

**REPORT FOR: HEALTH & SOCIAL CARE
SCRUTINY SUB-
COMMITTEE**

Date of Meeting:	24 th November 2014
Subject:	JHOSC Update Report
Responsible Officer:	Alex Dewsnap, Divisional Director, Strategic Commissioning
Scrutiny Lead Member area:	Councillor Mrs Vina Mithani, Performance Lead Member Councillor Michael Borio, Policy Lead Member
Exempt:	No
Wards affected:	All
Enclosures:	No

Section 1 – Summary and Recommendations

This report provides an update on the work of the Joint Health Overview and Scrutiny Committee.

Recommendations: That the Sub Committee consider the implications for Northwick Park of the proposed closure of the Ealing maternity unit .

Section 2 – Report

2.1 A Joint Health Overview and Scrutiny Committee (JHOSC) was established in November 2007 to respond to Healthcare for London's consultation on strategic proposals to change the way healthcare is delivered in London, based on the proposals set out by Prof. Lord Ara Darzi. That JHOSC comprised all 33 London Councils and Essex and Surrey County Councils.

2.2 The Boroughs affected by the proposals in Shaping a Healthier Future issued by NHS North West London formed a new JHOSC which met 5 times in 2012 and made recommendations on how the Shaping a Healthier Future proposals could be developed and implemented including the risks that needed to be explored. This JHOSC also recommended that the Committee continue to meet to provide strategic scrutiny of the development and implementation of Shaping a Healthier Future.

2.3 The last meeting of the JHOSC was on 16th October and agreed a work plan for the coming 12 months as follows:

- Priority areas for JHOSC:
 - Transport - London Ambulance Performance
 - Patient Access to Services – Request report from TAG
 - Maternity Services Reconfiguration
 - Pediatrics to be packaged into maternity
 - Primary Care Commissioning across North West London – taking on board members interest in out of hospital strategy areas
 - Mental Health Transformation Programme
- Meetings to be taken forward on a quarterly basis with each meeting addressing one of the priority areas plus an item for general update/questions for Daniel Elkeles, Chief Officer for CWHHE Collaboration comprising of the Clinical Commissioning Groups for Central London, West London, Hammersmith & Fulham, Hounslow, and Ealing. He is also is the SRO/Programme Director for the 'Shaping a healthier future' programme.

3. Maternity and related services

3.1 At the October meeting, the JHOSC also received a report from the CWHHE on the planned transition for maternity and interdependent services from Ealing Hospital. The case for closing the Ealing maternity unit was that, in line with the rationale set out in Shaping a Healthier Future (SaHF), there needed to be a consolidation of obstetrics into a smaller number of units with more consultant cover on the labour ward. Similarly, SaHF included an ambition to concentrate emergency paediatric care and neonatal care into smaller units.

SaHF also put some detail around these intentions by specifying maternity and neonatal services should move from seven to six sites and paediatric inpatient services from six to five sites

3.2 In determining that the Ealing maternity unit should be closed, the following factors have been taken into account:

- Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward
- Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London
- Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs
- Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15
- There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

3.3 The sites that are proposed to be retained are all expanding their capacity “by 2015”. This includes an additional

- 800 births a year at a refurbished Hillingdon Hospital maternity unit;
- 1,000 births a year at the new Alongside Midwifery Led Unit at the Chelsea and Westminster Hospital;
- Between 500 and 1,400 births a year at St Mary’s and Queen Charlotte Hospitals without any changes to their physical infrastructure;
- 500 births a year at Northwick Park without any changes to the physical infrastructure; and
- 500 births a year at the currently being built unit at West Middlesex University Hospital.

This was summed up in an assurance that, by March 2015, there will be more than enough physical capacity at each of the receiving Trusts to accommodate transition from Ealing Hospital.

3.4 Other services currently at Ealing that have an interdependency with maternity would also need to move as they would not be sustainable alone. These include Neonatal services, emergency and in-patient Gynaecology services and Paediatric in-patient services.

3.5 The timing of the transition has still to be decided and will be delegated to Ealing CCG that will need assurances as to:

- Clinical Quality - Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
- Operational and Capacity Planning - Is the capacity available at receiving Trusts and out of hospital sites with agreed operational policies?
- Workforce - Is a suitably capable workforce in place for a safe transition?

