NHS

health for north east london

Health for north east London response to INEL JOSC recommendations

Recommendation 1 – Children's Services

a. Assurance is given that there is capacity within the system to ensure the smooth transfer of patients (children and adults) to designated specialist services for their patient catchment areas, for example, INEL residents to The Royal London Hospital and back to local hospital.

The Joint INEL and ONEL Joint Committees of Primary Care Trusts (JJCPCT) made a commitment in November 2009 that no changes would be implemented until the JJCPCT was absolutely assured that sufficient capacity is in place across the whole of the healthcare system to safely and effectively manage the new service model. In order to assure that the capacity is available we are currently reviewing and updating the modelling that has been undertaken to forecast activity flows and required additional capacity at specialist centres and will be happy to share this with the Committee in due course.

We are also currently considering the best organisational and commissioning arrangements to support any new models of care for children's services. I can assure you, on behalf of the JJCPCT that we will only make changes to current care pathways and models when we are confident that we have in place the appropriate capacity and mechanisms within and across all organisations to manage the new pathways effectively and deliver the intended benefits for children. As part of the implementation planning phase of the programme we will be working with all organisations to describe a set of clear standards for new paediatric care pathways and agree a clear set of standards against which the new model of care can be measured.

b. That Specialist Centres and local trusts have robust Safeguarding governance procedures in place for all patients (adults and children), ensuring that cross border arrangements are in place.

c. Request clarity on procedures for social care responsibility for cross border patients using Specialist Centres, for example, the provision of office accommodation for local authority social care staff for patients expected to use Specialist Centres such as The Royal London.

d. That Specialist Centres are asked to confirm they have access to and resources to provide accommodation facilities for families with children in their care.

These issues will need to be considered as part of implementation planning, in partnership with local authority colleagues, once decision-making has taken place.

As set out above a clear set of standards will be need to be defined and agreed to support the new model of care, we expect this to cover issues relating to partnership working, safeguarding and accommodation for parents. One of the key messages from the consultation has been in relation to overnight accommodation for parents of children receiving care at specialist centres.

e. Recommend proposal related to urgent non complex surgery on post pubescent 'children' under the age of 16 is reviewed by Health for North East London Programme to explore giving surgeon's discretion to make the decision to conduct the surgery if competent to do so but consistently across the NEL sector.

This issue will be reviewed by the Children and Young people's Clinical Working Group (CWG) and further recommendations will be brought the JJCPCT to consider.

Recommendation 2 – Maternity and Newborn Services

a. That a strategy be developed to demonstrate how large birthing units will be managed by Acute Trusts anticipated to have in excess of 6,000 births per year.

b. That a strategy for each Trust be produced with details of how the vacancy rates for midwives will be reduced.

The Clinical Working Group for Maternity and Newborn will be involved in supporting implementation planning, and will be involving key stakeholders in this work. Based on work done at a London level we will be setting clear standards for maternity birthing services intended to ensure that services are as women-centred as possible. A key element of this will be a drive towards increased midwifery led care in all settings (home, free standing midwifery led care, co-located midwifery led care on hospital site). We will involve local maternity services liaison committees and other stakeholders such as the National Childbirth Trust in this work.

All NHS organisations have been working on action plans to improve maternity services since the Healthcare Commission review in 2008. Significant additional investment has been made to support recruitment of additional midwives and increase medical staffing levels. These action plans, along with the implementation of the Department of Health's *Maternity Matters* policy (2007), are monitored by NHS London. The maternity clinical working group will oversee the development of a sector wide maternity workforce strategy, with each Trust developing local plans to support recruitment and retention of midwives.

Recommendation 3 – Specialist Services

a. Assurance is given that there is capacity within the system to ensure the smooth transfer of patients (children and adults) to designated specialist services for their patient catchment areas, for example, INEL residents to The Royal London Hospital and back to local hospital.

As noted above no changes will be made until there is assurance that sufficient capacity is in place across the whole of the healthcare system to manage changes safely and effectively and the finance and activity modelling is being reviewed in order to provide this assurance. It should be noted that there is no requirement for rehabilitation following vascular surgery. Patients admitted for surgery will complete their entire inpatient episode at the hospital where they undergo surgery and will then be discharged home. The vascular network will be developing a detailed pathway model with key standards at each stage of the pathway. This will be available to share with the Committee in due course.

b. That Specialist Centres and local trusts have robust Safeguarding governance procedures in place for all patients (adults and children), ensuring that cross border arrangements are in place.

This is an area that will need to be addressed in implementation planning, in conjunction with local authority partners.

c. That assurances are given that appropriate training will be given to all NHS and London Ambulance staff to ensure accurate assessment in respect of transferring patients to Specialist Centres.

