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# NCL Start Well programme

NCL Joint Health Overview and  
Scrutiny Committee update

July 2024

# Background and purpose of this update



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## Background

- A public consultation was conducted between 11 December 2023 and 17 March 2024 which focussed on proposed changes to maternity, neonatal and children's surgery
- The consultation aimed to reach a wide range of residents, patients, staff and stakeholders gathering feedback on the proposed changes to services
- During the 14-week consultation a large amount of feedback was gathered on the proposals. Before agreeing how to proceed, the feedback gathered will need to be considered
- We are working with an independent organisation (ORS) to analyse the feedback received and in due course will publish their full evaluation report. Before this is available, ORS have produced an interim report which outlines at a high level the emerging findings from the consultation

## Purpose of the update

Now that we have the emerging findings report, we are using this to inform our approach to next steps and the key areas of additional work that are needed to consider the feedback received during the consultation.

The purpose of this paper is to give an update to JHOSC on the programme and to request the JHOSC's formal feedback on both the proposals and the consultation. **We are seeking the JHOSC's feedback by 16<sup>th</sup> August.**

To support this, today's update includes:

- A reminder of the proposals included in the consultation
- The activity to promote, and the reach achieved, through the public consultation
- The emerging high level feedback themes
- The proposed next steps and additional work which are being put to the ICB Board for approval at their meeting on 23 July 2024

# Purpose of today's update to the JHOSC



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Today we are giving an update to the JHOSC on the Start Well programme. At the end of the update JHOSC members are asked to:

- **Note** the programme update including significant efforts that were made to engage with staff, stakeholders, patients, the public and local authorities during the with the public during the 14-week consultation period
- **Agree** to providing feedback on the consultation proposals by 16<sup>th</sup> August 2024
- **Note** the next steps proposed to the ICB Board
- **Note** the proposed timeline relating to a decision making meeting

In addition to this paper, three papers have been published to support this update. They are:

- [Start Well programme: consultation methodology, activity and reach report](#)
- [Start Well programme: consultation key findings – interim report from ORS](#)
- [Start Well Programme: proposed next steps](#)



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# Background and proposals consulted on

# The Start Well programme will support us to reduce inequalities and improve population health outcomes



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The Start Well programme is one of a number of programmes that the ICS is progressing in line with its overarching strategy to improvement access, experience and outcomes for North Central London residents. Other programmes underway designed to improve population health outcomes include delivering a core offer for community services and mental health services as well as the implementation of a Long Term Conditions Locally Commissioned Service in Primary Care.

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes
- There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others
- The quality of services could be improved, and some service users face differential outcomes and experience
- Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care
- Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care

# Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners



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The programme, which began in November 2021, has benefited from extensive clinical and service user input.

# Recap: there were three separate proposals included in the public consultation



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## Maternity and neonates

### The number of maternity and neonatal units in NCL:

**Proposal one:** The proposals include implementing a care model that ensures all NCL sites offer the same minimum level of neonatal care. To enable this, it was proposed to consolidate maternity and neonatal care across four sites compared to the current five. The two options that were consulted on were:

- **Option A** (our preferred option) proposed closing services at Royal Free Hospital
- **Option B** proposed closing services at Whittington Health
- **Both options** proposed retaining services at Barnet, North Mid and UCLH, and significantly investing in services

### **Proposal two: The birthing suites at Edgware Birth Centre**

- Proposal to close the birthing suites at the standalone birth centre at the Edgware Community Hospital site
- The proposal included retaining the antenatal and post natal services that are provided at the site

## Children's surgery

**Proposal three:** Proposal to **consolidate surgery for young children (under the age of 5) and low volume specialties at two 'centres of expertise'**:

- **Centre of expertise for emergency and planned inpatient** care proposed to be at **GOSH** – this proposed the creation of a surgical assessment centre for improved emergency access
- **Centre of expertise for planned day case** surgery proposed to be at **UCLH**
- These sites were chosen due to their existing availability of specialist surgeons and anaesthetists to deliver this work



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# Consultation promotion and reach



