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Date	Thursday, 01 November 2018
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Title of paper	NHS in NW London: Overview of Strategic Developments since 2012 and next steps
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Clinical Lead	N/A				
Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

The Committee is asked to:
Note the current state and next steps.

Summary of purpose and scope of report
<ul style="list-style-type: none"> This document sets out the key milestones and achievements delivered against Shaping a Healthier Future and the North West London Health and Care Partnership from 2012-2018, with an overview of our next steps. It is largely a summary of the recent history of development across North West London Health and Care Partnership.

What are the benefits of this project?
<p>The paper describes the progress with the Shaping a Healthier Future Strategy. The main benefits of to make sure all patient care is:</p> <ol style="list-style-type: none"> 1. Personalised (enable and support patients to best look after their own health and wellbeing) 2. Localised (convenient access to care closer to home where possible) 3. Coordinated (ensuring services consider every aspect of a patient’s health and wellbeing and that delivery is coordinated across every service involved)

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<p>4. Specialised (centralised where necessary for specific conditions, ensuring greater access to specialist treatment)</p>
<p>Patient, staff and stakeholder engagement</p>
<ul style="list-style-type: none"> • This report being a summary of previous work did not require wider engagement. • Each of the major developments referred to included patients and other stakeholder engagement. The details of these were provided at the time the original work was conducted.
<p>Jargon buster</p>
<p><i>PCT – primary care trust; progenitor organisations to the CCGs. Administrative bodies responsible for commissioning healthcare from providers.</i></p>

<p>Quality & Safety</p>
<ul style="list-style-type: none"> • <i>The wider projects referred to in this summary have led to improvements in quality and safety.</i> • <i>The details of these were provided at the time the original work was conducted.</i>
<p>Equality analysis</p>
<ul style="list-style-type: none"> • <i>None as this is a narrative report on developments since 2012. Equality and impact assessments will have been carried out in various forms in the development of SaHF.</i>

<p>Finance and resources</p>
<ul style="list-style-type: none"> • <i>None as this is a narrative report on developments since 2012. SaHF has finance and resources implications, but there are none in relation to the update report attached and the committee is not being asked to make any decisions with resource implications.</i>

Risk	Mitigating actions
<i>No risks as this is a narrative report.</i>	<i>Not applicable.</i>

<p>Supporting documents</p>
<ul style="list-style-type: none"> • <i>See attached report.</i>

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Governance, reporting and engagement

Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.

Name	Date	Outcome and where in the report can you find out more

Conflict of interest

None identified.



NHS in North West London: Overview of Strategic Developments since 2012

Summary	This document sets out the key milestones and achievements delivered against Shaping a Healthier Future and the North West London Health and Care Partnership from 2012-2018, with an overview of our next steps.
Date	22 October 2018
Owner	Mark Easton

2012

Shaping a Healthier Future (SaHF) Case for Change published

The eight PCTs in North West London (now Clinical Commissioning Groups (CCGs)) published the Shaping a Healthier Future (SaHF) Case for Change to transform health services across the eight boroughs.

The clinically-led transformation programme was subject to a full public consultation from July-October 2012.

SaHF

SaHF set out to make sure all patient care is:

1. Personalised (enable and support patients to best look after their own health and wellbeing)
2. Localised (convenient access to care closer to home where possible)
3. Coordinated (ensuring services consider every aspect of a patient's health and wellbeing and that delivery is coordinated across every service involved)
4. Specialised (centralised where necessary for specific conditions, ensuring greater access to specialist treatment)

2013

SaHF was approved

In February 2013, the Joint Committee of Primary Care Trusts approved the [13 recommendations](#) and SaHF was formally agreed.

