Agenda

Public Document Pack

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 31 JANUARY 2020 AT 10.00 AM
COUNCIL CHAMBER, HARINGEY CIVIC CENTRE, HIGH ROAD, LONDON N22 8LE

Enquiries to:	**Sola Odusina, Committee Services**
E-Mail:	**sola.odusina@camden.gov.uk**
Telephone:	**020 7974 6884 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Sinan Boztas, London Borough of Enfield
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Linda Freedman, London Borough of Barnet
Councillor Osh Gantly, London Borough of Islington
Councillor Samata Khatoon, London Borough of Camden

Issued on: Thursday, 23 January 2020

This page is intentionally left blank

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
31 JANUARY 2020

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

ANNOUNCEMENT

Webcasting of the Meeting

The Chair to announce the following: Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

AGENDA

1. APOLOGIES

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

3. ANNOUNCEMENTS

Any other announcements.

4. DEPUTATIONS

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

6. MINUTES

(Pages 7 - 12)

To approve and sign the minutes of the meeting held on 27th September 2019.

7. PROPOSED MOVE OF MOORFIELDS EYE HOSPITAL'S CITY ROAD SERVICES

(Pages 13 - 54)

This report summarises the outcome of consultation on a proposed service change for Moorfields Eye Hospital NHS Foundation Trust, in order to consult the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC), which represents all health scrutiny bodies with an interest in the services of Moorfields Eye Hospital at City Road, London.

Appendices 2 to 5 are available on-line and also under separate cover.

8. NORTH CENTRAL LONDON HEALTH AND CARE INTEGRATION

(Pages 55 - 90)

The first part of this report responds to questions about the North Central London CCG Merger raised by members at the last meeting of JHOSC in September 2019.

The second part looks more broadly at the work on health and care integration; summarising NCL priorities, the approach being taken to build on existing plans and the strategic response to the NHS Long Term Plan.

9. GENERAL PRACTICE STRATEGY FOR NORTH CENTRAL LONDON (Pages 91 - 110)

This paper summarises how key primary care developments are being taken forward in North Central London.

10. ROYAL FREE LONDON FOUNDATION TRUST FINANCIAL UPDATE (Pages 111 - 122)

This paper provides a financial update from the Royal Free London Foundation Trust, following on from previous reports to JHOSC in September 2017, November 2018 and June 2019.

11. WORK PROGRAMME AND ACTION TRACKER (Pages 123 - 130)

This paper provides an outline of the 2019-20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Friday, 13 March 2020 at 10.00 am in Islington.

This page is intentionally left blank

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 27TH SEPTEMBER, 2019** at 10.00 am in The Council Chamber, Crowndale Centre, 218 Eversholt Street, London, NW1 1BD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves, Clare De Silva and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Boztas, Osh Gantly and Samata Khatoon

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

No apologies were received.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS / DEPUTATIONS

Two deputations had been agreed by the Chair.

The first deputation that was heard was presented by Alan Morton and Sue Richards and was related to the proposed Clinical Commissioning Group (CCG) mergers in North Central London (NCL). The deputation statement is attached as an appendix to these minutes.

Officers responded that the changes being proposed were behind the scenes and would not affect the delivery of services. The proposals would help avoid duplication of work and unnecessary bureaucracy, allowing more resources to be used on front line services.

The Committee requested further information about the amalgamation of the CCGs from the North London Partners in Health and Care. It was suggested that the Committee hold a special meeting to consider the information when it became available.

ACTION BY: Policy Officer

The second deputation that was heard, presented by Mr P Richards, was in regard to item 9. Patient Transport Services. The deputation statement is attached as an appendix to these minutes.

As the deputation was in respect to item 9 of the agenda, it was decided that it would be heard just before the item was considered. Members then asked questions of the deputee.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no such business.

5. MINUTES

Consideration was given to the minutes of the meeting held on 21st June 2019.

RESOLVED –

THAT the minutes of the 21st June 2019 meeting be approved and signed as a correct record.

6. FUTURE PRIORITIES FOR NORTH CENTRAL LONDON

Consideration was given to the report of North London Partners in Health and Care (NLP), the report was introduced by the Independent Chair.

To questions from Members the Independent Chair, Chief Operating Officer Camden CCG and Director of Change Programmes NLP gave the following responses:

- This report was to provide an overview of the proposals from the NLP and was not to look more closely at individual areas. Further information on the Integrated Care System would be provided in the Integrated Health and Care in North Central London report that would be coming to the next meeting of the Committee.
- The long term plan for the Advisory Board was for it to become a partnership board, addressing key themes collaboratively.

- The proposed model would enable issues and initiatives to be scaled up to the region where necessary, whilst ensuring things could also still be dealt with at a local level.
- The changes to the delivery model would allow more resources to be moved into prevention.
- Through sharing resources and equipment across NCL, services could improve.
- The delivery model being proposed was following a trend that most authorities across the country were moving towards.

Members of the Committee expressed that they would like reports to return to the committee that provided greater detail on prevention and finance and the workforce.

ACTION BY: Policy Officer

RESOLVED –

THAT the report be noted.

7. ORTHOPAEDIC REVIEW

Consideration was given to report of the North London Partners in Health and Care.

Responding to questions from Members, the Senior Responsible Officer of the Orthopaedic Review (OR), Programme Director OR-NLP and Planned Care Clinical Lead gave the following information:

- The intention was to take a partnership approach, building on the partnership working from previous stages of the review.
- There was a need for quality patient information, this could be used to determine any transport or access needs as well as identifying patients with complex needs.
- Patient education was important in the context of the review, and guaranteeing communities were aware of the changes would be necessary.

RESOLVED –

THAT the report be noted.

8. MENTAL HEALTH

Consideration was given to the report of the North London Partners in Health and Care. The report was introduced by the NCL Sustainability and Transformation Partnership (STP) Mental Health Programme Lead.

Responding to questions the NCL STP Mental Health Programme Lead, Director of Change Programmes and Chief Operating Officer Camden CCG gave the following pieces if information to the Committee:

- There was a strategic alliance of mental health providers that was trying to work differently on the identified priorities. Areas of innovation were being developed and adapted to address the inequitable spread of resources between the North and South of the region. This would be for the benefit of the whole of NCL.
- The Local Estate Forum was exploring community hubs. Currently there were services operating in isolation, by creating community hubs access to these would be made easier.
- There was an urgent case review being carried out to address the capacity issues being experienced by providers, however, creating new spaces was not always the answer the problem.
- Transformation funding had been secured to strengthen core community services.
- A multi-agency approach was being taken to improve access to mental health services.
- Every borough was working on dementia and early diagnosis as imperative.
- The statistics on page 91 were from 2017 and not more recently as it took time for figures to be reconciled and verified.
- Service users were being employed in the mental health liaisal service.
- Employees who worked in primary care were trained in mental health.

RESOLVED –

THAT the report be noted.

9. PATIENT TRANSPORT SERVICE

Consideration was given to the report of the North London Partners in Health and Care.

Members of the Committee raised concerns that the patients appeared to have been not considered in the system, it had become a bureaucratic process that was not resident centred.

In response to a question, the Director of Finance, Barnet CCG informed the Committee that contract that had been procured was paid by volume of patients transported rather than a block contract.

RESOLVED –

THAT the report be noted.

10. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

Members agreed that items they wanted to consider at the November meeting were:

- Integrated Health and Care in North Central London
- General Practice as the foundation of the NHS: A strategy for NCL
- Moorfields Consultation – Outcome Report
- Royal Free Financial Update

It was agreed that the Estates Strategy report should be moved to the January meeting of the Committee and that a report on Prevention and Finance should also come to that meeting.

11. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no such business.

The meeting ended at 12.00 pm.

Contact Officer: **Ben Lynn**
Telephone No: **0207974 5653**
E-Mail: **ben.lynn@camden.gov.uk**

MINUTES END

This page is intentionally left blank

North Central London Joint Health Overview and Scrutiny Committee

LONDON BOROUGH OF CAMDEN	**WARDS:** All NCL JHOSC
REPORT TITLE Proposed Move of Moorfields Eye Hospital's City Road Services	
REPORT OF Sarah Mansuralli, Senior Responsible Officer - Moorfields Consultation Programme, Director of Strategic Commissioning, North Central London CCGs	
FOR SUBMISSION TO North Central London Joint Health Overview and Scrutiny Committee	**DATE** 31 January 2020

SUMMARY OF REPORT

This report summarises the outcome of consultation on a proposed service change for Moorfields Eye Hospital NHS Foundation Trust, in order to consult the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC), which represents all health scrutiny bodies with an interest in the services of Moorfields Eye Hospital at City Road, London.

Local Government Act 1972 – Access to Information

The following documents have been used in the preparation of this report:

- Proposed Move of Moorfields Eye Hospital's City Road Services Consultation Document and Survey
- Proposed Move of Moorfields Eye Hospital's City Road Services Consultation Findings Report 24 May – 16 September 2019
- Report on consultation with people with protected characteristics and rare conditions
- Integrated Health Inequalities and Equality Impact Assessment (IIA)

These reports are published on https://oriel-london.org.uk/consultation-documents/

Contact Officer:
Denise Tyrrell, Programme Director, North Central London CCGs
denise.tyrrell@nhs.net

RECOMMENDATIONS

That the NCL JHOSC is:

- Asked to consider and respond to the proposals in the light of the findings from consultation feedback.

- Requested to respond in writing by 3 February 2020 to Sarah Mansuralli, Senior Responsible Officer - Moorfields Consultation Programme, Director of Strategic Commissioning, North Central London CCGs.

Signed:

Sarah Mansuralli
Senior Responsible Officer - Moorfields Consultation Programme, Director of Strategic Commissioning, North Central London CCGs

Date: 16 January 2020

Proposed Move of Moorfields Eye Hospital's City Road Services

Report for North Central London Joint Health Overview and Scrutiny (JHOSC)

Report date: 16 January 2020

Purpose of this report

This report summarises the outcome of consultation on a proposed service change for Moorfields Eye Hospital NHS Foundation Trust, in order to consult the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC), which represents all health scrutiny bodies with an interest in the services of Moorfields Eye Hospital at City Road, London.

This report and background documents will be discussed at the JHOSC meeting in public on Friday 31 January 2020. In line with health scrutiny regulations, commissioners are seeking a written response from NCL JHOSC by Monday, 3 February 2020.

Contents

The proposal for consultation

Summary of the proposal

NHS commissioners and Moorfields consulted people during a 16 week period from 24 May to 16 September 2019 on the following proposal, which was set out in a consultation document and other published information.

- Moorfields is proposing to build a new centre bringing together excellent eye care, groundbreaking research and world-leading education in ophthalmology.

- This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

- Services would move to the new centre from the current hospital facilities on City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology.

- If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

The clinical case for change was reviewed in November 2018 by the independent London Clinical Senate, which found that "**there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital.**"

Ref: To see the full consultation document and all supporting information, including the report from the London Clinical Senate review, please visit https://oriel-london.org.uk/consultation-documents/

Options and preferred way forward

Options for the future of Moorfields Eye Hospital's City Road services were first appraised from a long list in 2013/14. The list was reviewed against updated critical success factors in April 2019, prior to the start of consultation, and further reviewed in October 2019 in the light of feedback from consultation.

The ten critical success factors to fulfil the strategic benefits of bringing together eye care, research and education are summarised as follows:

1. Strategic fit
2. Creating the best possible patient experience
3. Accessibility
4. Inventing and innovating together to be at the leading edge
5. Educating people, to be the very best
6. Improving the experience for staff and students
7. Future flexibility

8. Economy and efficiency
9. Affordability
10. Deliverability

Applying the above critical success factors led to the preferred way forward, which is to build a brand new centre on land that has become available on the St Pancras Hospital site in the London Borough of Camden.

The consultation document set out the rationale underpinning the preferred way forward with full details on the options appraisal and review process available on the consultation website, alongside the pre-consultation business case. We also published the input to the options review from patients and the public and the conclusions of a patient and public representative group that took part in the options review process.

The appraisal looked at several options to rebuild or rebuild and refurbish at the current City Road site. People are familiar with the current site and find it relatively easy to access, but these factors are outweighed by the following disadvantages:

- Major disruption to services caused by services having to move from the current location to make way for building work and then move back into new or refurbished accommodation.

- Limited scope for redesign to bring together eye care, research and education; and limited flexibility to adapt to future needs and technology.

- Little or no opportunity to gain income from land sales, which would make a new centre unaffordable.

In short, a proposed new centre, rather than a rebuild at the current site, would offer much greater scope to redesign services to improve clinical care, patient experience, efficiency and flexibility. It would be less disruptive to service continuity and the projected costs of the new centre over the next 50 years show much better value for public money.

In terms of the potential location of a new centre, it was a given that the centre should remain in London as the most accessible location for most people in England and the best place to recruit clinicians, technicians, researchers and students.

With the advice of professional land and property experts, seven potential locations were reviewed prior to the start of consultation. St Pancras was considered the best option when assessed against the ten critical success factors listed above, and this was explained in the consultation document.

In summary, the St Pancras site offers:

- Sufficient space to build a centre that could bring together eye care, research and education.

- Proximity to two mainline rail stations and underground transport hubs, with step-free access and high quality walkways.

- An opportunity to connect with one of the world's leading knowledge clusters involving the Francis Crick Institute, UCL and the Wellcome Trust and with sight loss charities close by, such as RNIB and Guide Dogs.

- A competitive price from an NHS landowner.

During the consultation, people were invited to suggest alternative solutions, which they did in answer to this question within the feedback survey and also at discussion events. As part of the final options review following consultation, the independent property agent reviewed the suggested alternatives. Unlike the St Pancras site, none of the suggested alternatives met all of the critical success factors.

The post-consultation options review, which involved the patient and public options review group, concluded that the St Pancras site remained the preferred option.