It should be noted that the model of care proposed for complex vascular surgery is already in place in inner north east London across Homerton, Newham and the Royal London. There will be no additional requirement for ambulance crews to diagnose vascular conditions as the need for complex vascular surgery is determined on assessment in A&E by a senior A&E doctor or senior physician/general surgeon.

For children the initial assessment will be undertaken in A&E / paediatric assessment and treatment services at the local hospital site.

d. That designated Specialist Centres have monitoring procedures in place to identify pressure points in system so quality of care/services will not be affected.

The Cardiac and Vascular network have a role in monitoring the time taken to diagnose and transfer patients to specialist centres. Commissioners analyse this information to ensure services are running effectively and work with providers to ensure any issues identified are addressed.

e. That assurance is given that all agencies involved in the discharge/transfer of patients from specialist centres to local setting have robust governance and working arrangement to ensure smooth transition from one service provision to the other.

This will be considered as part of implementation planning, although as noted above this model of care is already in place for complex vascular surgery in inner north east London.

Recommendation 4 – Planned Care

a. That specialist centres such as The Royal London give assurances and can demonstrate that co-location of urgent and planned care services will not compromise one another or affect the level and quality of care/service provision for their local residents.

b. Assurance is given that designated Specialist Centres / Urgent Care Services (UCS) have monitoring procedures in place to identify pressure points in system so quality of care/services will not be affected.

Clear standards will be agreed with all service providers, led by the East London and the City Alliance (ELCA) sector acute commissioning unit in relation to both urgent and planned care. This will be linked to the annual contracting process and will include clear monitoring mechanisms.

In relation to specialist centres, the ELCA sector acute commissioning unit (SACU) has a role as host commissioner for all London PCTs for Barts and the London.
As part of this role, the SACU agrees each year a demand and capacity plan with the Trust, which provides a monitoring framework to ensure that both urgent care and planned care meet quality and access standards; these are defined in the contract with the Trust.

The three INEL PCTs have established a sector-wide Emergency and Urgent Care Board, which takes an overview of current and projected future demand on urgent care services, and how this is best managed.

Recommendation 5 – A&E

a. Assurance is given there is capacity within the system to absorb the additional patients expected to attend the other A&E departments remaining within NEL.

As noted above no changes will be made until the JJCPCT is assured that sufficient capacity is in place across the whole of the healthcare system to manage changes safely and effectively

The finance and activity modelling undertaken to support pre consultation business case (PCBC) development is currently being reviewed and updated to support final decision making and implementation planning.

The modelling undertaken at pre consultation business case stage suggests that the impact of changes to A&E at King George Hospital will impact most significantly (from an INEL perspective) on Newham University Hospitals NHS Trust. The Trust will need to plan for between 3,000 and 7,000 additional A&E attendances per year, in addition to significant additional growth related to the growing local population. The Trust will need to develop additional capacity to manage this work, including additional acute medical and surgical beds as well as A&E capacity. The detail of when and how this is delivered will be worked up as part of implementation planning, alongside planning for the additional capacity required at Whipps Cross and Queen's Hospitals and I can give an assurance that the JJCPCTs will not approve implementation of changes to A&E provision at King George Hospital until they are themselves assured that the required capacity is in place across the system.

The impacts at the Royal London (other than for specialist services highlighted above) and Homerton Hospitals are marginal.

Recommendation 6 – Polysystems (polyclinics)

a. The Commission requests that the evaluation of the first three polyclinics is shared with local health Overview and Scrutiny Committees in NEL once completed.

b. The Committee recommends and wishes to see all polyclinics established in NEL have consistent core services and availability of diagnostics therefore request to be notified what the core services and diagnostics in polysystem / polyclinics will be.

c. The Committee encourages the development of a model of care with integrated services in polyclinics that are consistent across the NEL sector.

Work is currently underway that will enable a consistent approach to the commissioning and delivery of core services in polysystems, with additional services being provided to meet the specific needs of their localities. A polysystems workforce strategy for north east London is also being developed. Key components of the polysystem work include:

Core and additional services: Inner north east London has established a joint working group to ensure a consistent approach to the development of polyclinics and will formally agree the core range of services to be provided within each of the polyclinics established in Tower Hamlets, Newham and City & Hackney. This will ensure services such as diagnostics are readily available within each polysystem to improve access to care closer to home. Each polyclinic may have additional services located within the facility to meet local need but this will be in addition to the core services as specified locally to comply with the Healthcare for London vision.