In 2013, a Judicial Review was bought against the programme and a referral was made to the Secretary of State who requested the advice of the Independent Reconfiguration Panel (IRP). The JR was unsuccessful and the IRP endorsed the recommendations of the SaHF programme. The Secretary of State, in October 2013, agreed with the IRP and supported the SaHF work 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.*”

As part of this, the decision was made to close A&Es at Central Middlesex Hospital, and at Hammersmith Hospital on safety grounds. This decision was approved by the IRP. On the advice of the panel, the Secretary of State instructed that the service change be implemented “*as soon as practicable,*” in the interests of patient safety.

How does centralising hospital services make patients safer?

Centralising hospital services improves care because it results in having more doctors on site. This facilitates speedier access to senior consultants, and allows doctors to build up greater clinical expertise.

Urgent Care Centres

We established Urgent Care Centres at all nine hospitals in North West London, adjacent to A&Es at major sites.

Whole Systems Integrated Care

In the 2013 spending round, the Better Care Fund (BCF) was allocated to create a single pooled budget to support health and social care services to work more closely together in local areas. In North West London, the money was used to develop our Whole Systems Integrated Care programme. This programme is about joining up health professionals, social care professionals, third sector or community support, families and carers, with the patient in the centre.

2014

Central Middlesex Hospital and Hammersmith Hospital A&Es

In September 2014, the A&E departments at Central Middlesex Hospital and at Hammersmith Hospital closed, following a rigorous assurance process.

Following the changes, which were delivered safely, NW London identified the following early benefits:

- Patients are now attending hospitals that provide better care
- A&E closures have not interrupted North West London's steady reduction in A&E incidents
- Number of A&E clinical staff has now increased and staff completed a comprehensive local induction.
- Workload is no longer spread as thinly, so patient flows are managed more effectively.
- Urgent Care Centres across North West London have been enhanced and clinical training for doctors and other clinicians has been improved.
- Minimal impact on London Ambulance Service (LAS) travel times as a result of the A&E closures – increase to average journey times between 22 seconds and 1 minute 25 seconds.

2015

18 new Local Services made available from GP practices

In 2015, 18 new Local Services (or 'Out of Hospital Services') were moved from a hospital setting to a local community setting for patients in Westminster, Kensington and Chelsea, Hammersmith and Fulham, Hounslow, and Ealing. These services were made available via referral in either the patient's own GP practice, or at a nearby practice. Patient records are shared digitally between practices, with explicit, informed patient consent. The services made newly available include phlebotomy, various diabetes care packages, some mental health services, and, where appropriate, wound care. A full list can be found on each CCG's website.

GP Networks and Federations

GPs across North West London organised themselves into GP Networks and Federations which enable them to act as both provider and coordinator of services, allowing them to better serve their patients.

Maternity service changes in NW London

In July 2015, changes were made to improve maternity care across NW London by increasing midwife-to-birth ratios, providing more senior consultant cover in maternity units and moving towards 24/7 consultant cover on the labour ward, and greater investment in home birth teams.

The maternity unit at Ealing Hospital was closed and improvements made at the six maternity units across NW London.

Our changes were commended by Baroness Cumberledge and a [clinical review of maternity changes](#) (published in March 2016) found that:

- The changes were made safely
- Every patient booked to give birth at Ealing Hospital prior to the changes had their care transferred safely to nearby hospitals.

- There is an improved midwife to birth ratio which meets on average the London Quality Standards minimum staffing ratio of one midwife to thirty births.
- There is now 122 hours of consultant cover against pre-transition average of 101.
- 100 new midwives have been recruited to North West London as a result of these changes.
- Since transition, 79% of women now receive their postnatal care from the same hospital trust that provides their antenatal care, up by 21%.

Like-minded: our mental health strategy

In August 2015, we published [our Case for Change to improve mental health services](#) across NW London. Our strategy, Like-minded was co-produced with patients, carers, doctors, voluntary organisations and other experts. The strategy identified eight key issues with mental health services in North West London, and eight solutions to address these issues.