Refs: Consultation document https://oriel-london.org.uk/consultation-documents/
Options appraisal refresh https://oriel-london.org.uk/options-appraisal-refresh-documents/

Ensuring a meaningful consultation

The NHS commissioners who led the consultation agreed with Moorfields that together they would adopt best practice in public consultation. The plan was to stretch beyond the minimum requirement of publishing proposals for public views, and to achieve the following with meaningful consultation and engagement:

- To understand more about the diverse interests and perspectives of people who may be affected by the proposed move.
- To expand the range of people and groups involved.
- To ensure sufficient information for intelligent consideration and response.
- To improve public awareness and confidence in change.
- To inform a plan for continuing and sustainable involvement in future planning and implementation.

The framing of the proposal for consultation was informed by a period of pre-consultation discussions and engagement events that took place between December 2018 and April 2019, during which we listened to over 1,700 contributions from patients, public and staff. A pattern of themes emerged, which we were able to consider in more detail during the main consultation.

In both the written feedback survey and in face-to-face discussions, we invited views on the following main themes from pre-consultation feedback:

- Whether and why a new centre is needed
- Whether a new centre should be located at St Pancras
- Suggestions for other sites and solutions
- Accessibility, design, wayfinding, transport and the journey from transport hubs to the proposed new centre

- Improving patient experience
- Developing our staff, research and innovation
- Planning for and managing change

As part of an assessment of impacts on equalities and health inequalities, we conducted over 40 meetings and conversations with people with protected characteristics and rare conditions to improve our understanding of specific needs associated with, for example, age, disability, sensory impairment, sexual orientation, gender reassignment, maternity, race, religion or belief, poverty and homelessness.

Ref: Consultation survey https://oriel-london.org.uk/consultation-documents/

Pre-consultation view and advice from NCL JHOSC

The JHOSC previously considered the case for change and plan for consultation at a special meeting held on 29 April 2019. We have summarised below, our actions in response to the five main points noted in the minutes of the meeting.

1. JHOSC view: "The continued importance of involving staff user groups in the development of the business case and taking on their clear proposals on how services could be improved in a new environment."

   Response:
   During the consultation, we continued to discuss overall views and ideas for service improvements at staff network meetings and clinical governance sessions. The Oriel strategy and design team met staff representatives from all departments to gather more detailed views to inform a service design brief for the developing business case. This work is continuing.

2. JHOSC view: "Important consideration as to whether there was sufficient time for the consultation."

   Response:
   The consultation period was extended from 12 to 16 weeks.

3. JHOSC view: "The intention would also be to highlight the impact that consultation had on decision making and track the subsequent changes."

   Response:
   The Decision-making Business Case and supporting papers, which will be published in draft prior to the commissioners' decision, will show how feedback from consultation has influenced plans. An accessible public summary of the final decision will also be available on the website and updates will continue to be published throughout future planning stages.

4. JHOSC view: "The need to maintain existing good networks within NCL JHOSC."

   Response:
   The Oriel communications and engagement strategy will be reviewed and updated in the

light of the outcome of consultation, including a plan to mobilise a network of representative groups to work closely with design and project management. The mapping and distribution data gathered during consultation will continue to support ongoing partnerships and communications, including continuing updates and liaison with JHOSC.

5. JHOSC view: "The challenge of making the project a world leader in patient consultation. Patient views and patient consultation taken on board. There needed to be clarity in decision making."

   Response:
   We have listened and responded to the views of JHOSC and other patient and community representatives. The Oriel Advisory Group of patients and public has had a strong voice in the governance of the consultation. As a measure of achievements so far, we have successfully completed five of the six stages of The Consultation Institute's best practice assurance process. In the following sections we highlight the evidence of our actions and how consultation is influencing decisions.

Every Health Overview and Scrutiny Committee has been kept informed about the consultation either directly or via their local NHS partners and offered the opportunity to attend the North Central London JHOSC meeting on 31 January 2020.

Summary of findings from consultation

Our approach to consultation

The background and lead-up to consultation

Between 2013 and 2018, people contributed to building the business case, developing potential site options, creating a design brief, selecting design partners and shaping the proposal for public consultation.

Between December 2018 and April 2019, extensive preparations for consultation included four surveys, a programme of events and discussion groups and detailed planning with voluntary and community representatives. Over 1,700 contributions from patients, public and staff helped to frame the proposal and provided some early insights into what is important to patients and families.

A patient and public representative group, the Oriel Advisory Group (OAG), was established in January 2019 to advise on process and plans. The Chair of the OAG is a member of the consultation programme board and the OAG has remained a strong reference group at the centre of an active consultative network.

The main consultation ran from 24 May to 16 September 2019. Taking advice from JHOSC, the timeframe was set at 16 weeks, rather than the more usual 12 weeks, to allow for the holiday period.

How we reached people

Accessible summaries and leaflets, available in a range of printed and digital formats, braille, audio versions, Easy Read and languages, supported publication and distribution of a main consultation document.

A dedicated consultation website provided a digital hub for all information and background papers plus information and access to feedback channels and discussion events. Working with digital company, IBM, the consultation team developed a “Chatbot” which provided round-the-clock, immediate answers to 49 frequently asked questions, and asked people for their views.

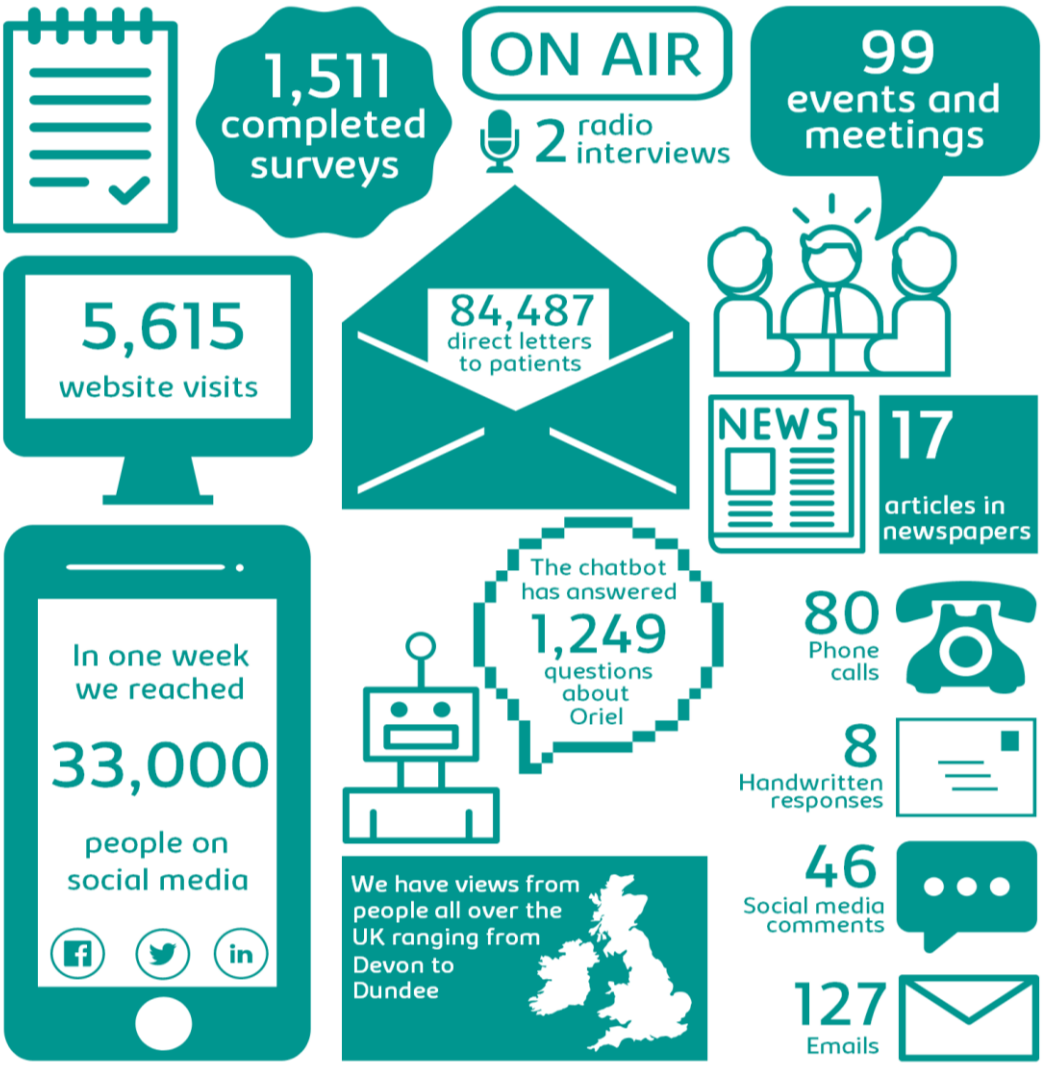
Detailed stakeholder mapping supported an initial distribution to over 5,000 contacts with patients, public, staff and professional bodies. A communications working group with representatives from 15 commissioning organisations and Moorfields ensured an effective cascade from this initial distribution to reach communities and representative groups across London and the nation.

To reach those who may be directly affected by the proposed change, over 84,400 letters explaining the consultation were sent to people who received appointment letters during the consultation period.

Three separate weeks were designated for intensive activity to increase awareness of the proposed change. These “intensification weeks” included senior managers and clinicians talking and listening to service users and staff at City Road and other locations. The intensification weeks delivered peak numbers of survey responses and increased social media and website activity.

Throughout the consultation a communications campaign promoted the consultation and opportunities to get involved with:

- Frequent posts to social media channels.
- Press releases and notices to local and trade press
- Blogs and articles for Moorfields and partner websites
- Radio programmes and podcasts, including RNIB Connect and local community radio stations.



Feedback channels

A feedback survey offered a way for people to submit their views individually, while a programme of 99 events and meetings enabled deliberative discussions.

Discussions were designed to be interactive, structured with prompts (in line with the feedback survey) and with sufficient time for participants to have a say.

We adapted to audience needs, for example with:

- Child-friendly information and survey techniques
- Easy Read information and survey
- Relaxed discussions for people with learning disabilities
- Informal discussions at weekend social events
- Telephone discussions for people who preferred to talk from home

The Trust Membership Council, commissioner executives and senior clinicians remained closely involved, listening to and discussing views at events, in the media and in individual correspondence.

Around 450 people expressed an interest in continuing involvement and some took part in themed sessions to inform further work, such as:

- Options review.
- Discussion workshops and field visits to explore issues concerning accessibility of the proposed location.
- Workshops to explore the potential design of the proposed new centre.

Ref: Consultation findings report https://oriel-london.org.uk/consultation-documents/

Summary of responses and findings

Please see the Consultation Findings Report for further information https://oriel-london.org.uk/consultation-documents/

Number of survey responses	1,511
Number of responses via Chatbot	Over 320
Number of participants in face-to-face meetings	Over 2,500
Number of telephone conversations	80
Number of letters and emails	135
Number of responses via social media	46
Total responses	Around 4,600

There is a consistent pattern of responses to the proposed move, which is demonstrated broadly and quantitatively by the survey results and with greater depth, insights and ideas in discussions. The pattern is consistent with the findings from pre-consultation discussions.

The consistent pattern of feedback is as follows:

- Overall agreement and support for a proposed new centre and a move from City Road to St Pancras.

- Maintaining the high quality of clinical care that is expected of Moorfields has highest importance.

- The development of a new centre is an opportunity to make significant improvements in patient care and experience; and we should continue to involve patients and public to ensure we get this right.

- Accessibility is extremely important. Considering the St Pancras site, there are advantages in being close to major transport hubs, but we need to address the considerable challenges of the last half-mile of the journey from transport hubs to the centre.

Headlines from survey responses

The consultation survey was designed in line with recommendations from The Consultation Institute and analysed by an independent evaluator. Weekly tracking of the results showed consistency from July, the mid point of consultation to the close of consultation in September.

The survey received 1,511 responses from online and written surveys. The map below indicates the survey's reach, showing responses from across the UK.

Headlines from the survey findings are:

- 73% (just over 1,100 responses) agree that a new centre is needed for City Road services.
- 18% (around 270 responses) do not express a view.
- 8% (around 120 responses) say a new centre is not needed.
- The most frequently stated reasons for not supporting the proposed move is that the journey to the hospital may be more difficult and that moving may cause too much disruption to treatment.
- 73% (just over 1,100 responses) agree or agree strongly that the centre should be located at St Pancras.
- 15% (around 226 responses) neither agree nor disagree. 2% (around 30) give no answer.

- 10% (around 151 responses) disagree or disagree strongly that the centre should be located at St Pancras.

- The most frequently stated reasons for agreeing with the proposed St Pancras location are:

    - Central London location
    - Easier access by public transport
    - Available space
    - Close to research community

- The most frequently stated reason for disagreeing with the proposed St Pancras location are:

    - The location is not as accessible as the current location at City Road

What we have learned from discussions

Through 99 meetings and events, we have been in face-to-face contact with over 2,500 people. This has been a positive and enlightening experience for Moorfields, its commissioners and, judging by comments from feedback, for patients and representative groups as well.

Significant benefits include:

- Strengthened relationships with the main sight loss charities, including plans for continuing partnership work.

- Technological and practical improvements in accessibility of information and communications with people with sight loss.

- Extended links with representatives of minority groups and people with rare conditions and opportunities to improve our understanding of specific needs.

- Tangible engagement with patient representatives, with a core group of advisors, over 450 people who are keen to be involved in continuing developments and an outline plan for co-production.

- New connections with communities across London and further afield, such as community forums, action groups and patient participation networks.

Accessibility was the most common theme of discussion. In terms of the design of the new centre and its services, most participants in discussions were optimistic that the development would be an opportunity to improve navigation and other aspects of the patient experience. The journey to the proposed centre raised concerns.