Care pathway development: Work is on-going with leadership provided by the Clinical Partnership Group to design care pathways for services to be provided within polysystems. The development of one-stop clinics will be prioritised within the overall aim of improving the range and quality of services provided within each polysystem.

Formal evaluation: The 2-year evaluation of polysystems by the London School of Hygiene and Tropical Medicine was launched by Commissioning Support for London in December 2009. Initial evaluation will focus upon a small group of early polyclinics with the first phase of evaluation involving the Loxford polyclinic in Redbridge and the second wave to include the Barkantine. Reports will be provided to the Committee as they become available.

This work is being brought together in a sector polysystems Strategic Outline Case which is being developed across the three PCTs, to be completed in outline by July, focusing initially upon the design of the polysystems across the four boroughs, the core specification for polyclinics together with a high level implementation plan.

We understand that this will be an area of ongoing interest to the JOSC and local OSCs and we will be very happy to provide the Committee and local OSCs with regular updates on progress.

Recommendation 7 – IT systems

a. The Committee seeks to be assured that the Summary Care Record system will be implemented on schedule and before the introduction of polysystems. The Committee requests details about the new IT system and when it will be operational to provide health professionals with access to patient medical history.

The ELCA Polysystems Programme Board will be working with the PCTs to establish a timeframe to implement a common IT solution across inner north east London to support both unscheduled appointments to be provided within polyclinics, and urgent care activity concentrated within the UCCs co-located with A&E departments. This follows a delay in the roll out of the Summary Care Record (SCR) nationally following a dispute between the British Medical Association (BMA) and the Department of Health. In order to agree a revised implementation timetable, PCTs are required to work with local GP practices to agree a way forward to meet the following criteria:

- Residents have been adequately informed about the process and properly enabled to opt out should they wish
- GP practices feel supported and informed to upload data
- GP practices and the PCT are satisfied that the data is of an appropriate quality for sharing
- Sufficient public awareness has been carried out
- Sufficient professional awareness has been carried out.

We are happy to provide updates to the Committee on this issue as they become available.

Recommendation 8 – Housing

a. The Committee encourages discussions to be held with partners impacted by these proposals i.e. housing services and LA and recommends partnership working plans are developed.

Recommendations 9 – Finance

a. The Committee requests that the NHS and local councils in NE London work together to develop a better understanding of the financial implications of the shift towards more care being carried out in the community and in people's homes.

Local PCTs and Trusts are fully committed to working in partnership with local partners, including local social services and housing departments, to ensure that the overall system works as effectively as possible for the benefit of local residents. We believe this work is best led by local PCTs, linked to sector commissioning arrangements as appropriate. We would be happy to discuss further with the committee their view of what the impacts of these changes will be on local authority services to ensure that any areas of concern are addressed and appropriate monitoring and review arrangements in place.
It should be noted that strong partnership arrangements are already in place within inner north east London. Each of the PCTs are fully engaged in their local strategic partnerships, which enable development of joint strategies and provide the mechanisms to bring together health planning with other key policy areas, including housing. This has resulted in the explicit statement of health objectives in the Local Development Framework in Tower Hamlets for example.

We recognise that there is concern that changes to acute services (including targets to reduce admissions to hospital and reduce acute length of stay) will have an impact on social care; however we have yet to see any firm evidence of this and have not identified any additional costs.

In fact we believe that in the medium to long-term, improved care pathways and better management of long term conditions will reduce the overall burden of ill-health on the health and social care economy. Improved stroke care is a good example of this. Plans to improve care of long term conditions (LTCs) also point to reducing the burden on social care by better managing conditions such as diabetes. This will result in fewer people with complex diabetes and related disability.

New approaches to care package commissioning for LTCs have already led to demonstrable improvements in diagnosis and clinical control of those people diagnosed, critical steps in avoiding disability and associated social care costs in the

long term. Improving management of diabetes in primary care is a common strategic initiative in INEL as described in the Operating Plans of the three PCTs.

More broadly, as part of strengthening commissioning across London, all PCTs and London boroughs are reviewing joint working arrangements with a view to strengthening these. In some areas this will result in closer joint commissioning arrangements which will maximise efficiency and value for money, and not result in extra costs for social care.

We remain committed to working closely with local authority colleagues to ensure that resources are aligned effectively to get the best possible outcomes for local residents across both health and social care.

b. The Committee would like to see forecasts of the financial impact of the changes in Health for North East London on all parts of the NEL health economy.

The pre-consultation business case set out the financial modelling for the Health for north east London proposals; this will be revisited and reissued for decision-making and implementation planning purposes.

