

# **REPORT FOR: HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**

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<b>Date of Meeting:</b>	3 February 2016
<b>Subject:</b>	Shaping a Healthier Future for NW London – Outcomes from the Independent Healthcare Commission
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Shaping a Healthier Future: Report to the Independent Healthcare Commission – Evidence from Harrow Council’s Community Engagement (June 2015)

## **Section 1 – Summary and Recommendations**

This report sets out the findings from the Independent Healthcare Commission for NW London, and the key messages from Harrow Council’s evidence to the Commission. It highlights local issues that the Sub-Committee may wish to further pursue through its work programme for 2016/17 and beyond.

### **Recommendations:**

The Sub-Committee is asked to:

- Consider the key findings from the Independent Healthcare Commission, and the evidence submitted by Harrow Council.
- Give consideration to which issues the Sub-Committee would wish to further pursue in its work programme for 2016/17, and how best to approach this.

## Section 2 – Report

### Final report of the Independent Healthcare Commission by Michael Mansfield QC

In 2012, the NHS consulted on proposals to make significant changes to the healthcare economy in NW London under the 'Shaping a Healthier Future' programme (SaHF). In 2014, Brent, Ealing, Hammersmith & Fulham and Hounslow Councils (later joined by Harrow Council) set up an independent commission of inquiry to review the programme in particular: the impact of reductions to acute provision on the North West London population; the extent of progress with investment in capacity and capability of community and out-of-hospital services to meet local needs, and; the extent to which demand for acute services has changed as a result of those investments.

The Independent Healthcare Commission for North West London was launched on 1 December 2014 and published its final report in December 2015.

The key findings from the report are:

- There is no completed, up-to-date business plan in place that sets out the case for delivering the Shaping a Healthier Future (SaHF) programme, demonstrating that the programme is affordable and deliverable.
- There was limited and inadequate public consultation on the SaHF proposals and those proposals themselves did not provide an accurate view of the costs and risks to the people affected.
- The escalating cost of the programme does not represent value for money and is a waste of precious public resources.
- NHS facilities, delivering important public healthcare services, have been closed without adequate alternative provision being put in place.
- The original business case seriously underestimated the increasing size of the population in North West London and fails to address the increasing need for services.

Stemming out the Commission's recommendations listed below, the Commission recommends that:

- The SaHF programme needs to be halted.
- Local authorities should consider seeking a judicial review of the decision to implement the programme if it is not halted.

The Commission's recommendations:

1. The Commission recommends that the current Business Case is immediately made available for proper public scrutiny. This is the only way to ensure that the SaHF programme has taken full account of the current and projected population changes in North West London since 2012 and is soundly based on an up-to-date assessment of needs. The need for this is reinforced by the observations in the next section.
2. The Commission recommends that the National Audit Office undertakes a review of the value for money of the SaHF programme.
3. The Commission calls for a fresh consultation on the latest version of the Business Case (referred to as the Investment Business Case in official guidance but as the Implementation Business Case by SaHF programme leads) as the programme has changed significantly since the Pre-consultation and Decision Making Business Cases were published. There should be extensive and uniform publicity across the region and a clear consultation document with appropriate translations of the full text as well as summaries made

available in areas of high concentrations of BME communities.

4. In the light of these factors, and recommendations 1-3, it is imperative that there be no further implementation of SaHF in the following two principal respects:

i) The Commission demands that there must be no further closures of any A&E departments in North West London. Ealing and Charing Cross hospitals must retain full 'blue light' A&E services for the foreseeable future;

ii) The Commission calls for an equalities impact assessment to be carried out into the whole SaHF programme, with a particular focus on the communities that will be deprived of services at Ealing and Charing Cross hospitals, as it is clear to the Commission that the selection of these hospitals for service closures will adversely affect the more deprived BME communities in the region.

5. The Commission recommends that all UCCs in North West London should be co-located with A&E departments. Where this is no longer the case there should be an immediate and extensive publicity campaign mounted to raise awareness as to what such centres can provide and who should refer there.

6. The Commission recommends that the decision to close Ealing maternity unit should be reversed with immediate effect.

7. The Commission recommends that the A&E department at Central Middlesex Hospital should be re-opened to alleviate the burden on other A&Es, especially Northwick Park.

8. The Commission calls for a substantial investment in GP and out-of hospital services, which are clearly overwhelmed and inconsistent, to meet the additional demands of more vulnerable patients, and a recruitment drive for additional GPs and primary care staff.

9. The Commission calls for a sub-regional out-of-hospital strategy to be produced with clear metrics and targets setting out at what level such services will be considered sufficiently successful to allow for further reconfiguration.

10. The Commission notes that levels of spending on social care in North West London and elsewhere have been hit by ill-conceived central government policies, but recommends that social care budgets are increased and protected to maintain patient flows from hospital to domiciliary and residential care.

