

# Committee: Healthier Communities and Older People Overview and Scrutiny Committee

**Date: 17 September 2012**

Agenda item: 3

Wards:

**Subject: Update on the Better Services Better Value Review of health services in South West London**

Lead officer:

Lead member: Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

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## Recommendations:

- A. Panel members are asked to comment on the proposals within the Better Services Better Value Review
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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. A presentation from NHS South West London setting out the main proposals within the Better Services Better Value review of health services in South West London

### 2 DETAILS

- 2.1. The Better Services Better Value Review has been conducted by local doctors, nurses and therapists with patients and their representatives to review health services in south west London. An update on the progress with this review is attached at Appendix A.
- 2.2. The purpose of the review has been to consider how to improve services for patients and get better value for money for local people.
- 2.3. Six Clinical working groups were established to look at the following areas;
1. Planned care
  2. Urgent, unscheduled and emergency care
  3. Maternity and newborn care
  4. Children's services
  5. Long-term conditions
  6. End of life care
- 2.4. Since the proposals in the review were likely to result in substantial variation of services, NHS Southwest London invited the local authorities of Croydon Kingston, Merton, Richmond, Sutton and Wandsworth to establish a south west London Joint Overview and Scrutiny Committee (JHOSC) to consider the proposals. The Chair and Vice Chair of this Panel sit on the JHOSC.

2.5. The JHOSC has held regular meetings to scrutinise each stage of the Better Services Better Value Review process, this has enabled councillors to consider the implications for their own boroughs as well as across south west London area.

2.6. This meeting is an opportunity for the Panel to consider and comment on the proposals within the review.

### **3 ALTERNATIVE OPTIONS**

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

4.1. The Panel will be consulted at the meeting

### **5 TIMETABLE**

5.1. The Panel will consider important items as they arise as part of their work programme for 2012/13

### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1. None relating to this covering report

### **7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

### **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

### **9 CRIME AND DISORDER IMPLICATIONS**

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

### **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. None relating to this covering report

### **11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- Update on the Better Services Better Value Review

### **12 BACKGROUND PAPERS**

- 12.1. South West London Joint Health Overview and Scrutiny Committee minutes and agendas.

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# *Better Services Better Value*

## **Update for Merton OSC**

7

September 2012

Mike Bailey  
Joint Medical Director

## Decision making and financial appraisal

- Further financial modelling and analysis has been carried out to check that all the assumptions used in the models are sound (especially those relating to moving services from hospitals to the community) and that the activity and costing information is up to date.
- Directors of Finance from all Trusts have been involved in the discussions and analysis.
- ∞ • The financial analysis ruled out Croydon as a viable option for hosting planned care.
- The **BSBV Programme Board held on 29<sup>th</sup> August** recommended that St Helier should cease providing A&E and maternity services and should become the site that hosts planned care. The Programme Board has recommended to the Joint Boards that a public consultation is held on the above option. The final decision will be taken by the **Joint Boards at its meeting on September 27<sup>th</sup>**.

## Recommendations and decision making

The BSBV Programme Board held on 29<sup>th</sup> August agreed the following recommendations for the Joint Board of PCTs about the consultation options.

Programme Board recommend:

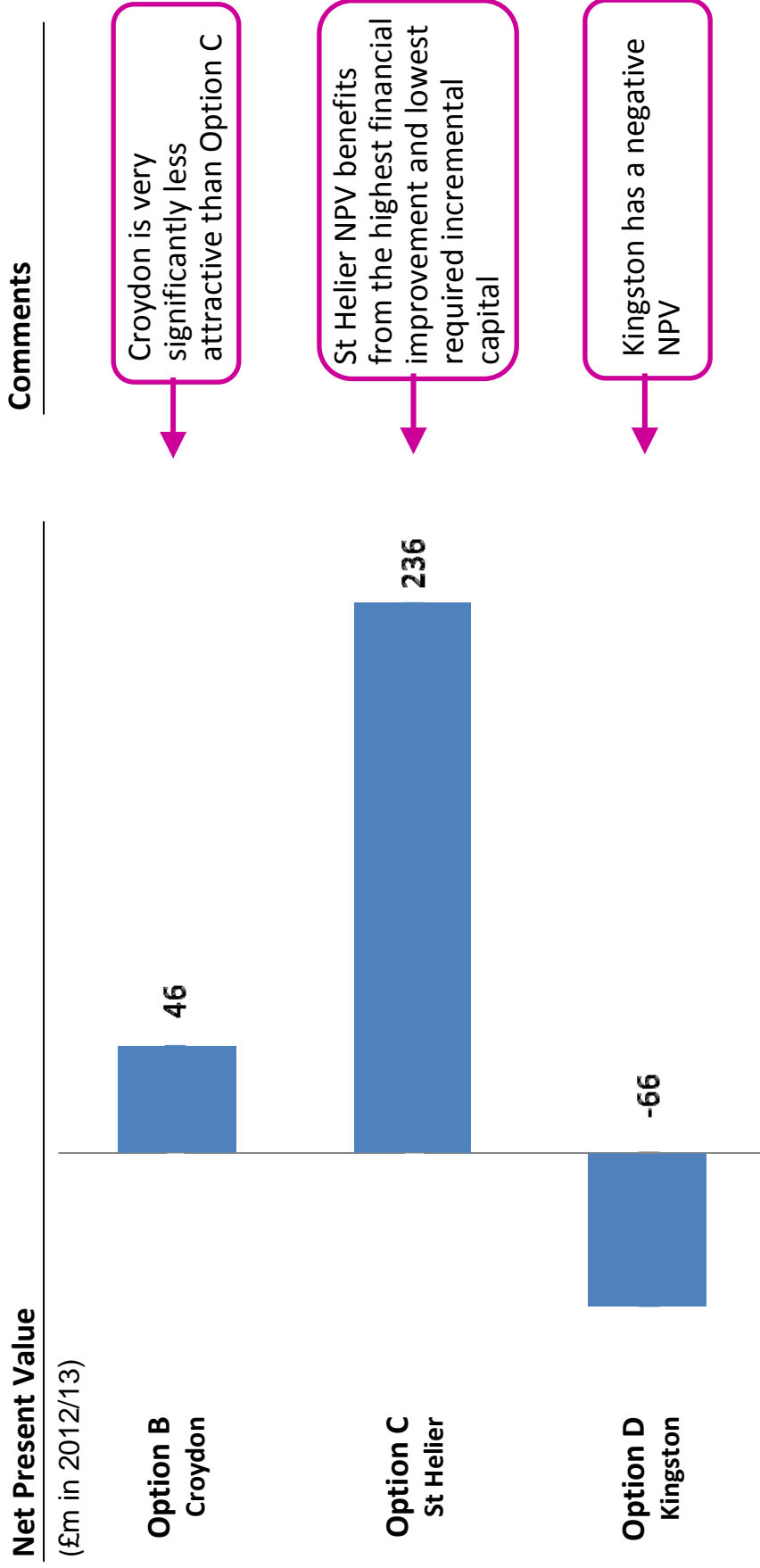
- Major, sustained improvements in GP and community services – many more services delivered in GP surgeries, community settings and people’s homes, including specific support for people with long term conditions and people nearing the end of their lives.
- Centralising emergency care in three expanded emergency departments in south west London, to be located at Croydon, Kingston and St George’s Hospitals, each with an integrated urgent care centre and children’s A&E. St Helier Hospital to retain a stand-alone urgent care centre which could treat up to half of current A&E patients
- Centralising maternity care in three expanded, obstetric-led maternity units with one to one midwife care, to be located at Croydon, Kingston and St George’s Hospitals, with co-located midwife-led units

## Continued...

- A state-of-the-art planned care centre at St Helier Hospital, for non-emergency surgery for patients across south west London, kept separate from emergency care, so that emergencies do not disrupt planned operations
- 0 • Dedicated children's assessment wards at Croydon, Kingston and St George's Hospitals, able to provide assessment and treatment to most children with urgent health problems. For the sickest children and those requiring a longer hospital stay, specialist paediatric staff will be centralised at St George's Hospital.
- **If the Joint Boards accept the recommendation on 27<sup>th</sup> September, the aim is to go out to public consultation from 1 October until 17 December.**



# Financial appraisal



# The key drivers of reconfiguration financial gains all point to St Helier as the preferred option from a finance perspective

**better services  
better value**

for South West London

Key Driver	Croydon as 4 <sup>th</sup> site (Option B)	St Helier as 4 <sup>th</sup> site (Option C)	Kingston as 4 <sup>th</sup> site (Option D)	Comment
Flows retained within SWL	53%	82%	37%	St Helier option retains the greatest share of its reconfigured activity in SWL
Value of activity benefitting from reconfiguration efficiencies	£47m	£61m	£32m	St Helier option has the highest value of retained activity in SWL able to benefit from cost efficiencies when transferred to the other 3 SWL sites
Incremental capital required	£74m	£56m	£72m	St Helier has the lowest incremental capital requirement
Pre-reconfiguration financial position (2016/17)	+£0.8m	-£11.5m	+£4.0m	St Helier has the worst pre-reconfiguration financial position and therefore gains most when “transformed” into the 4th site