2016

Primary care improvements to provide greater GP access

- Successful roll out of GP extended opening weekday hours (8am-8pm) and weekend access to over a million people in North West London. New technology at 80 GP practices means half a million patients can use online, email, video or telephone consultations.
- 11 primary care hubs now provide access to primary and social care services.
- Rapid access services to help keep patients with long-term conditions out of hospital where possible, and discharged quickly when they have needed to be admitted. This helped more than 3,000 people in Harrow and prevented 2,700 hospital admissions in Brent within the first year.

Whole Systems Integrated care update

- Community Independence Service (CIS) benefiting patients across Westminster, Hammersmith and Fulham, and Kensington and Chelsea. The service consists of a multi-disciplinary team to keep patients well at home, avoiding unnecessary stays in hospital.
- A single discharge agreement across North West London now gets patients home quickly and safely when fit to leave.
- North West London GP practices signed up to an information sharing agreement, allowing them, with consent, to access patients' records across different practices and between practices and hospitals to join up care.

Why is keeping patients out of hospital important?

- Long hospital stays can increase dementia or mental health-related confusion
- For every day in a hospital bed, older patients can lose 10% muscle strength
- 1/3 of patients in a hospital bed today are medically fit to leave the ward

Changes to children's services across NW London

Changes were made to provide consistent high quality seven-day children's services across five hospitals in North West London, allowing more specialist senior doctors to be available throughout the day and night to treat children. This will improve the quality of clinical care and patient experience and get children back to health more quickly.

The children's ward at Ealing Hospital closed and ambulances no longer take children to Ealing's accident and emergency (A&E) department. The majority of children's services remain at Ealing Hospital. Along with improvements in care, all five children's A&E departments at: West Middlesex, Hillingdon, Northwick Park, Chelsea and Westminster and St Mary's hospitals have had significant investment, refurbishment and expansion.

The changes have also seen the introduction of paediatric assessment units (PAUs) on four sites. The PAUs will provide care in a more appropriate setting than A&E, for those that need assessment and treatment but don't require an admission into hospital. They also reduce the time that these patients wait to receive care when they arrive at an A&E.

A [clinical review of our paediatric service transition](#) (published September 2017) found that:

- The changes occurred on time, were made safely and resulted in improvements to children's care throughout North West London.
- Over 90 additional children's nurses were recruited in NW London by September 2016
- Four of the major hospitals now provide senior consultant cover up to 10pm.
- Four new Paediatric Assessment Units ("PAUs") were opened for children who arrive needing assessing and treating but not an overnight stay in hospital.
- Significant extra capacity - 27 extra children's beds - was put into the relevant hospitals in NW London resulting in a significant decrease in the number of children who needed to be transferred outside of NW London to receive care post transition.

Developing our Sustainability and Transformation Plan (STP)

In 2016, NHS England asked every CCG in England to work with their local authority partners to develop a draft Sustainability and Transformation Plan. It was advised that the plans must align with the objectives of the Five Year Forward View.

What do we mean by making the NHS 'sustainable'?

In this context, 'sustainability' means using the resources we have to meet the needs of people today without causing problems for future generations.

No matter how much money we are allocated from the government, NHS resources are still finite, and as such, we can't escape the need to manage those resources in a responsible way.

One way to make the NHS more sustainable can involve transforming some existing services, and rebalancing some areas of investment to make sure we take prevention seriously, as well as treatment.

The [NW London STP](#) was agreed with 30 partners, including six of the eight local authorities across the area. The draft submission to NHS England was published in June 2016, and the approved version was published in October.

Our NW London strategy covers five key areas:

1. Improving your health and wellbeing (e.g. diabetes prevention services, increased GP access)
2. Better care for people with long-term conditions
3. Better care for older people
4. Improving mental health services
5. Safe, high quality and sustainable hospital services

The STP work is being taken forward by all partners under the title of the North West London Health and Care Partnership.

There was a period of public engagement on the STP, including free open workshops with local communities in each of our eight CCG areas. Patient and public feedback was incorporated into the plans which run from 2016-2021.