- Communications and Engagement - Has there been sufficient, patient and public engagement and is there a plan for this to continue?
- Travel - Have travel implications as a result of the transition been identified and addressed?
- Equalities - Have equality implications as a result of the reconfiguration been identified and addressed?
- Finance - Has due consideration been given to activity and financial implications of transition?
- EPRR Planning - Have statutory duties to prepare for responding to major incidents and ensuring continuity of priority services been satisfied?
- System Assurance - Have all affected organisations understood the change and are prepared to manage the transition?
- Risk of delay - Have the risks of delay been addressed?

3.5 The envisaged timetable for decision making is:

6th October 2014: Information around the potential timescales for services transitioning from Ealing Hospital became public. Letters sent to women directly with phone line and all key stakeholders across NWL informed via briefings/letters.

- 8th October: Ealing CCG Governing Body meeting in public which agreed there is a need to make a decision on timing and the process by which this should be made.

- From 14th September– 4th November 2014: CCGs in NWL will hold Governing Body meetings to consider the issue of delegation of decision making to Ealing CCG GB for the service transitions at Ealing Hospital .

- 23rd October 2014: the SaHF Clinical Board will review the detailed clinical model and transition plan for maternity and interdependent services at Ealing Hospital. This will feed into the SaHF Implementation Programme Board on 30th October, where a recommendation on the timing for transition plans will be made to Ealing CCG Governing Body.

- 5th November 2014: Ealing CCG GB (and other CCG Governing Body members that wish to take part) will review the information received to date (clinical model, business plans, workforce plans, implementation plans, Trust assurances, communications plans etc.) and assess any additional requirements for the decision making meeting on 26th November.

- 26th November 2014: Ealing CCG GB (having secured delegated decision making authority from all CCGs) will make a decision around the optimal timing for the transition of maternity and interdependent services from Ealing Hospital. NHS England will make a decision about the timing of transition for neonatal services.

3.6 The JHOSC was given a summary as follows:-

- Collectively, the challenges outlined mean that while doing nothing is still an option, it is one that presents significant and increasing risk to the public;

- The current view of SaHF Clinical Board and Implementation Programme Board is that it would be in the best interests of Ealing residents to make these changes as soon as is practicable and that there is a need to reach a decision on the timing of the maternity and inter-dependent service transitions from Ealing Hospital by late November 2014;
- Further work is required before all the evidence needed to support decision-making is in place;
- A review of the evidence will go to the next Ealing CCG Governing Body for review on 5th November 2014.

4. Comment

4.1 From a Harrow perspective, the increased number of births at Northwick Park has the most impact. While the Council is not in a position to comment on the physical capacity of the maternity unit to accommodate an additional 500 births a year, the recent CQC Inspection report noted that the maternity unit at Northwick Park required improvement and that it was not meeting some of its performance targets. Although risks to the service had been identified and were being monitored, there was a lack of pace in taking action to minimise risks to women using the service.

4.2 The Inspection Team saw that there were efforts being made to introduce changes that would deploy the midwife workforce more flexibly, but further effort was needed to win staff support and embed these changes for the benefit of women and their babies. The maternity service did not respond to complaints in a timely manner, nor did it actively seek women's feedback on the maternity pathway. Women reported to them and through a number of surveys that the care they received fell below expectations.

4.3 The Hospital Compliance Improvement Plan details action taken to address these criticisms but, to date, there is evidence only of management inputs rather than outcomes achieved. Addressing the CQC's concerns in maternity comes at the same time as a number of other management challenges for the Hospital Trust and they might not be resolved before the additional capacity demands arise.

Financial Implications

None

Performance Issues

None for the Council

Environmental Impact

None

Risk Management Implications

None

Equalities Implications

The cultural issues identified by the CQC in relation to the maternity unit at Northwick Park may be at least in part arise from a lack of understanding of the demographic profile of the users of the service.

Council Priorities

The topics suggested for possible inclusion in the Sub-Committee's work programme are relevant to the Council's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 6 - Contact Details and Background Papers

Contact: Mike Howes mike.howes@harrow.gov.uk Ext 5637

Background Papers: JHOSC Agenda 16th October 2014
[http://committees.westminster.gov.uk/ieListDocuments.aspx?
CId=232&MId=3620&Ver=4](http://committees.westminster.gov.uk/ieListDocuments.aspx?CId=232&MId=3620&Ver=4)