# Consultation aims and purpose



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**As set out to the JHOSC at their meeting on 30<sup>th</sup> November 2023**, the programme set out to **deliver a 14-week public consultation** in line with best practice that complies with legal requirements and duties. We aimed to:

- Provide clear and accessible information about proposals and how they have been developed
- Allow time and opportunities for feedback from staff, residents, and stakeholders
- Ensure diverse voices are heard
- Seek alternative proposals or new evidence
- Understand the pros, cons and unintended consequences of the proposals
- Explore mitigations for any disadvantages
- Find out what matters most to patients and how this might affect implementation
- Ensure feedback was recorded and could be analysed to support thoughtful decision-making

## We achieved this through:

- Developing a range of materials that explained the consultation proposals in an accessible way
- Ensuring feedback could be shared several ways: questionnaire, telephone, written response, at a focus group and through attending a public drop-in session
- Focussing resources and working with the voluntary sector to reach population groups identified as potentially more impacted through our impact assessments
- Widely promoting the opportunity to take part in the consultation through social media and other promotional opportunities
- Engaging with staff working across services and in the wider NHS
- Identifying local political and other stakeholders to seek their feedback on the proposals

# What we are aiming to understand through consultation feedback



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A questionnaire was developed which was designed to gather feedback on the proposals. The questionnaire had separate questions covering each of the three aspects of the proposals and these questions were then used as a framework for focus groups and meetings that were undertaken to gather feedback. At a high level, these questions covered:

- The **characteristics / demographics** of the person or organisation responding (e.g. gender, age, place of residence, capacity in which they were responding)
- Whether the **challenges described were recognised**, and the extent to which there was agreement that changes are needed
- The **level of support for the proposal described**, and which of the options for maternity and neonatal services was preferred
- Any **alternative solutions** that could address the identified challenges
- Any **equalities impacts** of the proposed changes

There were also a number of other feedback mechanisms made available, including written submission, attendance at meetings / focus groups and drop-in feedback sessions which aimed to capture the same information as the questionnaire.

These questions allowed levels of support for the three proposals to be assessed, and how this varied by type of stakeholder or place of residence, as well as providing an opportunity for stakeholders to suggest alternatives, describe impacts and raise any other concerns.

Cumulatively, feedback from these questions will ensure decision-makers are properly informed of the diversity of views from different stakeholders, in conjunction with a range of other available evidence, as they move towards making final decisions.

We appointed an independent organisation to evaluate and write up the feedback gathered. Given the volume of feedback received, at this stage, we have an interim report which gives the high-level themes from the feedback. In due course, we will publish a full evaluation report which goes into much more detail about the feedback received and the ICB will later describe its responses to this feedback.

# During the consultation we widely promoted the opportunity to participate whilst seeking in depth feedback from potentially impacted groups



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## Promotional activities



## Meetings and feedback opportunities

Programme team attendance at **199** different meetings or events, reaching just under **3,400 people**, of which:

**32**

were in depth staff feedback sessions with **over 470 participants**



**26**

were promotional drop ins at local hospital sites reaching nearly **600 people**



**46**

were sessions targeted at communities who have protected characteristics or face health inequalities reaching **503 people**

### Example communities reached:

Orthodox Jewish community, Black and Asian women's groups, families with learning disabilities, women over the age of 35, women with experience of maternal medicine services, women living in areas of deprivation, people with experience of mental health problems, women and people with poor English proficiency

**34**

were in target geographies as identified by the interim integrated impact assessments reaching **582 residents**

**8**

were local GP meetings reaching **279 GP staff** across NCL as well as Brent and Harrow



**9**

were targeted close the Edgware Birth Centre, reaching **81 staff and residents**



Engagement was separately commissioned with hard to reach groups such those experiencing homelessness reaching **42 people**


Separately commissioned focus groups and interviews with people living in target geographies reaching **nearly 30 residents**

# These activities led to significant amount of feedback on the proposals which is being independently analysed



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## Engagement with the consultation and feedback



Nearly **9,000 website** views, of which **6,335 were individual users**

✓ **3,112 questionnaire responses, of which:**

- ✓ **2,031** came from members of the public
- ✓ **1,060** came from NHS staff
- ✓ **21** came from organisations

We are working with an independent organisation (Opinion Research Services) to write up the feedback from the consultation, and we will be publishing their full evaluation report in due course.