The case for capital investment: ImBC, SOC 1 and SOC 2

The [Implementation Business Case \(ImBC\)](#) was published in December 2016. This case for the capital investment was set out in two parts: Strategic Outline Case 1 (SOC 1) and Strategic Outline Case 2 (SOC 2).

SOC 1 is the capital case for outer NW London, including new health and wellbeing hubs in each borough, and enhanced GP access. SOC 1 was published in December 2016.

When published, SOC 2 will cover our plans to develop the inner London services, including any improvements to Charing Cross Hospital.

2017

Likeminded: new mental health services

24/7 'single point of access' number accepting mental health referrals from health and social care professionals, from friends, family or carers, and self-referrals, and also offering information and advice directly over the phone.

A new perinatal mental health service was launched across Ealing, Hammersmith and Fulham, and Hounslow, with services since rolled out across North West London.

Seven day hospital services

NW London was named as the First Wave Delivery Site for the new seven day services programme, delivering four prioritised clinical standards by April 2017, to enable a reduction in mortality rates and the length of patient stay.

SOC 1 approval process

The NHS England Investment Committee approved SOC 1 in July 2017, and it was approved by the NHS Improvement Resources Committee in September. The NHS Improvement Board asked for additional assurance information, which we have now provided.

2018

SOC1 approval process

In February 2018, we supplied the additional assurance requested by NHS Improvement, and a submission for SOC 1 funding was submitted, in line with the new national capital allocation processes, in July 2018.

New STP Leadership

In June 2018, Mark Easton was appointed as a single Accountable Officer covering all eight CCGs in North West London. Lesley Watts, Chief Executive of Chelsea and Westminster NHS Foundation Trust, Senior Responsible Officer (SRO) for the North West London Health and Care Partnership. Dr Mohini Parmar, Chair of Ealing CCG, is the clinical lead.

NW London Health and Care Partnership progress

An update on the work of the Partnership, highlighting some of the positive impacts on patients, was discussed at the Shadow Joint Committee of CCGs, at its first meeting in public on 6 September 2018.

We have also made progress on refreshing our priorities and this is presented in another paper to this Joint Committee meeting.

Response to King's Fund report

The King's Fund's latest report on London STPs, *The Puzzle of STPs in London* was published in mid-October. As with the previous report, this was commissioned by the Mayor of London. The report has some positive things to say about STPs, but notes that London is not as far advanced as some areas of the country with the integrated care agenda, suggesting this is in part due to the complexity of the London health and care system.

The report also makes specific reference to hospital bed numbers and we have taken this opportunity to clarify our position on hospital beds in North West London. We have made clear that we do not think the total number of hospital beds in NW London over the next five years will reduce. We have always been committed to reviewing our initial projections for future hospital bed numbers in line with actual activity. Our latest analysis suggests that the number of beds in NW London has gone up slightly since 2012 and we expect the number of bed numbers to stay more or less constant for the next five years at least.

Regarding our local hospitals, our STP made clear that there would be no substantial changes until such time as any capacity has been adequately replaced. NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures.

Next steps

The wave four capital process required STP areas to agree a prioritised list of capital submissions against a national allocation. The NW London Partnership formed an estates group involving all NHS stakeholders and achieved consensus on our submission against the national criteria. As a group we agreed a prioritised submission covering three areas:

- Schemes which supported the Shaping a Healthier Future strategic outline case one (SOC1). These are schemes which expand and modernise hospital care in outer NW London and provide investment in primary and community care. These schemes were given our highest priority.
- Schemes that support the modernisation and development of mental health.
- Schemes that deal with urgent backlog maintenance and capacity issues in inner NW London.

We expect to hear the results of our submission in late 2018 when, if we are successful, there will be the resources to implement the outer NW London elements of the SaHF strategy. Part of this work will include re-visiting the modelling and activity assumptions. We will need to ensure our hospitals have the capacity to ensure they can deliver high quality services, and that primary and community services are developed to play their full role.