People in north east London were concerned about the potential increase in journey time and, for those who may need access by motor vehicle, the higher cost of congestion

charges. In other areas, people were less concerned about changes in the distance and journey time.

The main concerns were with the last half-mile of the journey from the current transport hubs to the St Pancras site. Examples of these concerns included:

- The size and complexity of King's Cross and St Pancras stations, which may be difficult to navigate, particularly for people with sight loss and mobility issues.

- The current journey on foot from the main rail and underground stations, which may be too long for people with mobility issues.

- Issues concerning pedestrian safety in the King's Cross area, particularly for people with sight loss. These include major road crossings and the lack of tactile demarcation of cycle lanes.

Our consultation meetings and events provided the opportunity to listen to people with experience of sight loss and people with expert knowledge of developments in transport and mobility. Discussions generated a range of ideas including:

- Integration with and changes to public transport
- A dedicated shuttle service from transport hubs to the centre
- A Moorfields "meet and greet" service within the main stations

<u>Other themes from feedback</u>

- **Clinical quality – the most important issue**
  In survey responses, 77% (around 1,163 responses) highlight "high quality clinical expertise" as very important. Comments in discussions highlight this as the most important issue above other aspects of the proposal.

- **Improving the patient experience – what matters to people**
  People talk about shortening waiting times, but the stronger themes are more concerned with information, communications and caring support, particularly for people with sight loss. In our online survey, for example, 42% (around 634 responses) highlight shorter waiting times as very important, while 65% (around 982 responses) highlight good communication and information as very important. In discussions, some people say they do not mind waiting, but they do place a high value on empathy and understanding from staff, better facilities and comfort while they wait and better information about when they are likely to be called in for their appointment.

- **Transition needs good communications**
  The most common response to questions about managing transition is that there needs to be clear information and effective communications for patients and visitors about how to access the new centre. The view is that this requires a comprehensive plan for communications before, during and after transition.

- **Improvements for staff**
  People in face to face discussions ask what Moorfields' staff think about the proposed move, and whether there are robust plans for developing the future workforce to deliver the proposed new service. Most people view a proposed new centre as an opportunity to improve conditions for staff and to attract and retain the best talent.

- **Research opportunities**
  Many people take a keen interest in the research aspect of the proposal and express positive views about the potential for more patients to be involved in clinical trials. In answer to a survey question about developing staff, the highest number of responses (around 967) highlights support for research and innovation as very important.

- **Improvements in service models**
  The development of local care was frequently raised, leading to suggestions about using the opportunity of a proposed new centre to improve care pathways and relationships across the whole eye care network.

Ref: Consultation findings report https://oriel-london.org.uk/consultation-documents/

Feedback from people with protected characteristics

During the period of pre-consultation engagement and the main consultation, we listened to diverse and mixed audiences who took part in the main activities and travelled to meet minority groups who are sometimes seldom heard.

As a minimum, we aimed to listen to feedback from 20-25 meetings with people with a range of protected characteristics. In the event, we heard from 43 meetings and conversations.

Some people were representative of national networks, while others spoke as individuals and local representatives who would travel to Moorfields Eye Hospital from across London and other areas, such as Buckinghamshire, Cornwall, Essex, Hertfordshire, Kent, Manchester, Norfolk, Suffolk, and Worcestershire.

Given the demographic data for patients who use services at City Road, we prioritised groups based in east London that represent people living in deprived areas and communities with a high proportion of people from Black, Asian and minority ethnic backgrounds.

Some examples of our "on the road" consultation sessions:

- Weekend social event with people with sight loss in Tower Hamlets
- Talk show and phone-in on Newham's radio channel for diverse communities in east London
- Forum session with HIVE a social enterprise in Hackney for people with learning disabilities.
- Visit to New College, Worcester, a national residential school and college for young people aged 11 to 19, who are blind or visually impaired.
- Face to face survey of families with young children at the Richard Desmond Children's Eye Centre at City Road
- Weekend social event with Transpire, a Southend LGBTQ+ support network

- Discussions with older people at visually impaired clubs in Buckinghamshire (as well as older people's forums across London)
- Discussion at OcuMelUK's national conference for eye cancer patients and caregivers

Several groups, including Royal National Institute of Blind People (RNIB), Moorfields' LGBTQ+ network, MoorPride, Transpire, OcuMelUK, New College Worcester and Mencap, said how impressed they were with the efforts to include minority groups and were keen to be involved in continuing work. We fully expect to build on these relationships so that future developments will benefit from this specialist knowledge.

A recurring theme in feedback is that, despite the Moorfields reputation for clinical excellence, patients frequently experience stress and anxiety associated with a visit to the hospital. For people with protected characteristics, there is a risk that this may be compounded by communication barriers, physical access difficulties and a lack of awareness among staff about specific needs.

It is within Moorfields' objectives to match exceptional clinical outcomes with an excellent experience for all patients. From our audience point of view, the frequent suggestion during consultation was that the proposed new centre is our opportunity to be the national exemplar of accessibility for people with sight loss.

Refs: Report on consultation with people with protected characteristics and rare conditions https://oriel-london.org.uk/consultation-documents/
Consultation findings report https://oriel-london.org.uk/consultation-documents/
Integrated impact assessment https://oriel-london.org.uk/consultation-documents/

Moorfields response to the consultation

Given the extent of support expressed for the proposal during the consultation and acknowledging that the main reasons why people support the proposal, Moorfields are committed to achieving:

- A centre of excellence for the future
- Modern facilities that will be easier to navigate than the current services at City Road
- Flexibility to meet future demand
- Better research and collaboration between Moorfields, UCL and other partners in the St Pancras Knowledge Quarter, with more patients having access to clinical trials
- Better transport links and accessibility
- Better environment and opportunities for staff
- Better facilities for patients and visitors
- Smoother appointments process and shorter waiting times

Other evidence included in the decision-making business case

Health inequality and equality impact assessment

We must consider that any change to services could have greater potential impact on people with protected characteristics – both positively and negatively.

The importance of independence for people accessing care was a major theme during the consultation, suggesting that this should be a driving principle of design and service planning. When services are difficult to access, people need more support from carers and staff, which is not always the best answer. With the right applications of design, information and technology, people can choose to do things for themselves.

The Integrated Health Inequality and Equality Impact Assessment (or Integrated Impact Assessment – IIA) is designed to ensure that any service change decisions will support advancing equality and ensure fairness.

Below is a summary of the potential positive and negative impacts of the proposed change for people with protected characteristics. Please see the Integrated Impact Assessment for further details.

Ref: Integrated impact assessment https://oriel-london.org.uk/consultation-documents/
Report on consultation with people with protected characteristics and rare conditions https://oriel-london.org.uk/consultation-documents/

List of protected characteristics

To meet our responsibilities under the Equality Act 2010, characteristics considered in the IIA were:

1. Age – in particular children and older people
2. Gender
3. Gender reassignment
4. Disability including physical impairments, learning disability, sensory impairment, mental health conditions and long-term medical conditions.
5. Marriage and civil partnership
6. Pregnancy and maternity
7. People from different ethnic groups, in particular Black, Asian and minority ethnic (BAME)
8. Religion and belief
9. Sexual orientation
10. People seeking asylum
11. Gypsy, Roma and Traveller communities

Summary of potential positive impacts

- A new building would comply with modern standards for disabled access and other needs.

- The proposed new centre offers opportunities to improve care, patient experience and accessibility. There will be opportunities to improve facilities for older people, people with disabilities and parents with young children.

- The new centre will help to bring the benefits of research to all patients including those groups who have a higher risk of poor eye health.

- There are benefits in terms of the journey to the proposed new centre, with more route options than currently at City Road. Unlike the current route to City Road, the major transport hubs have step-free access and a better quality of pedestrian access.

- The proposed new centre will also be an opportunity to improve access to the proposed drop off area by private motor vehicles for those relying on this mode of transport.

Summary of potential negative impacts

- Relocation of services to a new centre could add further complications to the journey for some people, as the current distance from the site to the nearest main station is just over half a mile. While there are those who enjoy walking, there are others who would be unable to make the journey on foot.

- Some people with sight loss could be disadvantaged by the need to learn the new route and the complexities of larger and busier transport hubs.

- The longer distance currently poses a number of safety issues for people with sight loss, which would need to be addressed.

- The move potentially increases the journey and transport costs for some people travelling from north east London and the east of England.

The consultation feedback highlighted an overriding principle for our services and support to patients to make it possible for people to be independent. This requires continuing education, awareness and flexibility to respond to the diverse needs of patients and their families. Applying this principle, Moorfields have confirmed that they accept all of the nine recommendations in the Integrated Health Inequalities and Equality Impact Assessment (IIA).

Mayor of London's six tests

As part of a commitment to champion and challenge the NHS on behalf of Londoners, the Mayor of London has developed six tests to apply to all major health and care transformation.

The six tests cover the following:

- Health inequalities and prevention of ill-health
- Hospital beds
- Financial investment and savings
- Social care impact
- Clinical support
- Patient and public engagement

The Mayor's response at this stage considers the first four tests, against which the Mayor is broadly content with the proposals, which the Mayor states, "…set out an exciting opportunity for Moorfields to deliver world class eye care in a new purpose-built facility. The hope is that the stronger relationship with the UCL Institute of Ophthalmology will contribute to better care and outcomes for service users, strengthen innovation and help translate research into practice."

Further details from the Mayor's response are included in the Consultation Findings Report https://oriel-london.org.uk/consultation-documents/

Future demand and model of care

The number of people likely to suffer from the most common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years. The ageing population contributes to this challenge, resulting in greater and more complex demand for eye services as 79% of people aged 64 and over live with sight loss.[1]

It is estimated that 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, second only to trauma and orthopaedics.

Moorfields and commissioners have agreed average annual activity growth projections for the Moorfields City Road catchment population. This shown below as the current basis for the size and design of the proposed new centre.

Outpatients	3.1%
Inpatient and day cases	2.6%
Urgent and emergency	2.9%

Work continues to plan for a future model of care that requires a more system-wide approach, with greater collaboration across primary, community, secondary and tertiary care settings. This has the potential to mitigate growth rates above this annual average rate of growth for the proposed centre; however, realising this potential requires substantial development, for example in terms of workforce development, digital infrastructure and equipment investment out-of-hospital, which will be the focus of Moorfields working in partnership with London STPs to develop.

[1] Source: The economic impact of partial sight and blindness in the UK adult population. Author: Access Economics Publisher: RNIB Year of publication: 2009.

Financial plan

The proposed move of services from City Road to St Pancras is not expected to have a material financial impact on commissioners. Moorfields will fund all capital and revenue costs associated with the transition between sites.

The capital cost for Moorfields is estimated at £362 million to be funded by:

- Sales proceeds from the sale of the City Road site
- Capital funding from the Department of Health and Social Care
- Funds raised by Moorfields Eye Charity
- Moorfields internal capital funds

The proposal for approval

Draft recommendations following consultation

The commissioners, represented by a special committees-in-common arrangement for all CCGs, and the London Regional Executive Team for specialised commissioning have prepared a decision-making business case to consider the proposed service change.

The decision-making business case will set out evidence including:

- The clinical case and evidence of support
- The future models of care and evidence from system modelling
- Feedback from engagement and consultation
- Findings from the integrated health inequality and equality impact assessment (IIA)
- The financial plan and affordability, which provides an assessment of value for money

In deciding whether to approve the proposal the commissioners will make recommendations. These recommendations will take into account the views of the JHOSC and are likely to include:

1. Plans to address and improve service accessibility, both within the proposed new centre and in terms of ways of getting to the centre at St Pancras.
2. Continued partnership work and governance to assure strategic oversight involving multiple stakeholders
3. Actions to improve patient experience
4. Continuing system-wide service redesign
5. Actions to develop the future workforce and organisation
6. Mitigation of any identified potential negative impacts on equalities as a result of the proposed move.

Request for response from joint health overview and scrutiny (JHOSC)

NCL JHOSC is asked to consider and give views on both the proposals for consultation and the consultation process.

The JHOSC is requested to respond in writing by 3 February 2020 to Sarah Mansuralli, Senior Responsible Officer - Moorfields Consultation Programme, Director of Strategic Commissioning, North Central London CCGs.

The JHOSC views and any recommendations will be considered by the commissioners as part of the decision-making process to be concluded by 12 February 2020.

Appendices

Appendix 1: Presentation on the ‘Proposed move of Moorfields Eye Hospital’s City Road services’

Appendix 2: Proposed move of Moorfields Eye Hospital’s City Road services Consultation Document and Survey

Appendix 3: Proposed Move of Moorfields Eye Hospital’s City Road Services Consultation Findings Report 24 May – 16 September 2019

Appendix 4: Consultation with people with protected characteristics and rare conditions

Appendix 5: Integrated Health Inequalities and Equality Impact Assessment (IIA)

Appendices 2 to 5 can be found on https://oriel-london.org.uk/consultation-documents/

Oriel
Creating the centre for advancing eye health

Appendix 1: Proposed move of Moorfields Eye Hospital's City Road services

Consultation with North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

January 2020 v5.1

n this presentation

1. The proposal for consultation

- A brief recap on the proposal
- Response to previous views from NCL JHOSC

2. Feedback from patients, staff and public

- How we reached people
- How people responded
- Summary of findings
- Themes from feedback
- Examples of influences on decision-making

3. Other evidence in the decision-making business case

4. Request for your response

Oriel
Creating the centre
advancing eye heal

4. The proposal for consultation

Oriel
Creating the centre for advancing eye health

brief recap on the proposal - known as Oriel

To build a new centre bringing together excellent eye-care, ground-breaking research and world-leading education.