PCT and sector commissioning strategy plans provide a detailed account of financial plans and assumptions about relative spend on different types of care.

If it would be helpful we would be very happy to arrange for an overview of PCT and sector commissioning strategy and financial plans to be presented to the committee.

Recommendation 10 – General

a. The Committee would like reassurance that Health for North East London is confident that the plans will be managed in such a way that will not be to the detriment of our most vulnerable residents.

The primary drive for the changes to services that we have consulted on is to improve the health of our local residents through developing the best possible services across both primary, community and hospital services.

The Integrated Impact Assessment will provide an external and independent view of the health equalities impacts of the proposals along with recommendation for mitigating actions for any negative impacts identified; particularly for disadvantaged groups. The final IIA will be published for consideration by the Joint JCPCT in June.

At the appropriate stage in the process the JCPCTs will carefully review implementation plans to assure themselves that the changes will not adversely impact our most vulnerable residents

Recommendation 11 – Access and Accessibility

a. Produce robust monitoring framework to capture quality of care, satisfaction for whole service provision including transfers between facilities.

"Benefits realisation" is a core concept as the programme moves towards implementation and we will be working to define clearly service standards and expected benefits across care pathways from any changes that are taken forward. This will build on work that was undertaken during the development of the pre consultation business case – see section 3 of that document.

Recommendation 12 – Travel

a. Recommend PCTs insist all acute trusts and major healthcare facilities produce quality travel plans that cover patients, visitors and staff.

b. For Travel plans to be approved by Transport for London or highway authority.

c. A Trust Board Member is given responsibility for transport and access including the production, maintenance and periodic review of a comprehensive travel plan.

d. Seek assurance that patient transport services provided by trusts and PCTs will be accessible and reflective of changes e.g. cross border transport for patients. Appropriately covering the wider region and takes account of the locations of new provisions such as UCC and polyclinics.

e. Encourage PCTs to hold discussions with relevant highway authorities (TFL, Local Authority or Highway Agency) to make sure that clear and adequate signage is provided both on site and in the surrounding areas of all new healthcare facilities implemented.

We are absolutely committed to working with our local communities and partners to fully understand current and future access and travel issues for local health service provision and are committed to making services as easy to access as possible. Our overall strategy is very much based on the ethos of delivering services as close to home as possible, with extended access in primary care and polyclinics a key element of this. Set against this is the need to centralise or consolidate some more specialist services to ensure quality and safety, as per the proposals under this consultation.

We will be establishing a north east London wide travel and access group that all health partners will be linked into. The draft terms of reference for this group are available on request and we would be very happy to discuss this further with you if this is helpful.

The remit of this group will include ensuring that all NHS provider organisations have high quality travel plans in place, reviewing patient transport services and liaison with local authorities and TfL on improvements to public transport services. We are liaising with Tracey Anderson in respect of potential local authority representatives on this group. This group will review these recommendations and advise on actions needed to take them forward.

Recommendation 13 - Communication

a. The Committee recommends the development of a communication strategy for the sector and each PCT area giving a clear consistent message about the changes to services - facility location, services available, opening times and when and why they should use different services.

b. Communication to the public about the assurance of LAS staff capability and travel times to transport patients to the correct health care facility and specialist centre.

c. Following confirmation of the decision taken by JCPCT. All PCTs to provide the public with progress updates about the implementation of the vision across sector and in each area.

We intend to write to all respondents to the consultation (where we have their contact details) to advise them of the decisions and recommendations. We understand the ongoing importance of communication with local residents and service users about changes going forward and will continue to prioritise communications in the decision making and implementation planning phases of the programme. We will ensure that the ONEL People's Platform and LINks organisations are given the opportunity to inform and comment on our communications strategies and materials and would be happy to discuss these further with the committee at the appropriate stage in the programme. We clearly recognise the need to communicate clearly with our public and patients about what services are available, when, where and how to access them and will prioritise this work over the coming year.

Recommendation 14 – Health Outcomes

a. The Committee seeks to find out how the different changes taking place in the NHS are being considered together and not in isolation and would like assurance that the impact of other NHS changes being implemented will be taken into consideration prior to any final decision being made.

The Committee should be assured that the review of acute services is being undertaken in conjunction with out of hospital developments.

The PCTs and sectors Commissioning Strategy Plans bring together at a high level the commissioning strategy and financial plans for the next five years including the investment in community and primary care planned alongside the containment of demand for hospital and specialist services.

The proposed changes for acute services are also closely linked to some of the potential organisational changes – the proposal to create a new trust bringing together Homerton, Newham and Whipps Cross is part of the three Trusts' response to the challenges of delivering acute service changes.

