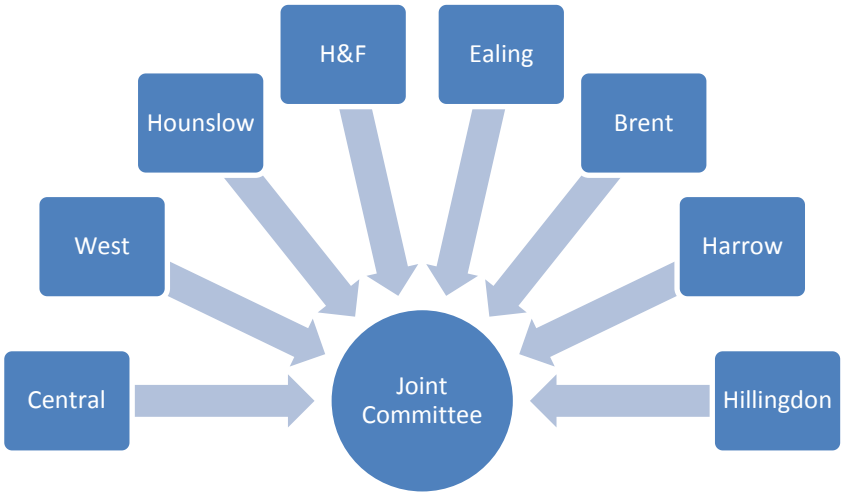
Before the harmonised constitutions become legal, NHS England has to ratify them which we expect to happen in late November 2018. Following this, the North West London Collaboration of CCGs' Joint Committee will be able to move out of "shadow" operations and will become a fully-fledged, decision-making committee.

Meetings

The Committee will meet on the first Thursday of every month (with the exception of January and August). Papers are circulated one week in advance, and will be reported to subsequent governing body meetings which will now take place quarterly. The committee meets in public and meetings are live-streamed online.

Governance structure

It should be noted that the Joint Committee, once in operation, will remain a committee of the each of governing bodies, with CCGs retaining their statutory duties. The Joint Committee's powers are conferred via delegation, and the relationship between the two can be visualised thus:



[DESCRIPTION: A diagram showing the Joint Committee in the centre, surrounded by each individual CCG, with an arrow from each one pointing inward to the Joint Committee]

Other committees of NW London, such as the Finance Committee and the Quality & Performance Committee, whilst being committees of the governing bodies, will report to the Joint Committee on relevant matters such as the NW London financial recovery plan or Winter Planning.

Relationship with the JHOSC

As many of the items that the Joint Committee has considered or will be considering bear similarity with the work programme of the Joint Health Overview and Scrutiny Committee, it is observed that there is potential and scope to align the work of the Joint Committee with that of the JHOSC.

NHS
North West London
Collaboration of
Clinical Commissioning Groups

North West London Joint Health and Overview Scrutiny Committee: Winter Plans

Date of Meeting: Tuesday, 4 December 2018

Paper: North West London CCGs Winter Preparedness 2018/19

Contents

Executive Summary

Every year the winter period brings with it significant and increased pressure on local systems due to demand on A&Es, therefore impacting capacity and performance. Establishing processes and arrangements early on, taking a whole system approach and working across organisational boundaries to inform extensive planning, helps to manage the complexity and scale of demand.

In recent years seasonal pressure on health and social care services has increased and as an STP we have been working with the four A&E Delivery Boards (AEDBs) across North West London (NW London) even more closely to ensure we continue to deliver safe and high quality care throughout the winter period. (The four are: Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West Healthcare NHS Trust).

Across NW London our preparation for winter started earlier than ever before with winter 17/18 debrief sessions taking place in April 2018. These sessions helped us identify key themes and challenges, undertake a review of previous winter activity and likely demand assumptions for planning, and consider what worked well to share more widely. This has helped inform and build our local system wide winter plans; setting out our arrangements for the winter period (i.e. from 3 December 2018 until Easter bank holiday).