Given the breadth and depth of engagement that was undertaken throughout the consultation, there is a significant amount of feedback to be analysed. The final feedback report will be considered by decision makers before a decision is taken relating to service changes and incorporated into the decision making business case and an updated Integrated Impact Assessment.

**79 written submissions and emails** of which:

32

came from members of the public



47

came from NHS staff, stakeholder organisations and officials

# Local Authority input into the consultation



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Through the consultation period, we also sought feedback from Local Authorities through attending the following meetings:

- *Barnet Health Overview and Scrutiny Committee*
- *Brent Health Overview and Scrutiny Committee*
- *Camden Health Overview and Scrutiny Committee*
- *Haringey Health Overview and Scrutiny Committee*
- *Islington Health Overview and Scrutiny Committee*
- *Harrow Health and Wellbeing Board*
- *Enfield Health and Wellbeing Board was scheduled but the meeting in was subsequently stood down (and papers were circulated)*

An update about the programme was also included in the inner NEL and outer NEL JHOSC papers during the consultation period (but meeting attendance was not requested)

Written or questionnaire responses were provided by:

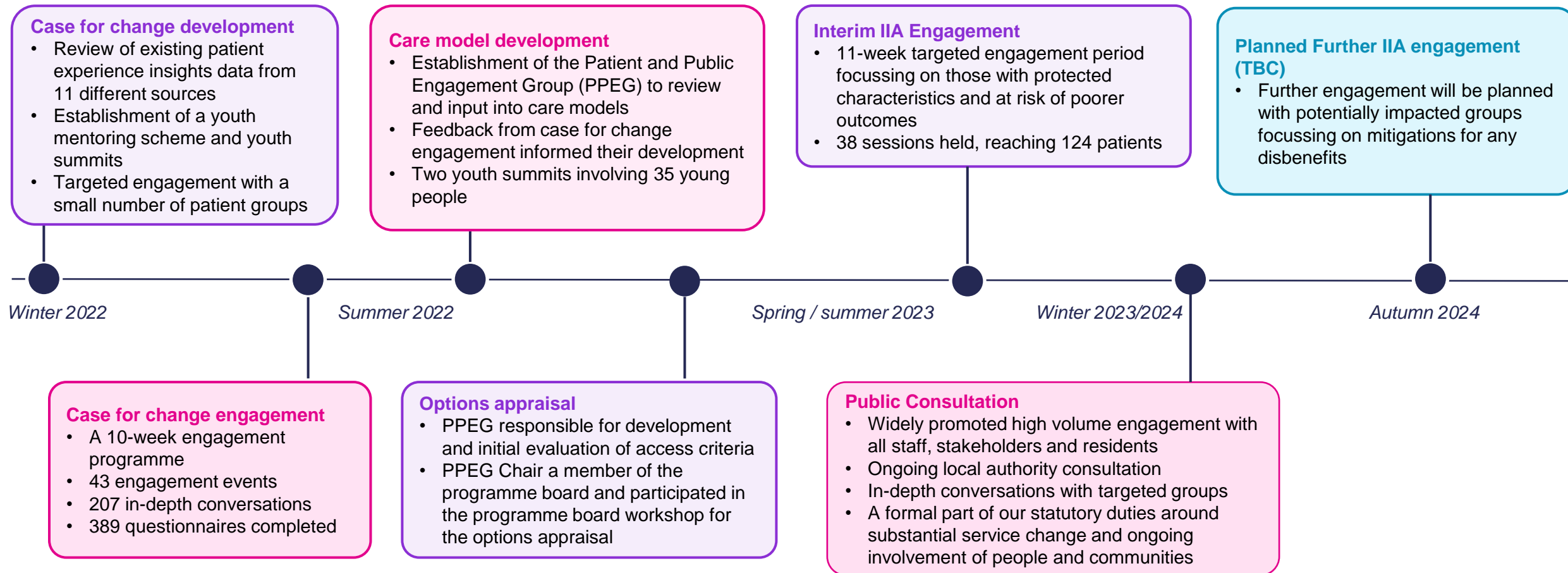
- *Barnet Council (Barnet Adults & Health Overview and Scrutiny Sub-Committee)*
- *Brent Council (Cabinet Member for Public Health and Adult Social Care and Health and Wellbeing Board Chair)*
- *Camden Council*
- *Haringey Council*

In addition to the above, other political parties, elected members, assembly members also submitted written responses.