Centre to be developed at St Pancras Hospital site, just north of King's Cross and St Pancras stations

Services would move to the new centre from Moorfields in City Road, along with UCL Institute of Ophthalmology

Should the move go ahead, Moorfields / UCL would sell the land on City Rd and all proceeds would be reinvested in new centre

Independent review of the London Clinical Senate

"The Review Panel found that there was a clear clinical evidence base to support the proposed move of the services City Road to the new site at St Pancras Hospital."

Dr Mark Spencer
London Clinical Senate Council
Mr Mike Burdon
Royal College of Ophthalmologi

Oriel
Creating the centre
advancing eye healt

A brief recap on the proposal

Why a new build at St Pancras is the preferred option

Rebuild at City Rd	New build at St Pancras
Limited scope to bring together eye care, research and education.	Central London location - Accessible for patients across the country - Attractive to best clinicians, researchers and students
Limited flexibility to adapt to future needs.	Space to design a modern, flexible, integrated centre for care, research and education
Major disruption to services – would need to move out to make way for construction.	New build allows **continuity of services** at City Rd and managed transition to new centre
Close to Old St underground and bus services – **familiar route for patients.**	Close to major rail and underground transport, high quality walkways, step free access – **but has some challenges**
Limited advantages for clinical research and development.	**Part of world-leading knowledge cluster** – Francis Crick, UCL, Wellcome Trust. Also close to Guide Dogs and RNIB
No opportunity to gain income from land sales – **potentially unaffordable**.	**Best value for money** compared with other similar locations. Land sales from City Rd to reinvest in new centre.

Response to previous views from NCL JHOSC

JHOSC views	Our response
Continued importance of involving staff user groups – how services could be improved.	23 staff user groups are informing design and planning. Wider staff involved both individually and in network meetings, with feedback via survey and discussion.
Ensure sufficient time for consultation.	Consultation period was extended from 12 to 16 weeks to allow for holiday periods.
Highlight the impact of consultation on decision-making.	Full details in decision-making business case. Will also publish accessible summary following decision.
Maintain existing good networks within NCL JHOSC.	Plan to build on new joint working mechanisms and stakeholder relationships
Best practice consultation – patient views taken on board, clear in decisions and better experience and outcomes for residents and patients and best use of public money.	Oriel Advisory Group (OAG) guides process OAG Chair is member of programme board Consultation commended by patients, voluntary sector and The Consultation Institute.

Every Health Oversight and Scrutiny Committee has been kept informed about the consultation either directly or via their local NHS partners and offered the invitation to attend the North Central London JHOSC meeting on 31 January 2020.

Oriel
Creating the centre
advancing eye heal

. Feedback from patients, staff and public

Oriel
Creating the centre for advancing eye health

ow we reached people

Dedicated consultation website www.oriel-london.org.uk

- Downloads in accessible formats
- Online survey and Chatbot
- Background papers for full transparency

Personal contact

- 99 meetings and events in total
- Over 84,400 letters to patients
- Conversations with patients and public (hospital sites, AGM)

Stakeholder mapping and distribution

- Over 5,000 contacts

Consultation with people with protected characteristics

- 43 meetings and conversations
- Across London, Herts, Bucks, Essex, Kent, Suffolk, Norfolk, Midlands, Manchester Cornwall

Oriel
Creating the centre
advancing eye heal

ow people responded

nline & printed
asyread & Braille
round 1,500
sponses from
evon to Dundee

Survey

Events

- 99 meetings and events
- **Around 2,500 participants from London, South East, South West, East Anglia, Midlands, North West**

Oriel website 5,616 visits

Social media

- Reached over 33,000 contacts
- **Around 45 responses**

Chatbot

- 24/7 instant answers to questions
- **Around 320 responses**

Individual response

- Over 80 telephone conversations
- 135 letters and emails
- **Around 215 responses**

Oriel
Creating the centre
advancing eye heal

hemes from feedback

onsistent pattern from written esponses and discussions

Overall support for a new centre at St Pancras

Secure Moorfields' and UCL world-leading clinical expertise – highest importance

Take the opportunity to improve patient experience – and involve people

Accessibility is extremely important

- get the centre design right
- address challenges of last half mile

Meaningful consultation

- **Views were heartfelt and passionate**
- **A learning experience**
- **Strengthened relationships:**
  - Oriel Advisory Group
  - Partnerships with sight loss charities
  - Over 450 people signed up to continuing involvement
  - Closer relationships between Moorfields and partners
  - New connections across London and beyond

Oriel
Creating the centre
advancing eye heal

hemes from feedback

Overall support & preferred location (consistent from July to end of consultation)

Survey responses	Feedback from discussion
73% (just over 1,100 responses) agree a new centre is needed	"The idea makes sense. The old site will always fall short of the design you need."
8% (around 120 responses) say a new centre is not needed.	"I need more reassurance to be able to feel positive about the change"
73% (just over 1,100) agree or agree strongly the centre should be at St Pancras.	"The proposed new site is better and more central for people from all over the country."
10% (around 151) disagree or disagree strongly with the centre at St Pancras.	"The current route is relatively straight forward. St Pancras involves busy roads and complicated stations."

Oriel
Creating the centre
advancing eye heal

hemes from feedback

ransport and accessibility - “the last half mile”

Survey responses	Feedback from discussion

ccessibility factors highlighted as “very mportant” to most respondents were:

“Locating the hospital close to public transport” - 70% of respondents

“Ease of journey from public transport hubs to the hospital site” – 68% of respondents

“The overriding principle is to make it possible for people to be independent.”

Examples of ideas to improve transport and access to meet diverse needs:

- Review and integrate with bus routes, rail networks, navigation and support in stations
- Consider a Moorfields shuttle service
- Develop “meet and greet” services
- Address hazards for people with sight loss
- Consider a sure line, a green line, tactile paving and navigational tech support
- Develop signage
- Improve drop off and pick up
- Improve access information

xamples of influences on decision-making

upport is expectation of improvement

- Better facilities and clinical care
- Better patient experience – efficient, easy to navigate
- Flexible to meet future demand
- More research and access to clinical trials
- Better transport links and accessibility
- Better workplace for staff and students
- Development across whole network of eye care

Accessibility plan

- Multi-agency development of accessible routes new centre – public transport and walkways.
- Information and practical support – e.g. meet a greet, shuttle service, if necessary.
- Design to ensure interior accessibility, working patients, charities and mobility experts

nproving patient experience

- Continued development in culture and attitudes
- Continued training in awareness of diverse needs
- Space in the new centre for patient support and education

Ensuring smooth transition

- Continuing communications to keep people up
- Testing and trialling patient pathways
- Detailed guide and information
- Staff support and organisational development

Outcomes and Experience

Outcomes - Case for Change

Integrate clinical services, research and education, thereby enabling Moorfields and UCL to work together to train the best staff, and develop new treatments.

Enable the Trust to accommodate future changes.

Enables the organisation to be agile, adapting their service models in response to changing clinical and technological advances.

Opportunities to generate efficiency and financial benefits by tackling unwarranted variation in care across hospital eye services.

Delivering significant improvements in operational efficiency requires optimal configuration of physical estate.

The buildings at City Road will require significant investment in the future – it is therefore considered better value for money to invest funds into a new fit-for-purpose building.

Improved experience

Examples of improved experience for patients and their carers include:

- Improved facilities which are developed in line with the needs of people with protected characteristics.
- Improving access to, and visibility of, patient support services.
- Improved wayfinding around the new centre, designed in collaboration with service users, sight loss charities and mobility experts.
- Closer working with community and primary care providers to deliver services closer to home.

Oriel
Creating the centre
advancing eye heal

“The new centre should be a place of inspiration for everyone who goes there, whether for treatment or for work , showing what is possible and how to make it happen.

Oriel
Creating the centre
advancing eye heal

4. Other evidence in the decision-making business case

Oriel
Creating the centre for advancing eye health

Other evidence for decision-making

Integrated health inequality and equality impact assessment (IIA)

- Service change could have greater potential impact on people with protected characteristics – both positively and negatively
- Independence the driving principle for design and service planning
- Nine recommendations from the IIA to be addressed
- Four of the six Mayor of London tests passed (final two tests to be applied at later date)

Future demand and model of care

- Support for clinical case from independent London Clinical Senate
- Agreed growth projections – outpatient 3.1%, inpatient/daycases 2.6%, urgent/emergency 2.9%

Financial plan

- No material financial impact on commissioners
- Capital cost to NHS £362m – afforded from land sales, government support, Trust capital funds and philanthropy (Moorfields Eye Charity)

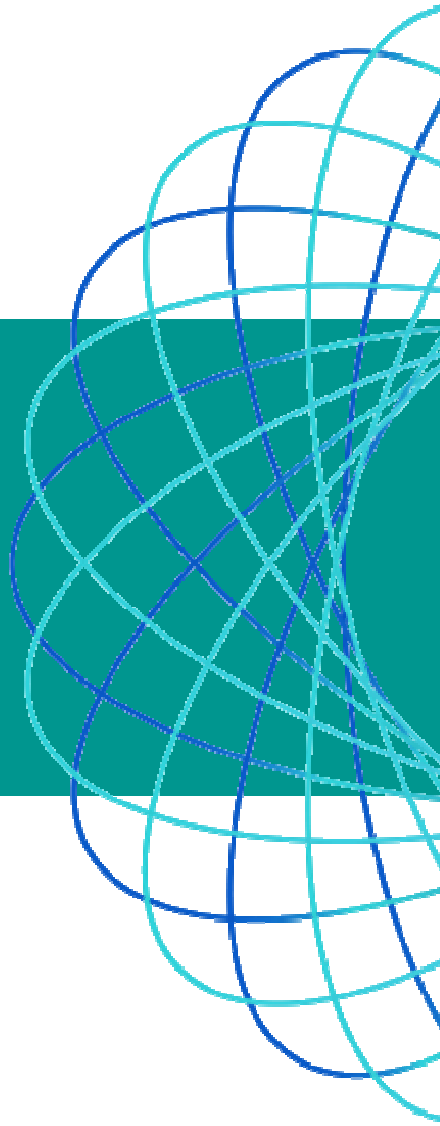
Where we are today

- Evidence for decision-making business case includes findings from public consultation from 24 May to 16 Sept 2019.
- JHOSC response to the proposal requested by 3 Feb.
- NHS commissioners to decide by 12 Feb whether the proposed move should proceed to next planning stage.

All consultation and evidence documents are available from www.oriel-london.org.uk

Oriel
Creating the centre
advancing eye heal

Request for your response



Oriel
Creating the centre for advancing eye health

This page is intentionally left blank

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North Central London Health and Care Integration

FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	**DATE** 31 January 2020

SUMMARY OF REPORT

The first part of this report responds to questions about the North Central London CCG Merger raised by members at the last meeting of JHOSC in September 2019.

The second part looks more broadly at the work on health and care integration; summarising NCL priorities, the approach being taken to build on existing plans and the strategic response to the NHS Long Term Plan. It also invites JHOSC to help shape and develop these plans.

The report is an update on collaborative work which is still ongoing and in development, for the purpose of keeping the Committee up to date.

Contact Officer:

Henry Langford
Principal Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. To note the report and progress made to date, highlighting any particular issues to be covered at the next meeting of JHOSC.
2. To comment on and help develop collective plans for heath and care integration in North Central London.

- Appendix A - North Central London CCG Merger - Our case for change
- Appendix B - Delivering the Long Term Plan and integrating health and care to improve outcomes

This page is intentionally left blank

NHS Barnet Clinical Commissioning Group

NHS Camden Clinical Commissioning Group

NHS Enfield Clinical Commissioning Group

NHS Haringey Clinical Commissioning Group

NHS Islington Clinical Commissioning Group

North Central London CCG Merger

Our case for change

January 2020

Responding to questions raised at JHOSC meeting in September 2019

The following questions were raised by JHOSC members at the last meeting on **27 September** and answers within this document have been signposted

- How will the merger **impact on service delivery** – there are not expected to be any adverse impact on service delivery and the benefits are set out on **slides 6-7**
- Whether the **merger is based on evidence**, and if so what evidence – one of the core elements of the application is the ability to address inequalities and the findings from the independent equalities impact assessment are summarised on **slide 16**
- Clarification and detail regarding the **financial implications and principles** – see **slide 17**
- What **consultation** has already occurred regarding the merger – see **slide 18**
- What was the **role of the public** in the merger – engaging with residents is a core element of the new single CCG and a proposed PPE approach is being developed – see **slide 16**
- Which **services might be at risk from privatisation** following the merger – there are no plans to privatise services

Our case for change

- The five Clinical Commissioning Groups in North Central London (NCL CCGs) – Barnet, Camden, Enfield, Haringey and Islington – have agreed to merge to form one CCG from April 2020.