This paper updates the Joint Health and Overview Scrutiny Committee (JHOSC) on winter preparedness across NW London for 2018/19, and how as an STP we are planning to mitigate the winter pressures and improve our long-term performance.

Background

NW London continues to achieve A&E performance in line with operating planning guidance for 18/19. NW London is the largest STP in London and continues to be the best performing STP across London for the 4 hour target.

Over 18/19 the development of demand management schemes to reduce attendances, along with external support to acute providers to manage patient flow in the hospital, has helped build resilience in local systems which is demonstrated in our improved performance this financial year.

Provider	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NW London Healthcare	88.2%	87.6%	89.3%	89.2%	92.2%	91.0%	90.9%					
Imperial College	84.6%	86.9%	87.4%	88.4%	89.0%	89.0%	90.6%					
Hillingdon	80.3%	80.5%	83.6%	82.8%	81.2%	85.8%	84.8%					
Chelsea & Westminster	95.0%	95.7%	95.1%	95.7%	95.5%	94.9%	95.2%					
North West London STP	88.0%	88.7%	89.6%	89.9%	90.6%	90.8%	91.2%					
North West London STP Trajectory	87.6%	88.6%	88.9%	90.1%	90.8%	91.4%	91.5%	91.6%	91.7%	92.2%	92.6%	95%

Increased patient acuity, flu and other respiratory illness during winter often lead to increased length of stay in hospitals and higher demand for urgent and emergency care services including London Ambulance Service (LAS). Whilst non-elective admissions increased last winter, compared to the previous year, NW London actually saw a reduction in average bed days per non-elective admission. This was achieved through a variety of initiatives targeting Delays in Transfer of Care (DToC) and improving flow, aligned to NW London 17/18 winter plan.

1. Winter preparation

In summer 2018, Pauline Phillips, National Director for Urgent and Emergency Care, announced national ambitions in the form of key priorities to ensure local systems have sufficient capacity to deliver elective and emergency care performance and prepare for winter. These included:

- **Reducing extended lengths of stay** by reducing the number of beds occupied by long stay patients by 25%
- **Development of an ambulatory emergency care (AEC) service** so that all acute hospitals provide ambulatory emergency care at least 12 hours a day, 7 days a week by September 2019.
- **Minors patients breaches reduction** so that actions are undertaken to ensure the delivery of a reduction in the number of minors patients who breach the 4 hour A&E waiting time standard down to zero.
- **Improving ambulance handovers** so that 100% of patients arriving at an Emergency Department by ambulance are handed over within 30 minutes of the ambulance's arrival; all handovers between ambulances and Emergency Departments must take place within 15 minutes with none waiting more than 30 minutes by 30 September 2018.
- **Implementing effective demand management schemes** in out of hospital services to support the management of flows into emergency care services in hospitals.

All four local systems within NW London have developed trajectories and plans to deliver against the national ambitions detailed above, with the latter priority focussing on out of hospital interventions. These interventions along with current activity and performance are described in more detail in section 2.

2. Demand management interventions 2018/19

As an STP we are committed to holding and reducing, where possible, levels of demand on the local A&Es by ensuring patients are able to access same day urgent care locally through enhancing self-care, primary care and other non-acute options. Whilst our NW London clinical strategy is about long term change, over the past 8 months we have been transforming and developing various intervention models in order to drive activity changes in urgent and emergency care and ensure patients are cared for in the most appropriate and convenient setting. Below describes these interventions and the current impact on demand:

2.1. GP extended hours access

2.1.1 Extended access is available across all boroughs in NW London enabling patients to be seen seven days of the week, 8am – 8pm, by primary care. Patients are not necessarily seen in their usual surgery – groups of surgeries are working together to provide these extra appointments and provide more convenient appointment times with access to patients' records.

2.1.2 Direct booking via 111 into the 30 extended access hubs across NW London has been live since spring 2018. A programme of engagement and electronic capability has supported the 21,000 appointments now available on a monthly basis across NW London in time for winter.