# The consultation was part of our ongoing commitment to engaging with the public, staff and stakeholders



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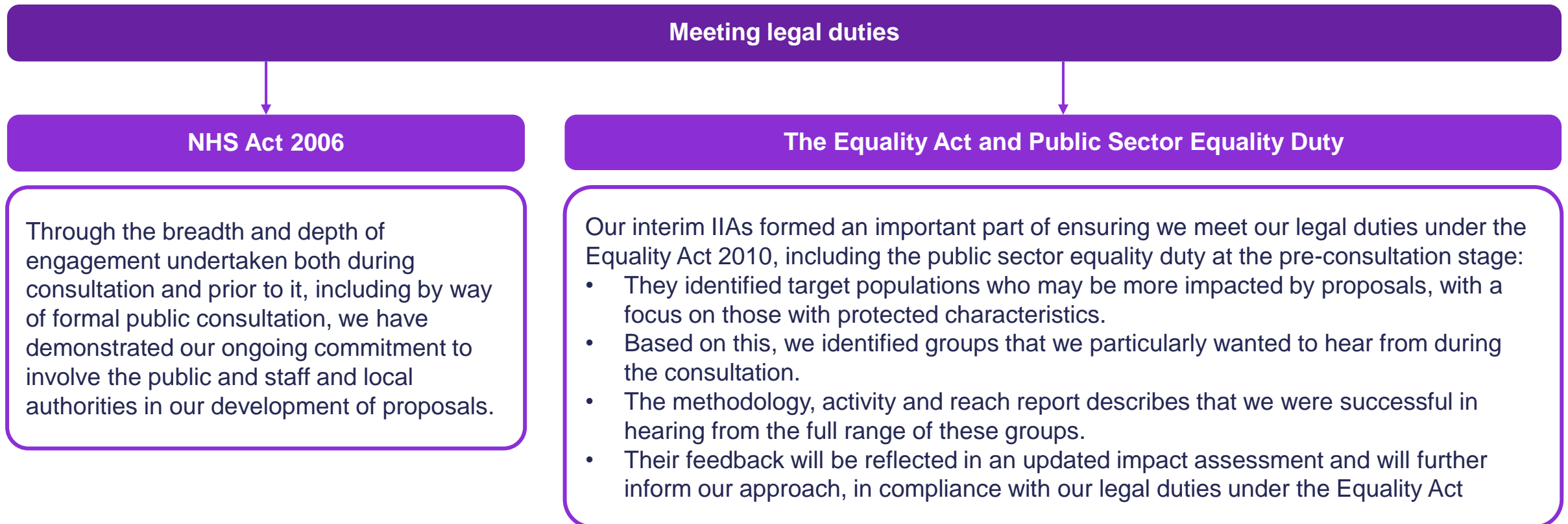


# Meeting legal duties relating to engaging and involving the public and under the Equality Act / PSED



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The programme has successfully delivered a wide-ranging consultation. The comprehensive feedback gathered will play a crucial role in shaping the final decisions on the proposed changes, ensuring that the services provided are safe, timely, and of outstanding quality for all local residents.