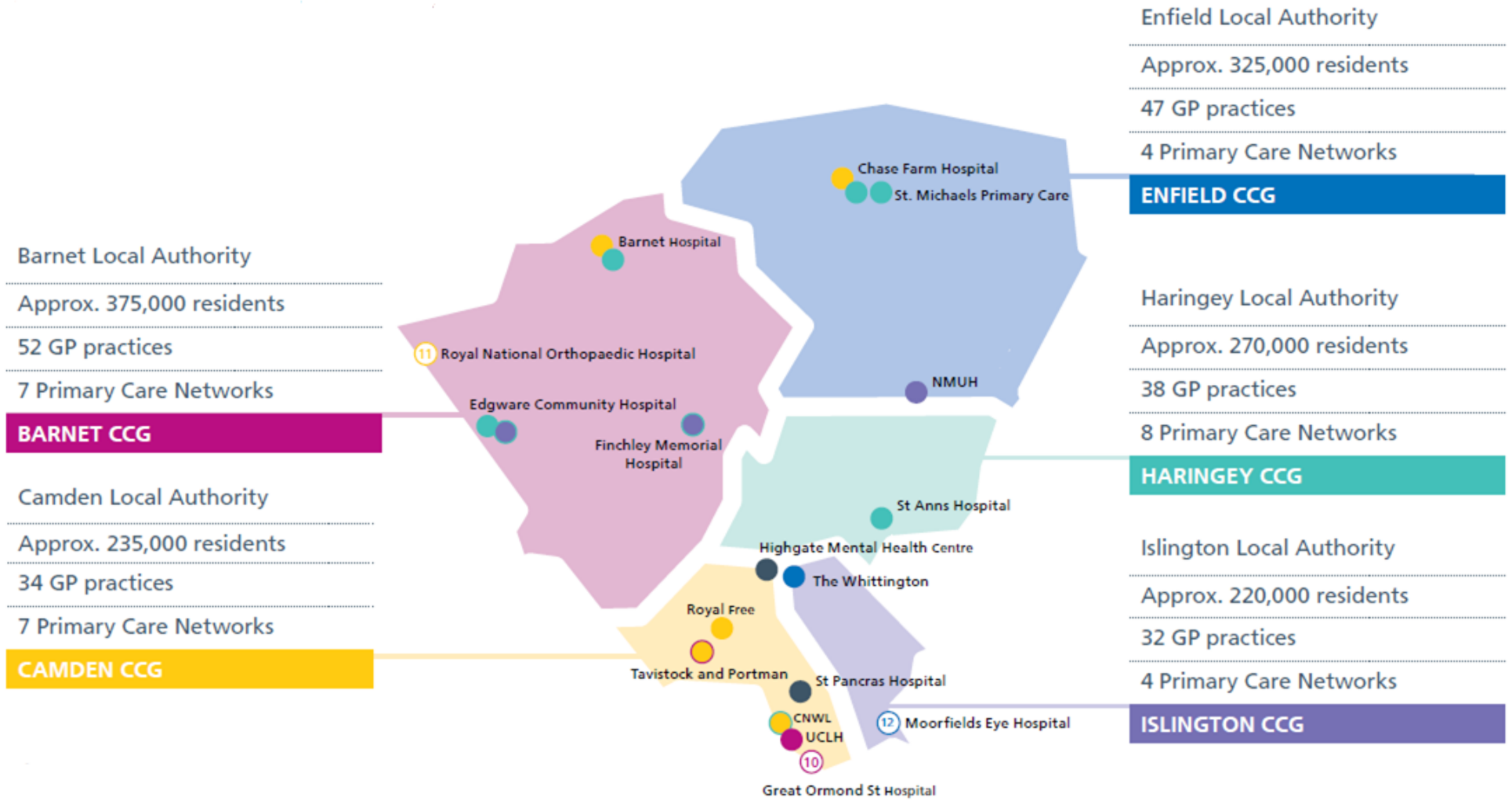
- NHS England approved our case for change (merger application) in October 2019, which sets out the benefits that merging will deliver and how we will operate as one CCG.

- As a single CCG we will continue to work closely with Councils, providers, general practices, voluntary, community organisations, and unions, to achieve our shared aims.

- Merging will allow us to optimally balance commissioning of some health services at scale for North Central London (for example, acute and specialised services) while making sure services best delivered locally remain commissioned at a borough-level (for example, primary care, mental health and community services).

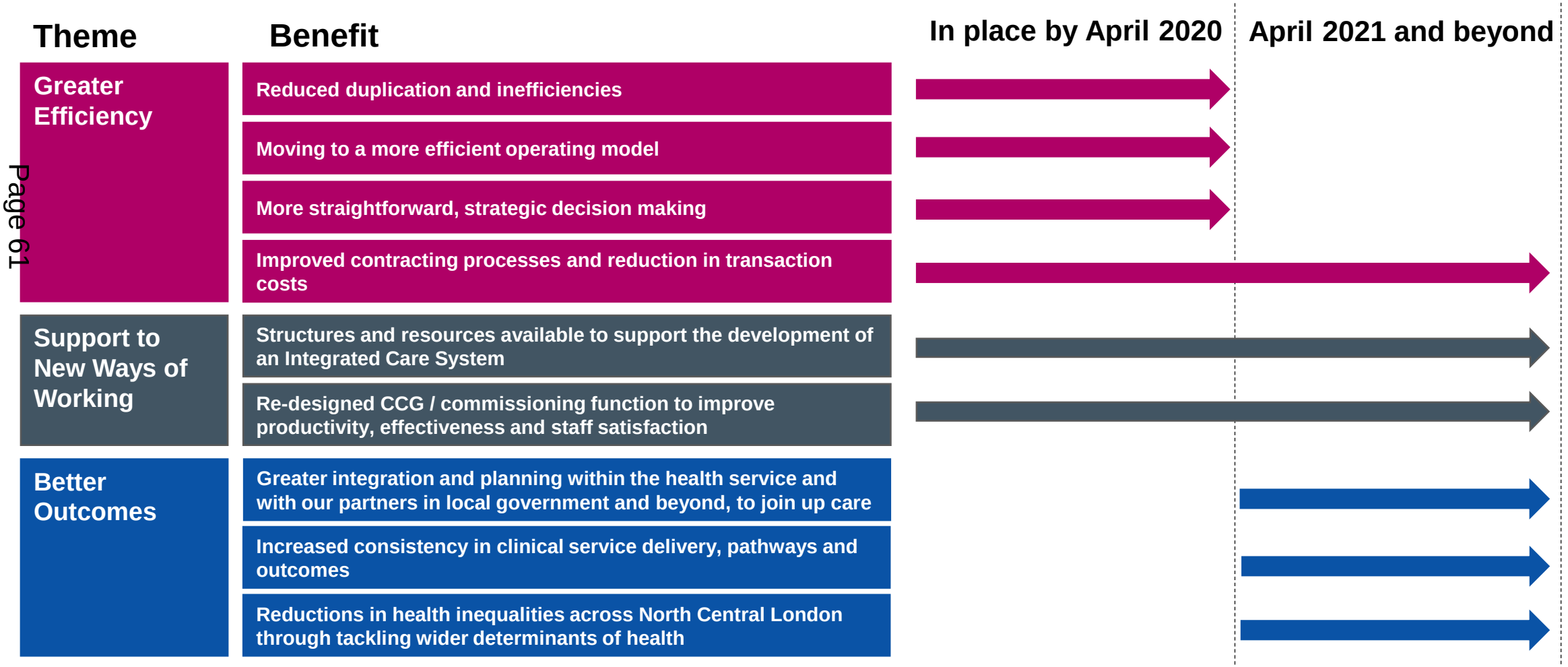
- We will be able to maximise investment in improving residents' health by reducing duplication and streamlining processes.

North Central London:
Barnet, Camden, Enfield, Haringey and Islington



Benefits of merging to a single NCL CCG

These new ways of working will benefit – either directly or indirectly – patients and local people; GPs and other clinicians; and health and care partners.



Benefits of merging to a single NCL CCG

Accelerate our work to build new ways of working across the system

We will build on our partnership working to develop a more strategic commissioning model and support the development of integrated partnerships at a borough level. We will take a population-based approach to healthcare with these new ways of planning and paying for services.

Build a more efficient and effective operating model

The new operating model will ensure functions are delivered at the most effective level including those areas most suited for borough-level delivery (for example, primary care commissioning) and NCL-level delivery (for example, acute commissioning). The model will deliver a flexible, more efficient commissioning function and support borough integration.

Make better use of our resources for local residents and achieve economies of scale

The future model looks to centralise certain functions where there is benefit in a larger planning footprint to maximise the impact for local residents. Over time, these will evolve into strategic functions, making use of new mechanisms that enable the system and partnerships to deliver better outcomes over longer periods of time.

Benefits of merging to a single NCL CCG

Support the development of local, borough-based Integrated Care Partnerships and Primary Care Networks

Borough-based teams will work with partners to facilitate the development of borough-based Integrated Care Partnerships (ICPs). This will mean working together with primary care, community, mental health and social care partners to configure their services around individuals rather than organisations. Borough-based teams will also continue to support the development of local Primary Care Networks. There will continue to be an important interface with borough-based democratic structures including Health & Wellbeing Boards and overview and scrutiny committees.

Become a larger, single organisation with much greater resilience

A single CCG for NCL will create an organisation with a single staffing base and greater flexibility to move resources to where they are needed most in the system, to help tackle emerging priorities and challenges. This enhanced resilience will enable the CCG to better support the wider system to manage issues as they arise. The greater scale of the organisation will also increase the opportunities for staff to grow and develop within the CCG.

Benefits of merging to a single NCL CCG

Provide a single, strong and consistent vision and voice for our partners

The move to a single CCG will ensure consistency of messages and alignment in our approach to joint working with partners and service providers across the system. The new model will provide a greater degree of influence within the system for the benefits of patients and residents. Working at scale with a single strategy and focus will drive consistency in the services we commission and in our efforts to improve quality and outcomes for patients.

Enable greater opportunities for working together as ‘one NHS’ to deliver improved outcomes for our population and reduce health inequalities

The development of a more consistent, aligned, efficient and effective NHS commissioning function will ensure that we maximise investment in frontline services and are able to work in a more collaborative way with our partners to facilitate and support improvements in the way services are commissioned. This, alongside a more strategic and efficient system-focused approach to decision making, will ultimately lead to the improvement in outcomes for our patients and residents and the reduction in health inequalities across the system.

Principles for the new model

- ✓ We will work as one system to benefit the whole population of North Central London and work together to drive health equality. We will agree key areas to systematically focus upon as a single CCG.
- ✓ We will retain the local patient, resident and clinical voice in the commissioning and delivery of health and care, by working effectively together at all levels of our system.
- ✓ We intend to move away from the payment by results system to place-based budgets, based on population need.
- ✓ Where it makes sense and there is a clear benefit to patients of doing so – we will drive efficiency by commissioning a standardised offer to a uniform value with consistent outcomes. We will continue to support local variation where it will help to reduce health inequalities.
- ✓ We will work on a population health basis, planning for population needs as a system, and through local partnerships and networks.
- ✓ We will value our staff, our partners and their expertise to deliver the best health and care possible for the patients and residents of North Central London.
- ✓ We will drive forward our integration agenda, to deliver joined-up care for our population.
- ✓ We will emphasise the value of subsidiarity, working as locally as is feasible whilst retaining strategic, effective commissioning for North Central London.

A more strategic approach to commissioning

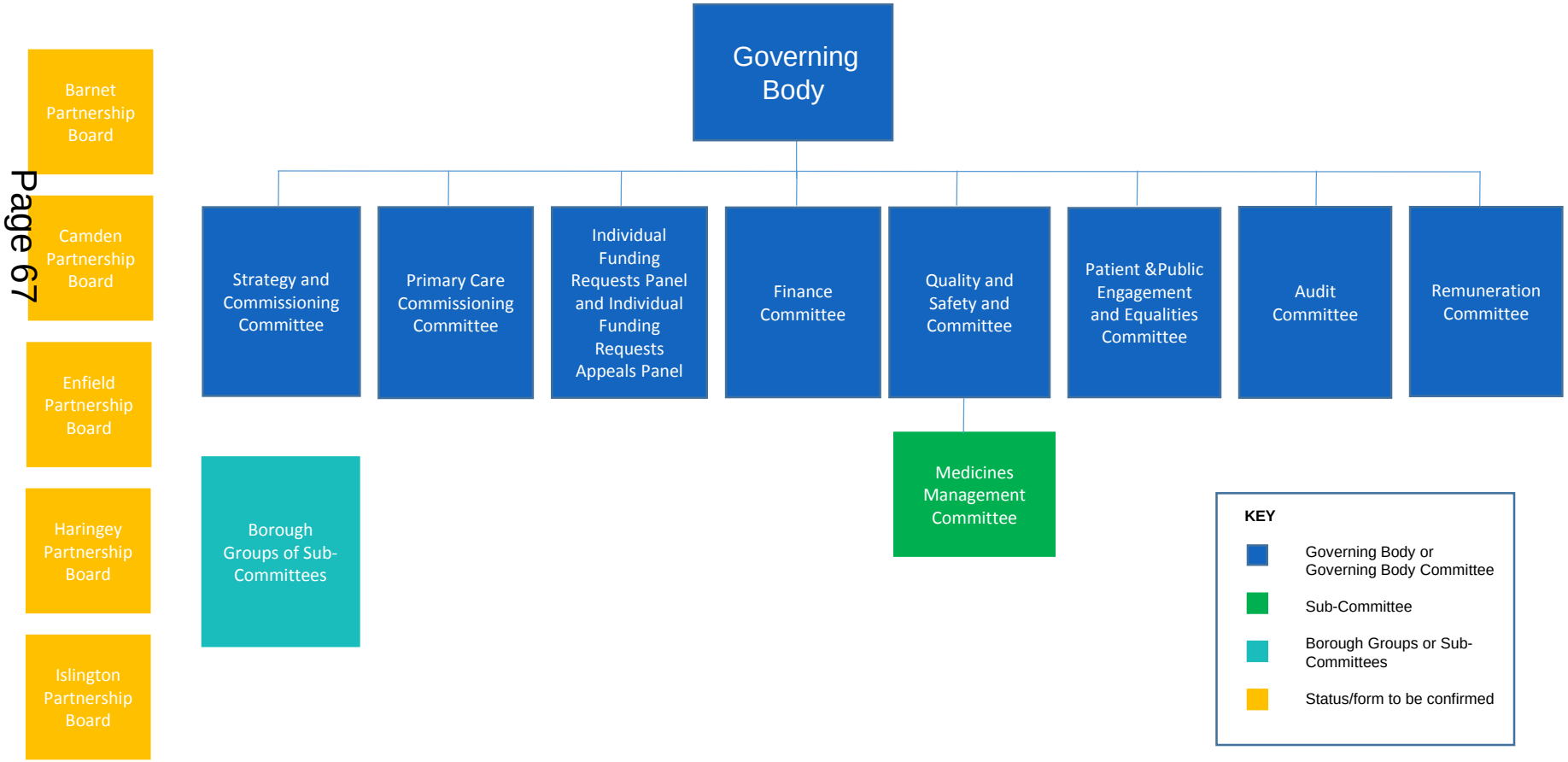
The NCL CCG – and wider Integrated Care System – will be underpinned by a strong clinical leadership and engagement model. The Governing Body will retain a clinical majority and, as members, practices in NCL will influence commissioning plans and decisions. There will be clinical leaders at the heart of borough-based Integrated Care Partnerships and Primary Care Networks.