2.1.3 This allows primary care appointments to be directly booked for patients who reach a primary care outcome following a call to 111, and should reduce referrals to Urgent Treatment Centres (UTCs).

The below graph shows extended access hub utilisation from April to September 2018:

Overall Data for NW London (April 18 to Sept 18)				
CCG	Appointments Available	Booked Appointments	DNAs	Average Overall Utilisation
Central London	11928	8920	1517	62%
West London	6769	4384	931	51%
Hammersmith & Fulham	9431	8224	1248	74%
Hounslow	20748	11482	1270	49%
Ealing	15524	10554	1593	58%
Brent	27711	19061	2185	61%
Harrow	2900	2780	151	91%
Hillingdon	5912	5269	1056	71%
NW London	100923	70674	9951	60%

2.1.5 Additionally NW London has a programme of work underway to mobilise direct booking from 111 to in hours GP practice appointments, further increasing capacity across the system. In hours slots available over winter period for direct booking from 111 are as follows:

- November – 3,600 appointment slots available (West London CCG and Hounslow CCG live)
- December – 14,600 appointment slots available (all NW London CCGs live with direct booking)
- January – 14,600 appointment slots available

2.1.6 For the winter period (November, December and January) there will be an estimated total of 83,410 slots available through extended access hubs and in hours direct booking.

2.1.7 Local advertising is planned prior to Christmas to encourage use of these hubs and 111 – please see further information on communications in section 5.

2.2 Integrated Urgent Care (IUC)

2.2.1 Integrated urgent care combines NHS 111 and GP out of hours, providing people with access to urgent health services 24 hours a day, every day of the week, simply by making a free call to NHS 111. The NW London IUC service went live in June 2018 and has focussed on the implementation of key initiatives that will support a reduction in Ambulance demand and A&E attendances, including:

- A clinical review of all calls that have an A&E outcome to ensure patients are cared for in the most appropriate and convenient setting
- A clinical review of all calls that have a category 3 (urgent calls up to 120 minutes) and category 4 (non-urgent calls up to 180 minutes) ambulance outcome to safely reduce London Ambulance Service (LAS) demand.

2.2.2 The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways (the triage system used by 111) and is automatically accessed to find the most appropriate service for the patient.

2.2.3 Ahead of winter, an audit of pathways that are mapped to the DoS has been undertaken to ensure, for example that A&Es do not appear as an option for patients that have low acuity primary care outcomes

2.2.4 All NW London A&E/UTC/GP extended access hub DoS profiles have been reviewed to ensure the appropriate destination returns on the DoS.

IUC Performance:

111 calls answered within 60 seconds

NW London have consistently achieved above the London average for calls answered within 60 seconds. NW London 111 providers are actively working to ensure rotas are filled sufficiently and are providing training to newly appointed staff in preparation for winter.

Calls Answered in 60 Seconds	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	88.10%	92.90%	94.00%	94.40%	95.10%	92.30%	89.90%
London Performance	85.40%	89.50%	87.70%	87.80%	89.10%	85.00%	83.30%

111 calls abandoned after 30 seconds – NW London have consistently achieved less than the London average for abandoned calls after 30 seconds. NW London providers are actively working to ensure this good performance is maintained over winter.

Abandoned after 30 Seconds	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	2.00%	1.50%	1.20%	1.20%	1.10%	1.20%	1.70%
London Performance	2.90%	2.00%	2.60%	2.50%	2.40%	2.60%	3.10%

Clinical Contact - Clinical contact in NW London has remained above the 50% target since April 2018 and is above the national average of 51.7%. This is expected to increase once A&E revalidation is implemented, from 3rd December 2018.

Clinical Contact (target 50%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	58.40%	58.70%	57.10%	55.80%	54.20%	53.50%	53.50%
England Performance	50.20%	51.10%	51.40%	52.10%	51.50%	53.10%	52.50%

Cat 3 & 4 Validation - Category 3 & 4 ambulance validation is achieving higher that the London average.