- **Even if St Helier had a similar financial position to the other Trusts, it would still be the preferred option due to the value of retained activity and lower capital required**

12

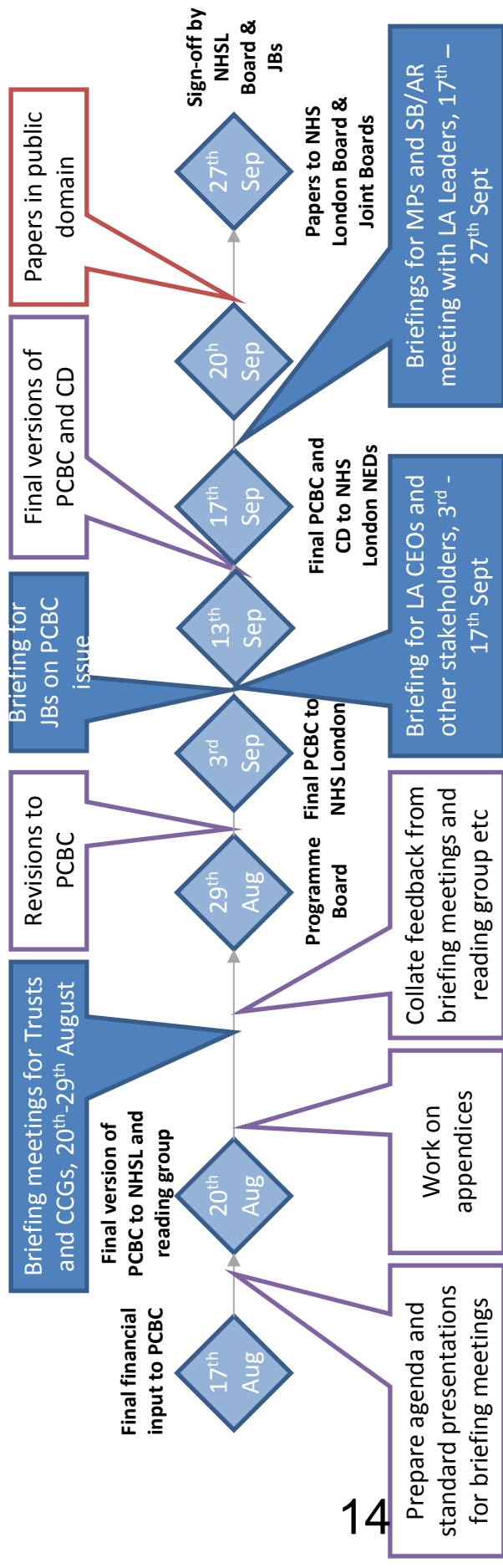
**All figures as at 2016/17**

Source: Provider baseline and Reconfiguration models

## Independent analysis update

- The Office of Government Commerce (**OGC**) has endorsed the pre-consultation engagement and we want to continue to build on this.
- Members from the **Consultation Institute** also attended the scoring panel event and have since provided us with a certificate confirming that the process met the best practice standards set out in their Consultation Charter.
- **NCAT** has put forward a number of recommendations which they believe will improve our chances of carrying out these changes successfully. We have taken these on board and our plans going forward directly address all recommendations.
- **Ipsos MORI** will independently analyse the responses to the public consultation.
- **Mott MacDonald** will begin independent impact assessment in August

# Timeline for the Pre Consultation Business Case (PCBC) before approval and consultation



14

- The PCBC will be submitted to the NHS London Board for public discussion on **27th September**
- Before this date there are a number of governance milestones, internal review processes and briefings with stakeholders
- The PCBC will be accompanied by the consultation document and the pre-consultation integrated impact assessment scoping report

## Out of hospital care and its place within the PCBC

- There are key elements of BSBV where implementation is on-going and in some cases there will be a need to **accelerate implementation regardless of decisions on major service change**. These include: long term conditions (LTC), including end-of-life care, urgent care (embedding of Urgent Care Centres alongside A&Es, pilot and roll-out of 111, out of hospital urgent care) and planned and primary care.
- • An **Out of Hospital Programme** has been established to oversee the recommendations and ensure that changes to the way hospital and primary care services are provided are consistent with the recommended models of care.
- We are investing **significant resources (£5.4m) in programme management** support to drive these initiatives at a local level while Adam Wickings as Programme Director is working with CCGs to ensure that plans are reviewed, tested and collated to produce a sector-wide strategic out of hospital plan for the PCBC