Commissioning will be 'multi-layered'. Features of this will include:

- ✓ Uniform clinical standards to improve standards of care and reduce unwarranted variation
- ✓ Acute and Specialised service commissioning done at an NCL level
- ✓ Primary, mental health, community and out-of-hospital care commissioned at borough-level
- ✓ Borough local partnership working to maximise outcomes for patients
- ✓ Borough influence on NCL commissioning activity – including borough-level priority setting and input into NCL-wide plans.

Proposed governance for the NCL CCG

Robust, transparent and efficient governance arrangements will be at the heart of the North Central London CCG. The Governing Body will be the primary decision making vehicle for the NCL CCG – supported by eight Governing Body committees reporting into it.



The Governing Body will have a clinical majority and comprise **17 Voting Members**:

Elected roles
- 10 Elected Clinical Representatives (2 from each borough)

Appointed roles
- 1 Secondary Care Consultant
- 1 Registered Nurse
- 3 Lay members with different remits including patient and public engagement, finance and governance, and equality and diversity.

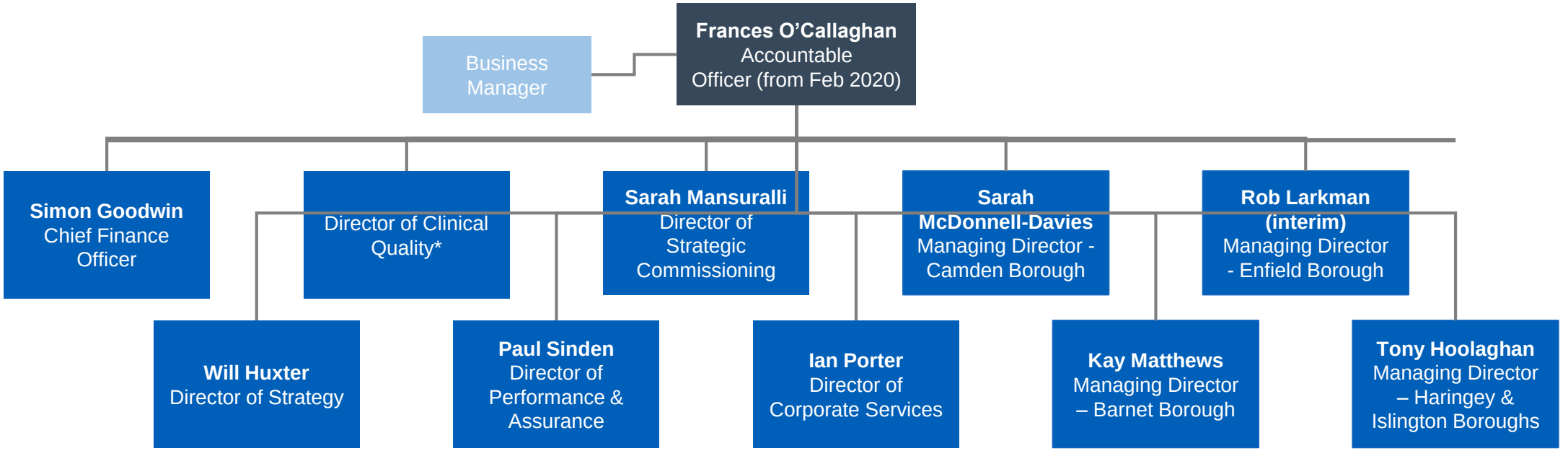
Executive Director roles
- 1 Accountable Officer
- 1 Chief Finance Officer

Attendees (non-voting)
- Other Executive Directors on the NCL Executive Management Team
- 1 Healthwatch representative from across NCL
- 1 Director of Public Health from across NCL
- 1 local authority Councillor from across NCL

Developing a new operating model

We are developing a new operating model for the single CCG that will enable us to realise the benefits of working as a single organisation, for the CCG and wider NCL health and care system. As part of this, a new CCG Executive Management Team structure has been developed and recruited to, to ensure:

- retention of senior expertise and corporate knowledge
- increased clinical input at the most senior level with a new Director of Clinical Quality role
- balanced focus on delivering key 'business as usual' as well as system transformation work
- sufficient capacity and focus on the development of borough-based Integrated Care Partnerships.



Developing a new operating model

Each member of the new Executive Management Team has an agreed portfolio. This outlines at a high level the functions that will sit under each director. This will be further developed as full structures are designed.

Chief Finance Officer	Director of Strategy	Director of Clinical Quality	Director of Performance & Assurance	Director of Strategic Commissioning	Director of Corporate Services	Managing Director - Camden Borough	Managing Director - Enfield Borough	Managing Director – Barnet Borough	Managing Director – Haringey & Islington Boroughs
NCL CCGs financial strategy	NCL STP and ICS development	Strategic lead for quality in commissioned services	System performance management and oversight	Development of commissioning strategy for NCL CCGs	Corporate governance and risk	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership
NCL CCGs financial management	NCL Long Term Plan implementation	Patient safety and clinical governance	System demand and capacity planning	Development of new forms of contracting for ICPs and ICS	Emergency Preparedness, Resilience and Response (EPRR)	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks
NCL CCGs financial recovery	NCL Integrated Care System development	Strategic lead for NCL child death overview panel	Primary Care commissioning and contracting	NCL acute commissioning and contracting	Freedom of Information (FOI) & Information Governance (IG)	Service redesign and QIPP delivery	Service redesign and QIPP delivery	Service redesign and QIPP delivery	Service redesign and QIPP delivery
Estates development and management	Leadership of NCL QIPP programme	CHC delivery and development	NCL operations planning	NCL strategic mental health commissioning and contracting	Communications and engagement	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning
Procurement	Lead for major transformation projects	NCL professional lead for adult and children safeguarding	Business Intelligence	NCL strategic community services contracting	Human Resources, Organisational Development and equalities	Local adults and children safeguarding	Local adults and children safeguarding	Local adults and children safeguarding	Local adults and children safeguarding
	Digital	Freedom to speak up Guardian		Integrated Urgent Care / LAS commissioning and contracting	Secretariat and business services	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board
	Specialised commissioning and contracting delegated to NCL	NCL lead for Learning Disability Mortality Review (LeDer)			Public patient and stakeholder engagement	Medicines optimisation	Medicines optimisation	Medicines optimisation	Medicines optimisation

How functions might work in this model

Below we have set out at a high level how the functions in the new operating model could work. This will be further developed by the new executive team as structures are designed. It will need to align with the development of Integrated Care Partnerships in each borough and the Integrated Care System across NCL.

Borough based teams would focus on:

- Development of local Integrated Care Partnerships.
- Supporting improvement in primary care and primary care network development, and working with practices to optimise medicines and prescribing.
- Coordination of local services such as mental health, learning disability, children's services and older people.
- Supporting operational performance of local services.
- Delivery of system improvements and efficiencies through local implementation of new ways of working.
- Local services linked to the council such as adult and children's safeguarding.

At an NCL level this would mean focussing on:

- Commissioning of services where there is benefit in a larger planning footprint to maximise the impact for local residents i.e. where doing so will allow best use of resources, deliver efficiencies, and/or the population will benefit from a coordinated at-scale approach.
- Providing a single source of truth in terms of monitoring and scrutinising important elements of services like quality and performance, and outcomes.
- The development of new cross-NCL pathways, transformational change programmes and reconfiguration of services.

All these teams will need to work closely together – we will need to work through with teams how this can work best.

Some already work on an NCL basis and we will need to review how they work closely with boroughs.

- Primary care contracting functions.
- Corporate services and those such as finance and estates.
- Work to develop long term system plans and overall strategy.
- System performance management and oversight.
- System demand and capacity planning.

Supporting staff and developing NCL CCG

To realise the benefits of moving to a new, single model across NCL we will also need to invest in the development of the organisation and our staff. Our application describes how we will:

- **Support our staff** through the transition by putting in place flexible and tailored support to meet the needs of both the organisation and staff in a number of ways. This includes health and wellbeing support, HR support, support to prepare for career transition and workshops to help staff understand the changes that are happening in the system and what it might mean for how we work.

- **Manage the transition** to ensure a seamless process for our staff throughout the period of change. Our HR Transition Framework describes how we will deliver business as usual through the transition, support and retain our staff, support line managers, improve workforce planning, manage joint consultative arrangements, and ensure effective and regular communication and engagement with staff.

- **Develop the new organisation** to achieve the benefits of merging. So far we have outlined a number of organisational development priorities over three distinct phases:
  - supporting staff through transition and setting up the new organisation
  - preparing for the future through workforce planning and the development of our role in the ICS
  - building our identity and culture in partnership with staff.

Other core elements of our application

Addressing inequalities

We recognise that any change to the way that CCGs operate has the potential to impact on equalities. An independent Equalities Impact Assessment (EIA) on the impact of merger on our Public Sector Equality Duty was commissioned to support our application. This focused on the impact of planned changes to decision making, governance and how we listen to the 'resident voice' in planning services.

The EIA concluded that the development of a single CCG provides an excellent opportunity to tackle health inequalities by working at scale across the NCL population. Planning and decision making on a larger scale across a greater population could enable a step-change: sharpening the focus on equalities impacts and commissioning services which have equalities 'designed-in' from the outset. A number of recommendations were made including highlighting opportunities and potential risks. These will be a focus moving forward.

Engaging with our residents

Patient and public engagement (PPE) will be integral to the development and implementation of all work undertaken by the single CCG. The existing CCG engagement teams have set out a proposed approach to PPE for NCL CCG. This approach will make sure PPE is embedded in the values of the organisation itself and each individual working for and with the single CCG. One of the three lay members on the governing body will have a PPE focus, making sure it remains a high priority amongst all levels in the organisation.

Other core elements of our application

Financial principles

As part of the process of moving to a single statutory organisation, the governing bodies for the existing CCGs in North Central London have asked for the development of financial principles to provide assurance on how the new single CCG will take financial decisions.

The financial principles of the single CCG set out how different financial decisions will be taken by the new single CCG, including which decisions will be taken centrally and which will be taken at a borough level. A number of scenarios have been worked through which illustrate how different decisions may be taken. These have been further developed for including in a schedule of the proposed Constitution.

Through borough teams the NCL CCG will continue to develop primary care, community, and mental health services locally to reduce health inequalities within and across boroughs. The Medium Term Financial Strategy that is being developed across all partners in NCL further supports these principles.

Listening to our partners

- We have conducted extensive engagement both at borough and NCL level throughout the last few months to make sure key partners are briefed on and supportive of our proposal to merge, as well the wider changes signaled by the NHS Long Term Plan. This includes listening to and responding to any concerns raised.
- Letters of support for the merger application submission were received from partners and helped inform our plans.
- NHS England approved the engagement approach undertaken across NCL, led by local Communications and Engagement teams. Key feedback themes are summarised below:

Members	Council / Public Health / LMC	Healthwatch

• Interest in future GP clinical leadership model.
• Keen to understand role of GP federation and neighbourhoods in new system.
• Interest in how budget allocations will work under a single CCG and GP funding.
• Interest in protecting quality and maintaining safety.
• Queries how different population health profiles per borough would be managed.
• Concerned with maintaining local commissioning relationships / support (GP IT, GP websites, CCG primary care teams).
• An opportunity for standardised training.
• Local CCG knowledge and relationships to be retained.
• Interest in future governance arrangements, including clinical roles.
	• Councillors keen to understand role of Health and Wellbeing Boards (HWBBs) in new structures.
	• HWBBs, Councillors, and local authority colleagues want to understand how local funding and current services will be preserved.
	• Public Health colleagues keen to understand future levels of services centrally and within boroughs.
	• Keen to be kept informed of changes as they develop.
	• LMC welcomed opportunity to discuss the change programme in depth and want to be kept informed. Interest in what will remain commissioned locally and retaining local commissioning expertise.
		• Healthwatch want to see a transparent process continuing, receive regular updates and to understand how they can be involved (in the wider NCL Change Programme).
		• Keen to receive further information, when available, on:
		  • new governance structures
		  • how changes will impact residents and the local population
		  • impact of CCG management cost reduction on patients and residents
		  • how the local voice will continue to be heard in the single CCG structure / future PPE model.

Planning is underway for the new CCG

Day 1 (April 1st 2020)

Focus: *Step change to set up for success, delivery of benefits and essential requirements*

Key deliverables:

- ✓ Governing body in place.
- ✓ Key HR and corporate strategies in place.
- ✓ Clinical leadership review completed.
- ✓ Single merged ledger in place.
- ✓ Inequalities baseline in place.
- ✓ Key scenarios for borough-level delegation developed.
- ✓ Wave 2 staff structure co-designed by Executive Management Team.
- ✓ High-level OD Plan for transition.
- ✓ New branding, website and social media accounts in place.
- ✓ Benefits summary in place.
- ✓ IG, IT and Informatics Day 1 Readiness.
- ✓ Events to mark CCG closure.
- ✓ Estates strategy developed and plan initiated.
- ✓ Assets and contracts transferred to NCL CCG.