Category 3 & 4 Validation	NWL Performance						NWL Average Apr-Sep	London average Apr -Sep
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18		
% Category 3 & 4 ambulance disposotions **directed to clinician**	78.90%	83.18%	78.42%	80.01%	84.06%	84.72%	**81.55%**	79.20%
% of directed category 3 & 4 ambulance dispositions **overridden / downgraded**	66.00%	65.59%	65.20%	65.12%	64.18%	64.32%	**65.07%**	63.50%

2.3 Care Homes

2.3.1 The Five Year Forward View (5YFV) sets out a clear programme of change to increase the focus on out of hospital care; integrate services around the patient, ensuring health, mental health and social care services are coordinated; delivering care through a system approach using networks of care not just single organisations.
2.3.2. Other drivers for change include reduction on LAS demands and non-elective admissions for the care home cohort and facilitate the opportunity for people to die in their place of choice.
2.3.3 We have built on experience from Airedale NHS Foundation Trust telemedicine programme that connects care home residents to a 24 hour nurse-led service at NHS Airedale Hospital.
2.3.4 There is evidence that high numbers of patients from care homes unnecessarily attend A&E, this is the cohort that the NW London schemes will focus on.
2.3.5 The roll out of the NW London NHS 111 *6 service for care homes to support all residents, crucially those in their last phase of life was successfully launched on the 6 August where trained nurse specialists give clinical advice to care home staff and make onward referrals to appropriate services. Currently the service is open from 8am to 8pm but will be increasing to 8am to 2am by the end of November 18. An allied video consultation technical solution, (using Skype for Business) has been successfully tested in 8 early adopter homes across NW London, and roll-out of the technology to additional care homes is scheduled over the coming months
2.3.6 CarePulse Capacity Management System is live across NW London, and is being used by over 70% of care homes to indicate available capacity. However, data indicates usage of the system by acute and community Trusts and local authorities is low. There is a clear need for a real time overview of care home capacity across each AEDB system to avoid delays in identifying and accessing available beds, and in line with winter planning initiatives. STP senior leaders have agreed that acute providers will undertake the full adoption and utilisation of the CarePulse system by November 2018.
2.3.7 It is the intention that elderly residents from all care homes in NW London will be admitted to hospital with a red bag that will remain with them throughout their hospital stay and return with them upon discharge. The bags will contain standardised documentation to ensure that vital information is available regarding the resident's general health and any medication they may be receiving. This ensures that everyone involved in the patient's care will have easy access to understanding their needs. Rollout of this scheme has been completed across three NW inner London CCGs, with the intention for coverage to be provided across the STP area by the end of 2018
2.3.8 We are supporting care homes across NW London to procure and deliver a variety of training packages. The training provides care home managers and staff

the right tools to make informed decisions that avoid unnecessary and stressful conveyances to hospital. A 'recognising and acting of early signs of deterioration' best practice pocket guide for care homes staff entitled '**Is my resident well?**' has been developed and distributed to care homes and the associated training has commenced with 20 sites. The intention is to roll out this initiative across all NW London care homes during 18/19 including the development of the tool for home carers and creation of a digital version of the pocket guide.

2.4 Ambulances (including admission avoidances)

To ensure NW London delivers a safe reduction of ambulance conveyances to A&E over the winter period, a number of demand management interventions are in progress that are as follows:

2.4.1 The lowest acuity ambulance calls (Cat 3 & 4) sent from 111 to LAS are triaged by a clinician before being sent to LAS to ensure that an ambulance is the most appropriate response. The NW London IUC service is on trajectory to clinically triage 90% of Cat 3 & 4 calls, set to result in a **reduction of over 5,000 ambulance** dispatches across NW London per year. Between April to September 18/19, NW London has seen a reduction of 2,879 ambulance dispatches compared to the same period last year, which is 1,862 better than what was planned.