## Public consultation approach

We aim to begin the **12 week** consultation period in **autumn 2012**, **expected launch date is 01.10.2012**. In addition to a number of engagement events the consultation document will be made available at:

- Hospitals (A&E departments and Urgent Care Centres)
- GP surgeries
- Pharmacies
- 6 •Opticians
- Community based primary care services (walk-in centres, primary care centres)
- Local Authority Customer Service areas
- Libraries
- Citizens Advice Bureaus
- Job Centres
- Schools via Local Authorities
- Colleges/Universities
- Faith organisations and centres
- Sports centres/football and rugby clubs
- Voluntary organisations
- Local businesses



## Who will be consulted?

BSBV aims to engage as many of people and groups as possible from south west London and beyond about the proposals.

Patients & Public	Clinicians & Staff	Government & Regulators	Political	Partners & Providers	Media
Residents of: Croydon, Sutton, Kingston, Merton, Richmond, Wandsworth and neighbouring boroughs  Seldom Heard Groups LINKS in each borough PALS Patient Groups Public and Patient Advisory Panel Voluntary & community groups	Staff Unions Acute hospital staff Community services provider s staff Mental health trust staff  GPs, Dentists, Opticians, Pharmacists LMC, LDC, LPC, LOC Royal Colleges Universities and medical schools London Deanery	Department of Health NHS London Professional Bodies London Boroughs of: Croydon Wandsworth Merton Sutton Richmond Kingston Monitor	Local MPs JHOSC and OSCs Health and Wellbeing Boards Borough Councillors Elected mayors and leaders GLA	Acute hospital & Community services providers staff neighbouring SWL SWL CCGs Mental Health Trust staff neighbouring SWL  GPs, Dentists, Opticians, Pharmacists London Ambulance Service Voluntary & community groups Independent sector Housing organisations	Local Specialised National Trade Press Council papers TV/Radio

## How will we actively consult people?

The BSBV consultation team plans to actively consult with communities by the following methods:

- Build on previous engagement (revisit groups involved during pre-consultation period and liaise with local councils regarding distribution lists)
- Statutory engagement
- Community Outreach work using **focus groups** and **health guides**
- Meeting and events
- Engaging with the NHS and the NHS engaging with its staff and patients
- Stakeholders and their networks
- Digital communications (website, video, social media, online etc)
- Printed communications (summary doc. Full consultation doc etc)
- Distribution
- News media



## Engaging with NHS staff

We will target our activities as follows:

- **Specialist Staff.** Specific meetings with staff who are most likely to be impacted by the proposed changes including those working in A&E, Maternity and Paediatric from across all hospital sites to provide further information about proposed changes and the potential impact on their roles.
- **Existing Meetings** by providing speakers and materials to attend existing meetings
- **GP events** (6 events – 1 in each borough) which will focus on GPs, practice nurses and practice managers and receptionists, and the wider implications for primary care of the proposed changes.
- **Locality meetings within Clinical Commissioning Groups (CCGs)** – Many staff have already been involved in the Clinical Working Groups but for those who have not been specifically involved, these workshops will provide opportunities to better understand the implications of the proposals.
- **Educational meetings** – to target GPs less engaged with CCGs utilising regular existing educational events local to their surgeries.
- **Local Medical Council, (also LDC,LPC)**
- **Hospital Site Events** – Events at each of the hospitals repeated throughout a day to ensure maximum attendance from clinical nursing and AHP staff on shifts
- **Community staff provider events** - Events for each separate community provider repeated throughout a day to ensure maximum attendance from clinical nursing and AHP staff on shifts
- **Attendance at staff meetings** in hospitals, community and primary care settings, this will be supported throughout the three month period.
- **Staffside** We plan to seek further advice from staff side representatives at each organisation to plan engagement with them and their members.

## Timeline

- Joint Boards make a decision on recommendation for public consultation 27.09.2012
  - Three month public consultation (Autumn/Winter 2012, expected to begin 01.10.2012)
- 20
- Integrated Impact Assessment to commence pre-consultation (August-December)
  - Independent analysis of responses to consultation (January/February 2013)
  - Decision on service change (Spring 2013)
  - Implementation (if proposals are approved) to take place 2016/17