Day 100

Focus: *Key new ways of working established, including development of new organisational values and vision*

Key deliverables:

- ✓ Ratification of Terms of Reference of all new committees.
- ✓ Develop 2020/21 OD Plan and launch Staff Forum.
- ✓ Single annual accounts.
- ✓ New GB and Committees working together.
- ✓ New Procurement Policy.
- ✓ Additional policies and strategies not developed by Day 1.
- ✓ Completion of Wave 2 implementation.
- ✓ Develop monitoring and evaluation of benefits.
- ✓ Single CCG launch event.
- ✓ TUPE approach implemented and accounted for.
- ✓ Implement single CCG communications.

Year 1

Focus: *Embedded structural change and work on new priorities and working in new/innovative ways with partners*

Key deliverables:

- ✓ Budget setting for 2021/22.
- ✓ NCL AGM.
- ✓ NCL Annual Report.
- ✓ Development of all strategies and plans for 2021/22.
- ✓ New ongoing IT and Estates strategy in place.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Delivering the Long Term Plan and integrating health and care to improve outcomes

January 2020

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Context and purpose of paper

As part of the 2019 planning process, Sustainability and Transformation Partnership (STP) areas were required to respond to the NHS Long Term Plan with a collective five-year plan. This paper sets out a high level summary of how north central London (NCL) STP have responded and created our plan.

The NCL plan will be the basis for continued discussion and the development of more detailed work with our staff, partners, local residents and voluntary and community groups.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Introduction and aims of NCL plan

Our aim is to build on existing NCL work to help residents to **live the fullest lives possible, stay well, and to recover from ill health more quickly**. We want to tackle the problems that mean some residents experience inequalities in their health.

From a wide range of discussion with stakeholders, staff, residents and communities across North Central London throughout 2019, **we have heard what is important to local people, and these priorities have helped to shape our plan**.

The health and care system has never been busier, caring for an ageing population with more complicated needs, supporting people with long term conditions, and providing access to new treatments. We **will make sure we get the basics right, providing high quality lifesaving treatment and care for patients and their families, reducing pressure on our staff and investing in new technologies**.

To do this, we will work with partners to integrate services where this improves care and reduces waste, spend public money effectively and support our staff to work in new ways and improve the lives of our residents and communities. **For residents, this means that it will be easier to get the support and care that you need. More care will be closer to where you live, with less time spent in hospital, and you will be actively involved in shared decision-making about your health and care**.

The organisations that provide health, care and voluntary services are working together to have the greatest positive impact on the lives of residents. **Our plan sets out what we are aiming to achieve together over the next five years, and what this will mean for residents.**

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

We want residents to start well, live well, age well

Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare. We need to work with partners to look at the bigger picture, including:

This is why we need to work together across the public sector to make sure residents in north central London, start well, live well, and age well.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

We've already started, this is the next step…

In NCL we have already been collaborating together to improve health and care services, and have a strong partnership approach to build upon:

- We've developed integrated networks based around neighbourhoods: this will make it easier to get appointments in primary care and the community and will help to improve the quality of care.
- We've worked to help make sure people are treated closer to home: we have invested in a unit to treat women who require intensive mental health care closer to their family and communities, and residents are able to self refer to a physiotherapist in their GP surgery.
- We've been working to simplify urgent and emergency care: ensuring more residents and healthcare professionals calling NHS 111 speak to a clinician, as well as making discharge from hospital quicker and safer.
- We've been improving planned care and outpatient care: GPs can now access specialist advice without referring a patient to hospital.
- We're using our workforce and digital technology to drive and support change: we're investing in joining up health and care records to better organise care and have launched a portal to support the recruitment of social care staff.

We want to keep what is working well, and make changes where we think we can do better.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

The NCL plan - an evolution of existing work

NCL's direction of travel is closely aligned to the requirements set out in the NHS Long Term Plan and as a system, we have used this opportunity to refresh or add focus to existing work. Our plan sets out:

How we need to **work differently** to help residents start well, live well and age well by:

- Working as partners to integrating care where it improves outcomes
- Fixing the basics and reducing waste and duplication
- Shifting to prevention and early intervention
- Support individuals to have personalised care
- Moving to population health based planning approach

We will **change services** to:

- Integrate and develop a wide range of out of hospital, community and mental health services to improve health and wellbeing of residents and communities
- Support hospitals to work together more often to deliver excellent, efficient services

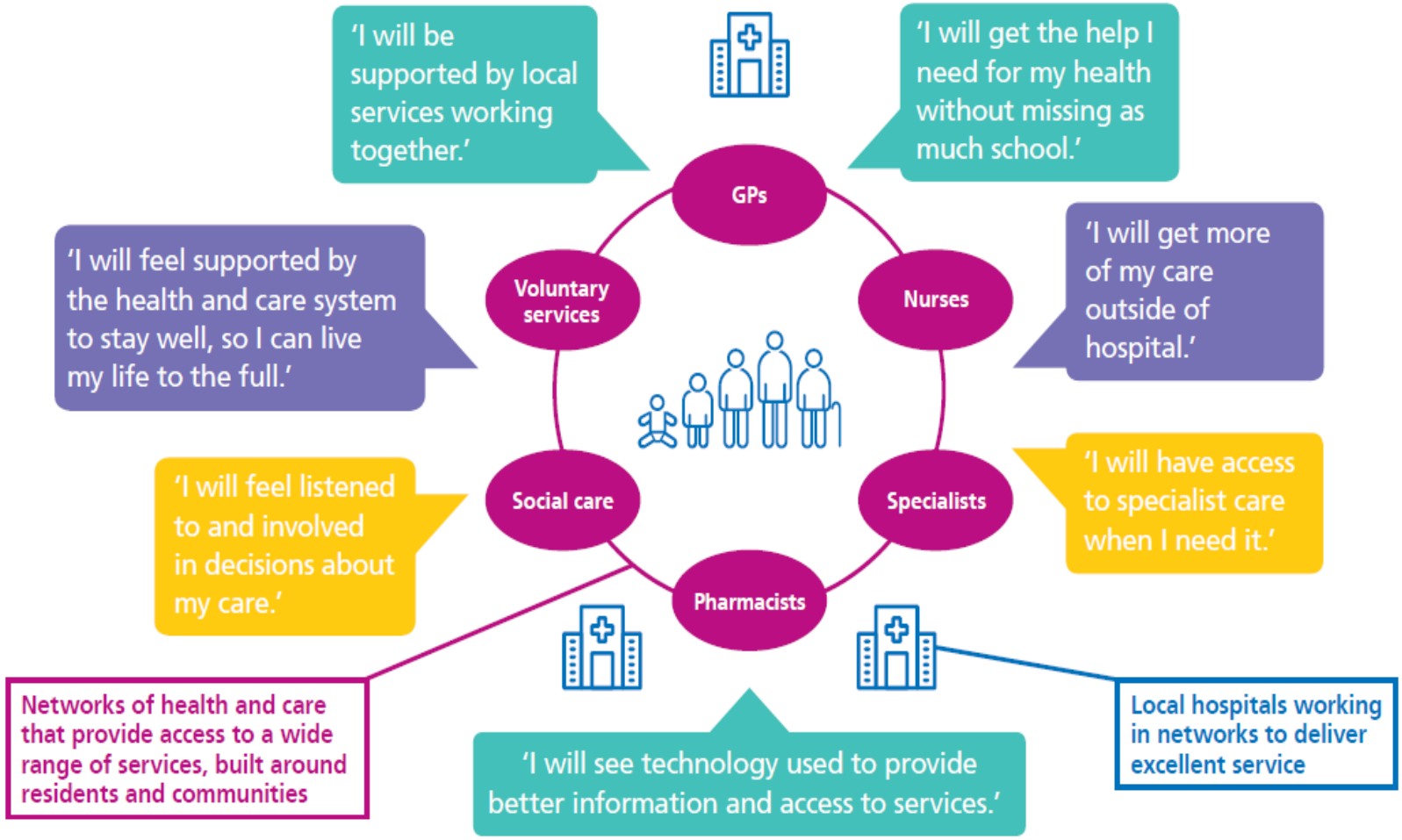
This is **supported by** actions to:

- Better support for our staff across health and care
- Take advantage of the opportunities of digital technology
- Manage our estates in a coordinated way
- Ensure finance supports the changes we need to make

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

A vision of what this will mean for residents



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

A vision of what this will mean for residents

What will be different?

Joan is 80 years old and lives at home in Camden. She has heart disease and diabetes, and sometimes forgets to take her medication. She has found it more difficult to manage over the last six months but wants to stay living at home. Joan's GP has developed a Care Plan – in discussion with Joan – so that the practice, district nursing team and social care work together to help Joan stay well and living at home safely. If Joan's GP becomes concerned about something, he uses the Rapid Response service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen at hospital, she was assessed within two hours and a plan was in place quickly to get her home as soon as she was ready.

What will be different?

12-year-old Ali's asthma had been getting worse. He missed a lot of school last year and had several trips to A&E. Ali's school has recently signed up to become an asthma-friendly school which means that his teachers are aware of what Ali needs to do to stay well, like using his inhaler before PE. Ali's GP suggested that he and his mum take part in group consultations with other kids with asthma and their parents and they have picked up some tips on inhaler technique. Ali has started an asthma self-management programme and he now regularly sees a community asthma nurse in the surgery near his home. Ali has been managing his asthma much better and he and his parents are really pleased that he is missing less school and spending less time in hospital.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Listening to local people about what is important to them

We've been speaking with residents and communities across North Central London to make sure we understand what is important to them. Here are some examples of what is in our plans to address these priorities.

What residents told us was important	Examples of what we are doing...
Better access to services	Introducing care navigators to signpost people to the right services
Patients involved in discussions and shared decisions about their care	Children and young people with epilepsy and their families being involved in the development of local epilepsy services
Access to clear and accessible information, including easy read versions and access to interpreters	Healthy Futures providing clear, accessible information for people with diabetes on how to look after their condition
Empathy and understanding around cultural or disability-related needs	Trialling a new pathway for women who do not take up a smear test by offering them a self-sampling kit
Patients given knowledge about how to keep themselves well and support wellbeing	Social prescribing in GP practices to support people to stay active, eat well, reduce isolation and contribute to their communities
Patients given choice and care is planned and delivered to meet each individual's needs	Residents supported to have personal health budgets, including for mental health, to best meet their individual needs for care
Use of technology both to increase access to services and to health information	Residents to have access to online and video consultations
Better joint working between health and social care	Working across NHS, public health and social care to identify people at risk of long term conditions
A focus on prevention and proactive care	Increased community teams and ensure physical health checks for adults with serious mental illness and learning disabilities are being carried out
Everyone gets the same quality of care regardless of where they live	Whole system approach to tackle some issues, such as childhood asthma, to ensure everyone gets the same high-quality care

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Working differently to spend public money in the best possible way

Across NCL we collectively spend over £4 billion per year on our health and care services. We need to make sure we are making the best use of this money. To do this we need to work together as partners to:

Reduce waste in the system – for example, reducing unnecessary repeat tests by joining up information, and reducing the number of cancelled operations through better coordinated care across organisations.

Support staff, our biggest asset, to work in new ways – for example sharing nurses across organisations, placing pharmacists in GP surgeries, and developing multi-disciplinary teams across health and social care.

Invest in proactive care, support people to better look after their own health and prevent ill health through closer working – for example, making sure people with high blood pressure have the right medication early and working across health and social care to ensure older people can live in their community and stay active.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Working differently to focus on preventing ill health

Much of the burden of ill health, poor quality of life, and health inequalities in north central London is preventable. Between 2012 and 2014, an estimated 20% (4,628) of deaths in our community were from preventable causes. To address this we will:

- **Work as a system to tackle the wider determinants of health:** Through partnership working we can tackle issues, such as air pollution and social isolation, that no single organisation can solve on their own.
- **Embed evidence-based prevention and early interventions across the whole health and care system to tackle risk factors such as smoking, alcohol and obesity.** This will include working with public health, social care and the voluntary and community sector to maximise impact.
- **Work to become more proactive in the care we provide to residents. Through earlier detection of disease and optimising treatment, such as atrial fibrillation and hypertension, prevent deterioration or episodes of ill-health.** This proactive approach to prevention is embedded across our service transformation programmes.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Developing an integrated care system across NCL

Integrated care means teams and organisations that are responsible for health and care are working together, sharing resources and information to support the needs of individuals, increase our impact and reduce waste. Integration of health and care services will happen in different ways.

Locally, at neighbourhood level: Staff from across health and care organisations and professions proactively supporting residents and communities to stay well and live full lives. For example, GP practices will work with care workers and health visitors to improve access to support around employment and community activities, as well as offering high quality clinical care.

Across each borough – within 'Borough Partnerships': This will support services to work together to best meet the needs of local residents. For example, health and care organisations will jointly plan services to support older residents, rather than people receiving care from several different teams or organisations.

Across North Central London – through an 'Integrated Care System': This will allow us to plan services for the five boroughs together where it make sense. For example, delivering orthopaedic services as a network, meaning fewer cancelled operations and quicker access to a specialist.