11. The Commission recommends that elected local authority representatives be invited to attend SaHF Programme Board meetings to give greater public accountability and transparency.

12. The Commission recommends that NHS England issues up to date guidance to CCGs and Healthwatch England as to the exact scrutiny role of Healthwatch bodies and Patient Participation Groups in all matters of commissioning and service reconfiguration.

An executive summary of the report can be found on pages 12 to 17 of the final report at: [http://lbhf.gov.uk/Images/161\\_66\\_Independent\\_Healthcare\\_Commission\\_for\\_North\\_West\\_London\\_Report\\_FINAL\\_lowres\\_tcm21-199890.pdf](http://lbhf.gov.uk/Images/161_66_Independent_Healthcare_Commission_for_North_West_London_Report_FINAL_lowres_tcm21-199890.pdf)

Local authorities are following up the outcomes from the Commission's final report in the following ways:

- A five-way borough leaders' meeting has been arranged for February to discuss next steps.
- Hammersmith & Fulham have issued a letter from the Leader to all 168 GPs, the 32 Practice Managers and 47 Practice Nurses, referring them to the report's findings and recommendations and urging them to challenge the CCG over the continuation of the SaHF programme. They are planning to send a similar letter to hospital consultants working at Charing Cross and Hammersmith hospitals.
- Ealing have written to their CCG on recommendation 7 around re-opening of Central Middlesex Hospital A&E with particular focus on preventing winter crisis and their CCG around the publication of the report.

- JHOSC members were briefed by the CCGs Collaborative in November on the progress with the SaHF programme and it is anticipated that they will be briefed again on the response from the NHS to the Commission's report and how this will fit with the JHOSC's work programme. There will be a role for the JHOSC to take forward some of the recommendations given it is the statutory body for scrutinising SaHF.

It is important to consider how Harrow can take forward any of the issues that have emerged through the Commission's report. The Health and Social Care Scrutiny Sub-Committee in particular has an important role in its statutory health scrutiny role. The issues of importance to us (A&E performance at Northwick Park Hospital, out of hospital investment, out of hospital strategy, impact on social care) seem reinforced by the Commission's report. It would also be pertinent to re-consider the evidence submitted by Harrow to the Commission.

### **Evidence from Harrow Council's Community Engagement to the Independent Healthcare Commission**

Following a short community engagement exercise which sought to involve residents as well as their representatives (the local voluntary and community organisations, patient and user groups, local GPs and a number of local councillors), Harrow's evidence to the Commission put forward the following findings:

#### **Executive Summary**

Harrow council recognises the need for change to enable the NHS to respond to the changing needs of our population. There has been increasing evidence recently of the difficulties being experienced as a result of the implementation of Shaping a Healthier Future plans, most specifically, the pressures on A&E at Northwick Park hospital. The Council has focussed its evidence on the implementation of the Out of Hospital Strategy to see how effectively residents are being diverted from hospital care. Our residents feel that:

#### **There is insufficient joint planning and delivery of care in the community.**

- It is unclear how decisions are being made, and decisions made in a number of cases do not appear to have been the most practical and logical choices.
- There are a multitude of different management structures planning, delivering and financing health and well being services. This is resulting in fragmentation in the provision and delivery of services and contradictory decision making as the impact of changes in one component of the health and well being economy on another are not anticipated.
- The most important planning document driving the delivery of health and well being services is the Joint Strategic Needs Assessment. It is by no means clear that the JSNA is either informed by, or helping to drive, the planning and implementation of Shaping a Healthier Future.
- Whilst there are examples of excellent service integration these tend to be pilots or have limited coverage and are not integral parts of the overall structures and processes – STARRS, Virtual Ward.
- Poor integration of services has had a devastating effect on a number of Harrow's vulnerable service users.

#### **Planning may not have been sufficiently aspirational**

- The NHS is 60 years old, and though widely respected and valued, it is questionable whether the 1945 model of provision is still relevant.
- In the context of the poor performance of out of hospital services, it seems that residents may actually be making informed, conscious decisions about how to access health care – sooner wait 4 hours in A&E than 4 days to see a GP.
- The need for change is acknowledge and a shift to the community is welcome. However, none of the proposals regarding shifting care out of hospital are new, but their implementation has never

been successfully completed.

- Tinkering at the margins of service delivery will not resolve the fundamental issues and cannot be afforded. Although challenging, the time may now be right to consider fundamental change to how health services are delivered. Experiments such as those in Manchester, offer opportunities to properly fund, integrate and manage services.
- Significant change of such a valued resource as the NHS will need the full engagement of the population if it is to be successful.

### **Understanding our Community**

- The successful delivery of change to health provision must recognise the rich and varied composition of our population: what works for one group of residents may not work for all. Harrow is not alone in having an increasingly transient, ageing, multi-cultural community who may have differing expectations, requirements and different communications needs.