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# Interim feedback themes



# Maternity and neonatal services: ORS interim report feedback themes (1/2)



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## Agreement with challenges

- Across all engagement activities, a **substantial majority agreed that changes are needed to address current challenges facing services**, with **67% of questionnaire respondents either strongly agreeing or tending to agree**
- There was **overall agreement with the proposal that all neonatal units in NCL should offer the same minimum level of neonatal care** (i.e. at least level 2):
  - **Nearly three quarters of questionnaire respondents (72%) either strongly agreed or tended to agree with this proposal**
  - Slightly lower agreement among those living near Royal Free Hospital (63%), service users/parents/carers, and local residents compared to NHS staff

## Less support for consolidation of services

There was **less support for consolidating maternity and neonatal services** from five to four sites:

- Under half of NHS staff members agreed
- Higher agreement among neonatal staff, lower among maternity staff
- Around a quarter of service users/parents/carers agreed; over three fifths disagreed
- Higher disagreement (69%) among those near Royal Free Hospital, though widespread elsewhere

Concerns raised around:

- Consolidation could increase service pressures, disruption of effective working relationships, and issues with capacity, staffing, and quality of care
- Travel concerns: longer travel times, unreliable public transport, congestion, and increased travel costs.

## Support for option A or option B

- Those near Royal Free Hospital favoured continuing services there (Option B)
- Those near all other hospitals supported Option A (keeping provision at Whittington Hospital)

# Maternity and neonatal services: ORS interim report feedback themes (2/2)



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## Support for retaining services at Whittington Hospital (Option A)

- Option A seen as the least disruptive option due to the quality and nature of services already provided; the established multi-disciplinary team/effective use of Allied Health Professionals; that Whittington Health already has an LNU (level 2) and managing more births than Royal Free Hospital (including concern as to feasibility of uplifting Royal Free Hospital to a level 2 unit)
- The importance of co-location with other teams/services e.g., paediatrics, haemoglobinopathy, sickle cell, Female Genital Mutilation (FGM) team
- Strong existing links with community resources and UCLH, including maternity pathways, which would be lost under Option B
- Serves a wide area with deprived communities, with poorer birth outcomes, and younger populations (e.g., North Islington, Haringey)

## Support for retaining services at Royal Free Hospital (Option B)

- Strong feedback (particularly from staff at the Royal Free) relating to services currently provided at the site relating to maternal medicine pathways and the importance of specialties that are already on-site to support high-risk pregnancies/births and manage perinatal emergencies (including haematology, renal services, HIV unit, foetal medicine, interventional radiology, surgical expertise, transplantation and rare diseases)
- There is joined-up working between Royal Free Hospital and Barnet Hospital, with consistent policies between the two
- Royal Free Hospital was occasionally said to have better quality buildings than Whittington Hospital
- It is the hospital of choice and caters for the specific needs of the local Orthodox Jewish communities

Note: this is a summary of the interim findings report which has been produced by an independent organisation who were commissioned to analyse and report on the consultation feedback. They will be producing a full report in due course, which will be published and reviewed by decision makers.

# Edgware Birth Centre: ORS interim report feedback themes



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## Recognition of the challenges and agreement with the proposal

Across all engagement activities, there was **broad recognition of the current challenges facing services and the need to make changes:**

- Most questionnaire respondents agreed that changes should be made to respond to the current challenges, although over a quarter (27%) of those living *closest to Edgware Community Hospital* disagreed

Overall, about three fifths (59%) of respondents agreed with the proposal to close the birthing suites, with many tending to cite the **low number of births** as the basis for supporting this proposal. However there was higher disagreement among respondents living closest to the site.

## Disagreement with the proposal and concerns raised

Among those that **disagreed or raised concerns with the proposal**, it was highlighted/suggested that:

- EBC provides good-quality care, with some disputing the data that implies a lack of demand for the service
- It will reduce patient choice (including for lower socio-economic populations, and those from Harrow and Brent), and that there is evidence to suggest that standalone midwife-led birth units are the safest option for low-risk births
- Any closure should be accompanied by enhancements to midwife-led birthing provision elsewhere (and as close to home as possible)
- The number of births might rise if the service was better publicised, or if a decision was taken to close maternity and neonatal services at the Royal Free Hospital

Note: this is a summary of the interim findings report which has been produced by an independent organisation who were commissioned to analyse and report on the consultation feedback. They will be producing a full report in due course, which will be published and reviewed by decision makers.