2.4.2 Rapid response teams provide treatment (within 2 hours of referral) to patients in their own home who otherwise may have attended A&E. Following on from the successful shadowing scheme in Central London, Hammersmith and Fulham , and West London CCGs whereby LAS staff ride-out with Community Independence (CIS) teams, the scheme is being further rolled out in Hillingdon in December to increase awareness of the service and increase utilisation, and funding has been applied for to further roll-out to remaining CCGs across NW London.

2.4.3 The District Nursing pathway for LAS has been signed off by all four providers in NW London; the pathway is helping to mitigate rejected LAS referrals from rapid response teams and prevent some district nursing patients from being conveyed to the ED (e.g. catheter issues).

2.4.4 LAS have digital access to patent care plans and MiDoS (the mobile directory of services used by 111) via recently purchased tablets to improve visibility of appropriate care pathways for LAS crews. MiDoS usage is being monitored monthly to understand the impact and where further improvements can be made.

2.4.5 NW London is also focussed on a number of additional demand management schemes to reduce inappropriate use of LAS that include:

- Working with the Metropolitan Police Service (MPS) and the triage process for calls requiring LAS involvement and support the use of the mental health crisis line as a first port-of-call for police officers requiring guidance.
- The NW London mental health crisis line was launched to allow crews to contact and refer patients either directly to their community mental health Trusts in or in an out of hours setting to prevent conveyance to A&E.
- The launch of a standardised frequent attender service at all NW London acute trusts to support those who unnecessarily use A&E to access other local services where required.
- Addressing inappropriate use of LAS crews amongst care homes, care agencies, and nursing homes, to appropriately manage non-injured fall patients that do not require clinical assessment or conveyance.

- Introducing intermediate level care for those in mental health crisis but not requiring admission.
- Ensure LAS have direct access to Urgent Treatment Centres (avoiding A&E) where clinically appropriate and other specialist pathways to reduce pressure on the front door.

2.5 Frailty – response at times of crisis

2.5.1 Across North West London last year 16% of all NW London A&E attendances were for over 65s:

- 23,397 admissions for patients over 65 lasted fewer than 2 nights
- the over 85s spent an average of 10.4 days in hospital, compared with 3.5 days for the 18-65 years population
- 14% of the population aged over 65 accounted for 46% of the non-elective hospital admissions and 68% of the non-elective occupied bed days

2.5.2 We know that being in hospital is not in the interests of these patients who begin to decondition very quickly when stuck in a hospital bed. The longer they spend in hospital, the greater the chance of general decline in their fitness levels and their ability to be independent in the future.

2.5.3 Given that the 65+ population of NW London is expected to increase by 27% and the 85+ population by 47%, we need to address this to enable people to stay well for as long as possible and, because, increasing numbers will exacerbate current capacity issues.

2.5.4 In NW London we have established multi-disciplinary frailty models at the front-door of acute hospitals to identify and manage older frail patients who require specialised support. This will ensure this cohort of patients are not admitted unnecessarily.

2.5.5 The objective is to avoid unnecessary admissions by specialist management of frail patients at the front-door. This will be measured by the proportion of patients seen by the frailty model and not subsequently admitted against the baseline of admission rate prior to the introduction of frailty teams. Another aim of the project is to ensure patients only stay in hospital for as long as clinically required. This will be measured by reviewing the length of stay of patients seen by the frailty model both before and after the introduction of frailty teams.

2.5.6 Front-door frailty models are live in Hillingdon Hospital, West Middlesex University Hospital, Northwick Park Hospital and Charing Cross Hospital. Four of the Seven A&E sites in NW London.

2.5.7 Different models are established in these sites based on local staffing and expertise. Some are geriatrician led, whilst others are acute medical team led. All models have specialist frailty therapy or nursing input. Some models are live in the A&E and Clinical Decisions Unit, whilst others are more active in the acute medical unit (AMU) and Acute Frailty Unit.

- As of 31 October 2018, frailty teams have seen 936 patients, of which 415 (44%) patients were identified and managed at home rather than being admitted into the hospital.
- Baseline data show that the generic 75+ patient cohort have a 30% non-admitted rate and 40% of 75+ patient A&E attendances are not frail. Further evaluation is planned.
- Work is currently underway with NW London geriatricians to update the acute frailty standards for the next phase of implementation.