All of these changes, including those to PCT provider services are considered regularly by the JCPCTs and Boards of the local NHS organisations.

Recommendation 15 – Training

a. That steps be taken to ensure that the impact of staff being relocated and detached from the local community does not affect the needs of the individual.

b. A workforce strategy be produced detailing how staff minimum training needs, the impact of the relocation on service provision, workloads and staff travel affected by the proposals will be addressed.

c. Assurance that the impact of other NHS changes being implemented will be taken into consideration prior to any final decision being made.

d. To ensure that the shift to community-led nursing is fully planned for, the cooperation of educational institutions to run suitable diploma courses be secured.

e. How differences in the demographics of staff to community group being served for specialist centres and cross border services will be overcome and the needs of each community group catered for as they would do at their local service provider.

We are currently reviewing the workforce implications of the proposals and variations to the proposals that have arisen in the consultation process and a summary of this work will be provided to support Joint JCPCT decision-making in July. As we move into implementation of any changes, workforce will clearly be a central issue, fundamental to the success of any changes. It will as such be a key area of work going forward. The recommendations above will be considered as part of this work.

Recommendation 16 – Recruitment
a. That a strategy for each PCT be produced with details of how the vacancy rates for midwives will be reduced.

See above recommendation 2(b). PCTs will work with their key local provider to develop local workforce strategies, linked to a north east London wide strategy.

Recommendation 17 – Mental Health

a. The Committee requests the local PCTs to hold discussions with the East London NHS Foundation Trust about co-location of community mental heath teams in polyclinics, UCS and GP led health centres to help provide support and expertise with assessment or support for a crisis.

b. The Committee would strongly recommend staff in the new health services set up in the community are provided with the correct training, support services to treat, manage and refer mental health service users should they present in the service provision.

The three INEL PCTs already work collaboratively to commission mental health services from the main provider: East London Foundation Trust.

This arrangement has recently been strengthened through the addition of an East London and City Alliance Strategic Executive Group (chaired by Melanie Walker, CEO NHS Newham) and a clinical and social care advisory group to address sector-wide mental health commissioning issues. One of the priorities for the sector in terms of mental health is building skills in primary care including training programmes for GPs and community staff groups. This features in the sector Commissioning Strategy Plan.

In addition the Strategic Executive Group has considered potential redesign of community mental health team structures and development of primary care capacity and skills to ensure a more community-based approach for mental health. This approach is now being developed further with clinicians with the objective of a pilot in at least one polysystem in INEL in 10/11. Evaluation of such a pilot will inform roll out to other polysystems.

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14 May 2010

Dear Chair and Vice Chair

Final Report of the Joint Inner North East London Overview and Scrutiny Committee for Health on the Health for north east London acute services review of April 2010

I am writing to thank you for the *Final Report of the Joint Inner North East London Overview and Scrutiny Committee for Health on the Health for north east London acute services review of April 2010*. I would particularly like to thank you for the time and attention that the committee has given to scrutinising the proposals and for producing such a comprehensive and thorough report.

I am glad that you broadly welcome the proposals and agree that they provide a real opportunity to drive up quality and improve access to healthcare. I also recognise the challenges to successful implementation that you raise; we will be considering carefully your recommendations throughout the decision-making and implementation planning processes.

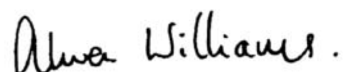
This report, along with the report from the Outer North East London Joint Health Overview and Scrutiny Committee, will be considered by the ONEL and INEL Joint Committees of Primary Care Trusts (JCPCT) when they meet as a Joint JCPCT (JJCPCT) in June. The JJCPCT is then expected to make decisions on the proposals at a further meeting in July. Both these meetings will be held in public and I very much hope you will be able to attend. The programme team is also arranging a briefing for key stakeholders in early June to which you will be invited.

Given that decisions are yet to be made on the proposals, the response that is attached to this letter sets out our thinking so far on how your findings and recommendations will be taken forward. We are keen to have ongoing dialogue with Committee members as the programme progresses into independent review and implementation phases. I note also your interest in several areas that you wish to receive further information on when available, namely:

- the potential changes to the organisational structures of Homerton, Newham and Whipps Cross Hospitals
- the development of polysystems and a care out of hospital strategy
- funding of the London Ambulance Service.

I would be very happy to provide further briefings to the committee on these issues as work progresses.

I look forward to discussing this with you further and to continuing to work together to improve the health and wellbeing of the people of East London and the City.



Alwen Williams
CEO, East London and the City Alliance

Enclosures: Health for north east London response to recommendations