# Children's surgery: ORS interim report feedback themes (1/2)



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## Recognition of the challenges and agreement with the proposal

- Most participants **agreed that changes should be made to improve children's surgical services**
- There was majority agreement from residents and patients that **the proposal to create two new 'centres of expertise' would benefit babies and young children**, and that, if created, the **planned inpatient and emergency surgery centre should be at Great Ormond Street Hospital for Children (GOSH)**, and the **day case centre should be at UCLH**
- This was acknowledged in the context of potentially increased travel times, given an understanding of the specialist skills that are needed to care for very young children needing surgery

## Concerns raised by GOSH Executive Team

**GOSH Executive Team** feedback highlighted that:

That the consultation provided valuable, detailed feedback from the staff, leading them to conclude that the proposal requires further design. As an organisation they are committed to addressing the challenges related to emergency surgical pathways. However, due to the potential unintended consequences of the current proposal and the suggestion that the Centre of Expertise for emergency surgery would be ideally placed to be delivered at a site with an adjacent paediatric emergency department, they propose that further work with partners, and including the North Thames Paediatric Network, may result in developing a more effective alternative solution.

# Children's surgery: ORS interim report feedback themes (2/2)



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## Potential alternative solutions proposed through a range of responses to the consultation

- Whether UCLH should instead be the centre of expertise for emergency surgery due to its existing expertise in paediatric anaesthesia and paediatric emergency department
- Could there be a model where outreach from GOSH is provided at one of the other NCL secondary care sites
- Children's day surgery could be provided at the site which may no longer provide maternity care
- Two large paediatric hubs should be created in NCL and North West London, that are spokes of GOSH/UCLH, to reduce travel and improve long-term sustainability
- Pathways should be considered across North Thames to make the most of the specialist workforce that exists across the capital

**These suggestions would need to be assessed against the agreed options appraisal criteria to determine their feasibility.**

Note: this is a summary of the interim findings report which has been produced by an independent organisation who were commissioned to analyse and report on the consultation feedback. They will be producing a full report in due course, which will be published and reviewed by decision makers.



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## Proposed next steps

# As anticipated, the interim feedback report highlights important additional areas of work that are needed before agreeing how to proceed



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The interim feedback will inform the approach to next steps and several areas of work have been identified which ensure that the consultation feedback is taken into account.

## Maternity and neonates

- Further work to refine the care model in relation to:
  - Maternal medicine pathways
  - Interventional radiology pathways
  - Antenatal and postnatal pathways
- Reviewing the patient flow modelling to ensure the assumptions are sufficiently robust and include the most recent data that is available
- Further exploring the impact on gynaecology services for the site that is proposed to no longer support intrapartum care
- Impact of any changes on out-of-hospital maternity care and community pathways
- An updated integrated impact assessment

## Edgware Birth Centre

- Understand the latest data about the birth numbers at the unit
- Work to describe further the midwifery-led offer at colocated birth centres should a decision be made to close the birthing suites
- Outlining how the space at the Birth Centre could be used to support maternity care for the local community should a decision be made to close the birthing suites
- An updated integrated impact assessment describing the potential impact of the proposal and identifying any additional mitigations that may be needed