### **Performance of General Practice**

- There are examples of excellent practice amongst some of Harrow's GPs reflecting the needs of local communities and making access to services as simple as possible for all of our residents.
- Despite the very excellent efforts of Harrow Patient Participation Network, it is proving difficult to share this good practice across the borough.
- GP service delivery is thus inconsistent and dependent on where you live. Despite core contracts, issues such as opening hours vary from practice to practice.
- Even if service were consistent and consistently good across the borough, they would still need to be sensitive to the specific needs of more vulnerable residents for whom a standard service isn't enough – one size cannot fit all.
- Whilst there are clearly failings in general practice from a patient/resident perspective, are the changes in service anticipated in Shaping a Healthier Future and the Out of Hospital strategy placing too great a burden on GPs themselves: Are we expecting too much of GPs?:
  - Increasing specialisms as care provided in the community
  - Is the increased pressure demoralising GPs and making the profession less attractive
  - The service is losing older experienced GPs which places an additional pressure on those less experienced

Harrow has concluded that:

There is still need for change in the healthcare system to ensure structures and processes are fit for purpose. However, the out of hospital strategy is not adequately supporting the delivery of the Shaping a Healthier Future plans despite reassurances given.

- Planning and delivery remain disjointed with limited attention paid to the interconnectivity in the health and well-being environment.
- The challenges are not new. The time is ripe to consider more integrated, radical approaches to the delivery and governance of health and well being services.
- The real characteristics of our population are not being properly taken into account.
- General practice is for many in our borough failing to meet need, with no noticeable improvement since the launch of Shaping a Healthier Future:
  - No consistency of care
  - Single model of GP can never meet all needs – there is a particular lack of understanding of the specific needs of our most vulnerable residents
  - GP system is insufficiently resourced (numerically, financially and professionally) to deliver what is expected

None of this is new, for many years policy makers have talked about and tried to organise the preventative and rehabilitative care of residents in their community. It seems the difficulties remain, perhaps the time is ripe to consider what the blockage to improvements might be whilst assessing need and developing services to meet these needs.

Harrow Council's evidence is appended to this report for reference.

## **Health and Social Care Scrutiny Sub-Committee Work Programme**

Harrow's evidence to the Commission raised a number of local health and social care issues that residents feel need addressing. The Commission's final report further highlighted some issues that exist in the NW London region, and sometimes specifically in our local hospital, arising from the implementation of the SaHF programme. Taken together this can provide the Sub-Committee with some evidence-based suggestions by which to build up its work programme for 2016/17 and beyond. For example, further exploration of the following would seem particularly pertinent for Harrow:

- A&E performance at Northwick Park Hospital
- Capacity issues at Northwick Park Hospital
- Out of hospital investment
- Out of hospital strategy
- Impact of changes implemented by the SaHF programme on local social care
- Access to primary care and GP services
- The role of Urgent Care Centres in the model of health service provision
- Integrating health and social care services in Harrow and joint planning

In line with the health protocol, adopted in 2015, the Sub-Committee should be minded to work closely with the Health and Wellbeing Board and Harrow Healthwatch in order to pursue issues that have emerged from the evidence from residents and the wider healthcare community as needing further investigation. Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF will ensure that further scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme.

### **Financial Implications**

The costs of delivering the health scrutiny work programme will be met from within existing resources.

### **Performance Issues**

There is no specific performance issues associated with this report.

### **Environmental Impact**

There is no specific environmental impact associated with this report.

### **Risk Management Implications**

There are none specific to this report.

### **Equalities Implications**

The Sub-Committee's consideration of issues coming out of the implementation of the SaHF programme will include consideration of how equality implications have been taken into account in current policy and practice and consider the possible implications of any changes it recommends.

### **Council Priorities**

- Making a difference for communities
- Making a difference for the most vulnerable
- Making a difference for families

### **Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

<b>Ward Councillors notified:</b>	N/A
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### **Section 4 - Contact Details and Background Papers**

#### **Contact:**

Nahreen Matlib, Senior Policy Officer, 020 8420 9204

#### **Background Papers:**

- Final Report of the Independent Healthcare Commission for North West London, Michael Mansfield QC, December 2015:  
[http://lbhf.gov.uk/Images/161\\_66\\_Independent\\_Healthcare\\_Commission\\_for\\_North\\_West\\_London\\_Report\\_FINAL\\_lowres\\_tcm21-199890.pdf](http://lbhf.gov.uk/Images/161_66_Independent_Healthcare_Commission_for_North_West_London_Report_FINAL_lowres_tcm21-199890.pdf)
- Shaping a Healthier Future: Report to the Independent Healthcare Commission – Evidence from Harrow Council's Community Engagement, June 2015 (See Appendix)