2.7 Helping patients get safely home more quickly (improving the discharge pathway)

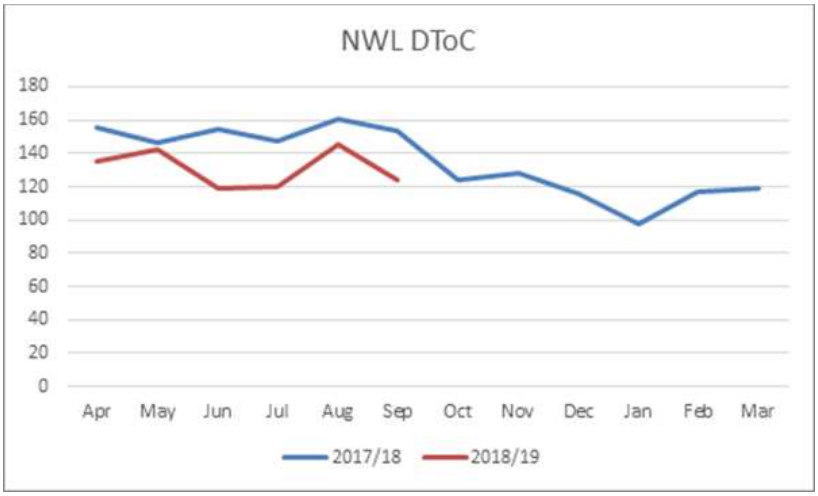
Delayed Transfers of Care (DTOC)

2.7.1 A DTOC occurs when a patient is medically fit for discharge and ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur for many reasons, for example when health or social care assessments are not completed, or when required equipment is awaited in the patients home or suitable care homes cannot be identified quickly enough.

2.7.2 DTOCs can cause unnecessarily long stays in hospital for patients as well as affecting A&E waiting times for NHS care, as they reduce the number of beds available for other patients that require admission.

2.7.3 Across NW London we have improved our position on the total number of delayed transfers across the system; however significant work is underway to ensure attainment of 2018/19 trajectory.

Below shows our marked improvement in reducing DTOCs against last year's performance



2.7.4 In October 2018, The Department of Health and Care announced that £240million of national funding would be made available to local authorities to support adult social care services. Across NWL discussions are currently underway between health and care providers which schemes should be commissioned locally to reduce extended Length of Stay and support patients that are medically fit for discharge.

2.8 Home First ('discharge to assess')

2.8.1 Discharge to Assess (D2A) is a concept whereby patients who are medically fit for discharge and do not require an acute hospital bed, but may still require care services, are provided with short term funded support to be discharged to their own home (where appropriate) or another community setting.

2.8.2 Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

2.8.3 Commonly used terms for this are: 'discharge to assess', 'Home First', 'safely home', 'step down'.

2.8.4 Home First has been rolled out and is operational in all eight boroughs across NW London, currently around 90-120 patients are being discharged per week, this makes up around 10% of total 75+ Non Elective (NEL) discharges from NW London acute sites.

2.8.5 The primary aim of this initiative is to maximise independence of older and frail patients in NW London. The discharge to assess model has been implemented in all acute trusts and boroughs in NW London to ensure patients are discharged with appropriate support at home, as soon as they no longer require hospital care (pathway 1).

2.8.6 Our ambition is to increase discharges to 230 patients per week and therefore pathways are also being established for those who cannot go home immediately, or have

complex and long term assessment needs (pathways 2 and 3). These pathways will have a significant impact on the long stay (stranded and super stranded) patient cohort.

- Ramp up is underway to support our most complex patient cohorts (pathway 2 - bedded rehab, pathway 3 – patients with complex, long term and continuing healthcare needs) using Discharge to Assess principles. A pilot is already underway in West Middlesex University Hospital, with Chelsea and Westminster Hospital, Charing Cross Hospital and St Mary's Hospital starting at the end of November.