## Children's surgery

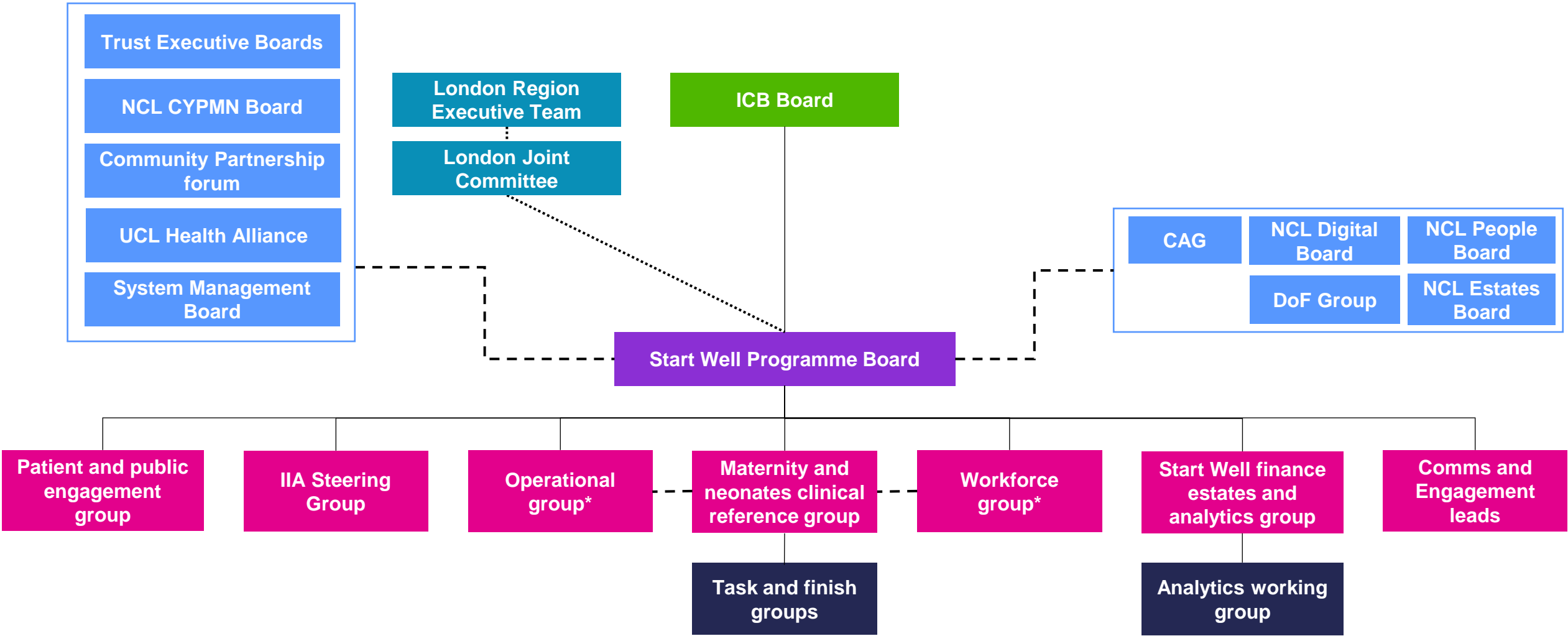
- Start the work that would be needed to write a decision making case around the day case element of the proposal. This would need to include an understanding of any potential interdependencies between the day case and emergency and planned inpatient aspects of the model.
- Subsequent to this we would consider the next steps in relation to the emergency and planned inpatient activity, taking into account the range of feedback received and alternative options proposed

# The programme Board will continue to oversee this work, reporting into the ICB Board

..... Provide input/sign off as required

----- Key stakeholder reporting

———— Direct reporting line



\*Proposed to be set up in the Autumn



# The additional work undertaken will inform a decision making business case to be considered by commissioners



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## Agree preferred option following feedback from consultation and update integrated impact assessment

- Review feedback from the consultation and finalise the clinical model
- Review and update anticipated benefits and update financial modelling
- Update options appraisal (if required) and agree preferred option
- Update integrated impact assessment

## Detailed implementation planning for preferred options

- Timeline with milestones and interdependencies and a plan for maintaining quality during the transition and following implementation
- Programme management structure and resources for implementation, prioritised risk register with mitigations and identified risk owners
- Plans for how benefits will be monitored and realised and for how patients and the public will be engaged and communicated with during implementation

## Draft decision making business case (DMBC)

- Write DMBC – including response to consultation feedback – e.g., ‘you said, we did’ and response to the consultation

## Governance and decision making

- ICB Board and NHSE London Region Specialised Commissioning are decision makers
- Decision making will be in public and the date of this will be published well in advance

# Proposed next steps and timeline for decision making



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- We are seeking ICB Board approval for the next steps outlined in this paper at their public meeting on 23<sup>rd</sup> July
- Governance groups will be re-established to commence the additional work required
- We are aiming to have completed a decision-making business case towards the end of 2024 / early 2025 for consideration by decision makers (the ICB Board and NHSE London Region specialised commissioning). This will incorporate both feedback from the final consultation report and the formal JHOSC feedback which we are requesting by 16<sup>th</sup> August
- We will notify the JHOSC when we have confirmed the date of a decision making meeting