2.8.7 An evaluation of Home First (pathway 1) showed a significant reduction in the length of time patients stayed in hospital (1.7 days reduction in average lengths of stay (LOS) for 7+ day LOS patient cohort and a 3.9 days reduction in average LOS for 14+ day LOS cohort). The evaluation also showed 92% patient satisfaction with the support received at home and a 33% reduction in 30 day readmission rate.

3 Flu management planning

3.1 The winter period also brings with it increased infectious diseases including the risk of norovirus, influenza and increased risk of acute exacerbation of respiratory diseases. There is also the risk of the onset of pandemic flu. With this in mind, we need to assure ourselves that as an STP, where possible, we can mitigate around infectious diseases particularly front line staff. Our four system plans indicate that:

3.2.1 All acute, community and mental health providers, and LAS have plans in place to vaccinate frontline staff ahead of winter (3 December), with the aim of meeting the 75% national compliance target, with additional vaccines available to meet demand.

3.2.2 Provider communications teams are supporting to increase awareness through a number of channels including the use of social media, the staff intranet, screen savers and the internal communications cascade.

4 Governance

4.1 Each of the four AEDBs across NW London will approve 18/19 winter plans in November 2018. Each AEDB is chaired by the acute CEO and consists of the following representation:

- Acute provider (AEDBs are formed around acute hospital sites with an A&E)
- Local authority (including social care)
- Mental health provider
- Community provider
- Ambulance provider
- UTC provider
- IUC provider
- CCGs (including clinical commissioners)

4.2 All providers within NW London also have winter resilience plans in place to ensure bed capacity is maximised and senior clinical leadership is in place seven days a week.

4.3 A core responsibility of an AEDB is the development of whole system plans (including local authorities) for winter resilience and ensuring effective system wide surge and escalation processes exist.

5 Winter communications 2018/19

5.1 Our communication strategy across NW London for 2018/19 aims to:

- To educate about self-care during winter
- To encourage people to use alternatives to A&E and 999 when appropriate:
  - To encourage the use of local pharmacies

    - To increase the awareness of NHS 111
    - To inform people about improved access to GP and nurse appointments
- To increase the number of people getting their flu vaccination.
- To remind patients with repeat prescriptions to make sure they have enough medication over the Christmas period.

5.2 Key messages we will seek to communicate are:

- HELP US HELP YOU this winter
- Don't let a cough or cold slow you down this winter – be prepared and stock up your medicine cabinet
- Keep 999 and A&E for emergencies only
- If you are worried about an urgent medical concern, call 111 and speak to a fully trained advisor for help and advice.
- Visit your pharmacist for help and advice at the first sign off illness
- Get your flu vaccine to protect yourself and those around you / Protect your child with the nasal spray flu vaccine could be free for your child
- GP and nurse appointments are available in NWL seven days a week between 8am and 8pm. Ask your surgery for more information.

5.3 Key audience involvement

- NHS England has worked with the public to develop this year's campaign.
- NW London is working in partnership with our local CCG colleagues and providers across the NW London who are feeding in the needs and views of their residents.
- We will also have discussions with the NW London Lay Partner Group.

5.4 Timeline

5.4.1 The NW London campaign will support that campaign although many of our messages will run throughout the season, focusing on target audiences.

- Phase one (October – November): vaccinations and staff communication
- Phase two (November – February): 111, GP access and self-care

Conclusion

While there will always be winter pressures, it is possible to create robust and sufficient plans that can mitigate against the key risks and describe how the winter period will meet expected demand. Our winter plans in NW London cover the period from the 3 December 2018 until 23 April 2019 (Easter holiday). However, it is expected that local systems will continue to build on these plans following a review of Christmas and New Year demand and to help support systems meet locally agreed trajectories throughout the following months.

While NW London is not yet consistently meeting the operational standard for A&E waiting times - *95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department* – all four AEDB systems are working towards delivery of 95% of all type performance by March 2019.