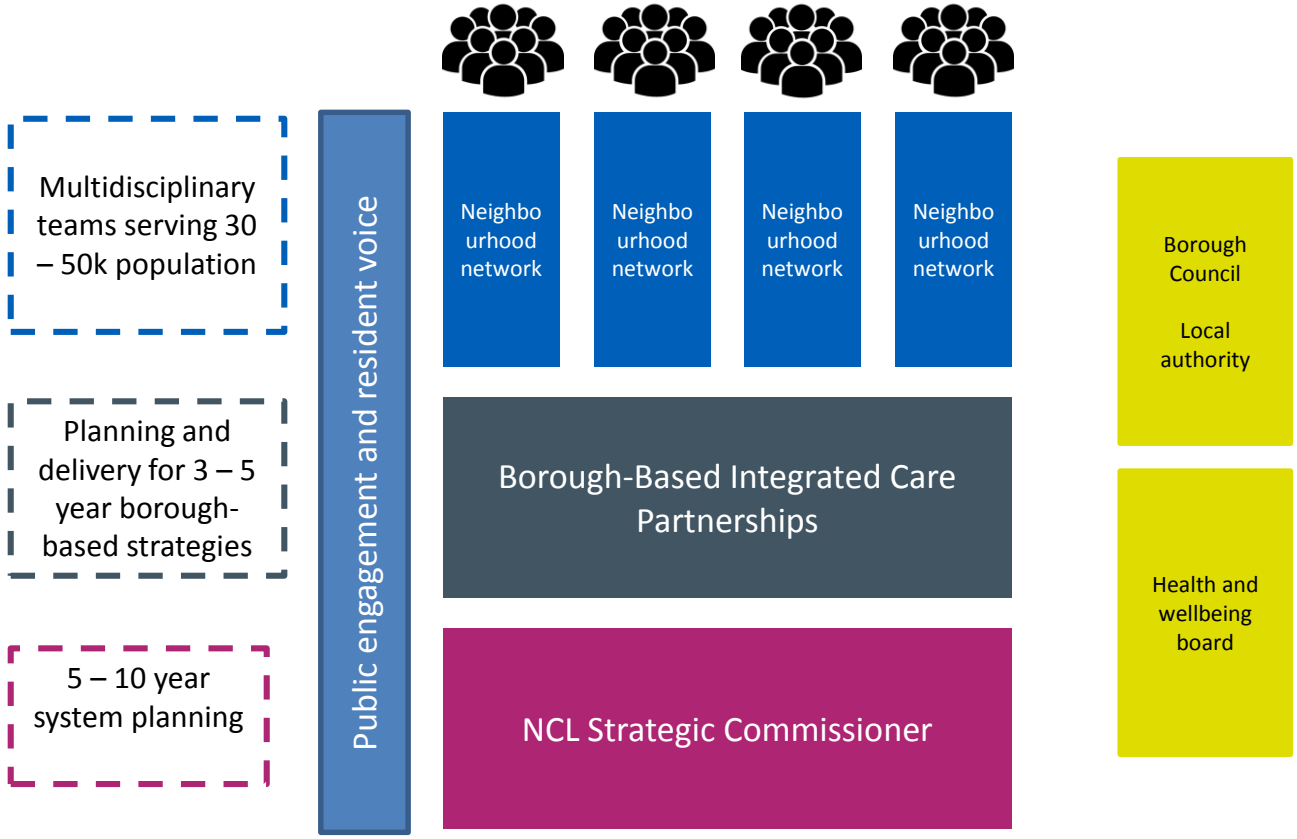
We will also tackle long-term issues that a single organisation can't solve on their own, such as taking collective action to reduce air pollution, or creating a joined-up health and care record.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Working towards an NCL integrated care system

Together, system partners have begun to design what our Integrated Care System (ICS), with borough-based Integrated Care Partnerships, might look like.



NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Involving our partners in next steps

- We will share the final plan on our website and with partners, stakeholders and residents – to be published at same time as other London STPs in coming weeks
- There will be ongoing communication, discussion and involvement over the coming months as we move into delivery phase to ensure our plan is appropriate, practical and will improve health and care services
- We will feed back to those who took part in engagement throughout 2019 and contributed to shaping the plan
- We will work with partners to develop a framework for success measures, so we know if we are achieving our aims

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

General Practice Strategy for North Central London

FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	**DATE** 31 January 2020

SUMMARY OF REPORT

North Central London CCGs approved a strategy for general practice in 2018 to support the development of general practice across the area. An update on this was taken to the NCL JHOSC in November 2018. There have been subsequent changes to primary care, including publication of the NHS long term plan and the five year framework for GP contract reform, both of which mandated the formation of primary care networks across England.

This paper summarises how key primary care developments being taken forward in North Central London.

Contact Officer:

Henry Langford
Principal Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. To note and comment on the report, highlighting areas for further scrutiny.

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Update to Joint Health Overview and Scrutiny Committee

Our General Practice Strategy for North Central London

31 January 2020

Presenters:

- Dr Katie Coleman, Clinical Lead for the North Central London Health and Care Closer to Home programme and Islington GP
- Keziah Bowers, Programme Manager for the North Central London Health and Care Closer to Home programme.

Purpose of paper

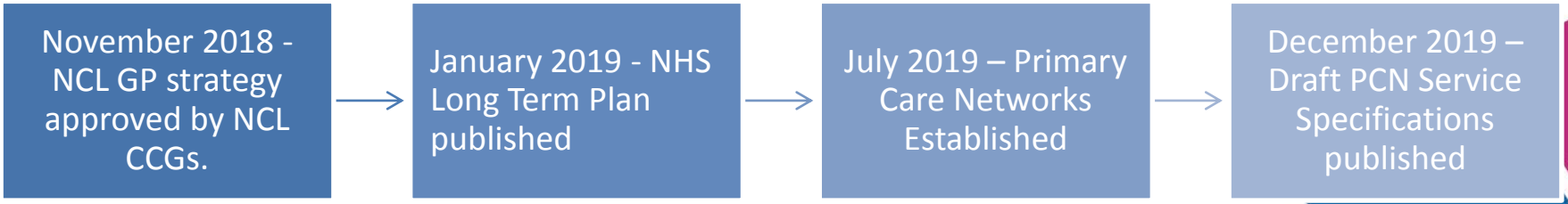
NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

- North Central London CCGs approved a strategy for general practice in 2018 to support the development of general practice across the area. An update on this was taken to the NCL JHOSC in November 2018.

- There have been subsequent changes to primary care including publication of the NHS long term plan* and the five year framework for GP contract reform**, both of which mandated the formation of primary care networks across England.

- The NCL GP strategy aligned well with the new GP contract and meant that NCL has been well placed to continue to deliver the ambitions of the strategy in the context of the new GP contract.

- This paper summarises how these key primary care developments have been taken forward in North Central London.



*https://www.longtermplan.nhs.uk/
** https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

Primary Care Networks

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

New GP contract - introduction of primary care networks

"A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations".

- Practices were incentivised to form Primary Care Networks (PCNs) by July 2019. Usually based around populations of 30-50,000 registered patients.
- The NHS Long Term Plan* and the five-year framework for GP contract reform to implement the Long Term Plan** highlight primary care networks as the foundation for integrated care systems.
- The networks will provide a clear opportunity to build integrated frontline delivery for enhanced and community-based services with an improved general practice offer for patients.

*https://www.longtermplan.nhs.uk/
** https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Primary Care Network specifications and additional workforce

In 19/20 PCNs have been focusing on delivering extended hours general practice for their population

In subsequent years, PCNs will begin to deliver seven new nationally mandated specifications (early drafts published Jan 2020) focusing on:

2020

- Enhanced health in care homes
- Anticipatory Care
- Structured medication review
- Personalised care
- Supporting early cancer diagnosis

2021

- Cardiovascular disease prevention and diagnosis, case finding
- Action to tackle inequalities

Additional roles reimbursement aligns to delivery of these specifications

PCNs nationally are able to reclaim funding for up to c20,000 additional staff by 2023/24; investment increasing from £110m in 2019 to £891m in 2023. In NCL this means over 500 new staff by the end of the five years

- Clinical pharmacists (2019/20)
- Social Prescribing Link Workers (2019/20)
- Physiotherapist (2020/21)
- Physicians associates 2020/21)
- Community paramedics 2020/21)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Potential benefits of primary care networks

Benefits to patients

- More coordinated services
- Access to a wider range of professionals
- Appointments that work around their lives,
- More influence
- Personalisation

Benefits to practices and other care providers

- Greater resilience
- Better work/ life balance
- More satisfying work
- Improved care and treatment for patients
- Greater influence on the wider health system

Benefits to the health and care system

- Cooperation across organisational boundaries
- Wider range of services in a community setting,
- Developing a more population-focused approach
- More resilient primary care, acting as the foundation of integrated systems

Primary Care Networks in North Central London

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

- NCL's 2018 GP strategy aligned well with the new GP contract. Many practices across NCL were therefore already collaborating with other practices and local providers (in what were Care and Health Integrated Networks, a very similar principle to PCNs).
- All mainstream primary care practices in NCL have been confirmed in 30 primary care networks.
- Thirty-nine clinical directors (all GPs) have been appointed to lead the PCNs (some job-shares). These clinical directors come from a range of experiences and backgrounds
- PCNs are very new and at different levels of maturity, depending on how well-established the working relationships are between member practices and with other partners; some have been working together for some time, where other partnerships are much newer.

All mainstream practices in NCL have been confirmed in a primary care network

30 primary care networks

39 clinical directors

Update on general practice strategy

NCL Strategy for General Practice – Plan on a Page

Case for change:

- Building on earlier collaborative work in primary care, focusing on **General Practice as the foundation of the NHS.** Much **progress** and **excellent care** in some areas, e.g. 8am-8pm access to primary care, integrated working, increase in use of technology, but…
- Significant **pressure** on general practice: **population growth**, **rapidly escalating demand** for services, **deprivation**, prevalence of **long term conditions**; a **workforce under pressure**, primary care **estate** and continuing **unwarranted variation** (clinical and process-related). Tensions between providing timely **access** to services with **continuity of care.**
- Working towards solutions that ensure people can access **high quality general practice**, and that those providing care are better **supported to deliver it**.

General Practice as the foundation of the NHS

Vision	Ambition	Immediate priorities
Resilient, sustainable and thriving general practice	Reduce variation in levels of funding between boroughs in NCL ; recognising different context and starting points Make NCL and general practice attractive places to work; the workforce feels valued; invest in newly qualified healthcare professionals Reduce pressure on general practice	Track and document investment; build workforce capacity and capability, work with partners and data to support practices/ federations; encourage development of at scale provision; develop data-driven approach to supporting practices
High quality, equitable and person-centred safe care	NCL practices to be top performing on agreed markers (clinical and process); patients know what to expect from GP; GP practices supporting addressing social determinants of health – annual care planning conversations	Invest in quality improvement, monitor and measure; develop peer-reviewed outcomes-based contracts; work with partners; explore social prescribing model for NCL; support patients and carers to be actively involved in own care
Proactive, accessible and coordinated care	Aligned with policy – proactive, accessible, coordinated; step-change in use of digital technology (public and professionals); improved staffing levels; services delivered from fit for purpose premises	Face to face appointments offered to those who need them; encourage practices to work together to deliver full range of services in local community; focus on timely and appropriate access; support uptake of new technology
Integrated services that respond to the needs of the patient and the population	Integrated working between GP practices and community-based providers, supporting new roles in GP team; prevention interventions embedded into practice; practices supporting people to address social determinants of health	Support the development of Care and Health Integrated Networks – teams of professionals develop more coordinated and integrated care models, focusing on patient needs around a shared vision; improve information sharing between partners (Health Information Exchange); develop and share dashboards across providers

ENABLERS ARE KEY: Workforce, digital, estates, at scale working

Draft strategy co-produced by task and finish group; input from Healthwatch, GPs, nursing, CCGs, GP federations – full draft document available

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NCL Health & Care Closer to Home Programme Summary (2019/20)

The NCL Health & Care closer to Home programme reflects the priorities identified within the NCL strategy for general practice

Improved Access

- Developed and improved access to **core** and **extended** general practice from 8am-8pm. Additional appointments with professionals across north London.
- Testing new digital methods for accessing general practice, including **online and video consultations.**
- Developing a foundation for **aligning our locally commissioned services** through agreeing shared principles.

Primary Care Networks

- Care delivered across **virtual** networks by clinically-led partnerships.
- Built around general practice and **additional workforce roles** to proactively support specific **population groups**. Partnerships include multi-disciplinary teams, voluntary and community services.
- PCN and system partners working together to prepare for delivery of new **national PCN service specifications.**

Quality Improvement (QI)

- Working with GPs to improve quality, **reduce unwarranted variation**. QI support teams started with an a initial focus on diabetes and prevalence, working as part of local networks
- **QI Support Teams to improve outcomes and test out new services** and ways of working using QI methodology. They upskill General Practice in QI skills and methods
- The **QI Network** reaches 250 QI enthusiasts across NCL. QI network events bring people together to learn and scale up work.

Social Prescribing

- Supported self-management is key to developing **a clear social prescribing offer across north London**.
- Building on existing work, to ensure continued **development of roles** such as health navigators and peer coaches, to be working in PCNs from 2019.
- People will be involved in **developing their own care and support plan**, and will be supported to access a greater range of support from the health service (e.g. allied health professionals), local authority or other community services.

Workforce & Estates

- **Retention, recruitment, transformation** – our workforce action plan sets out our strategy to recruit and retain staff within primary care, including general practice.
- To explore **new models of employment** to future proof our workforce. This will require a whole system approach in which every individual feels valued.
- **Aligning** our primary care estates planning through partnership working.

Primary Care at Scale

- Support **the development of Primary Care at Scale** with oversight of GP Forward View investment funding.
- CCG collaborative working to **align primary care priorities** and strategy for primary care finance.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

A few highlights…

NCL CCGs continue to work closely with practices and system partners to deliver the vision of health and care closer to home. A few key areas of progress are highlighted here.

General practice at scale:

- NCL's GP federations supporting primary care networks with recruiting and employing new staff, submitting funding bids etc.

Improving access:

- Currently piloting remote consultations in 48 GP practices in NCL. Pilot is providing opportunity to understand how practices can use digital triage to improve services for patients.

Retention and recruitment of workforce:

- Working in partnership with CCGs, Federations and Training Hubs. Local GP Retention Action Plans have been developed.
- Eight International GPs recruited to NCL.
- Funding received for GP and GP nursing fellowship scheme.

Social prescribing:

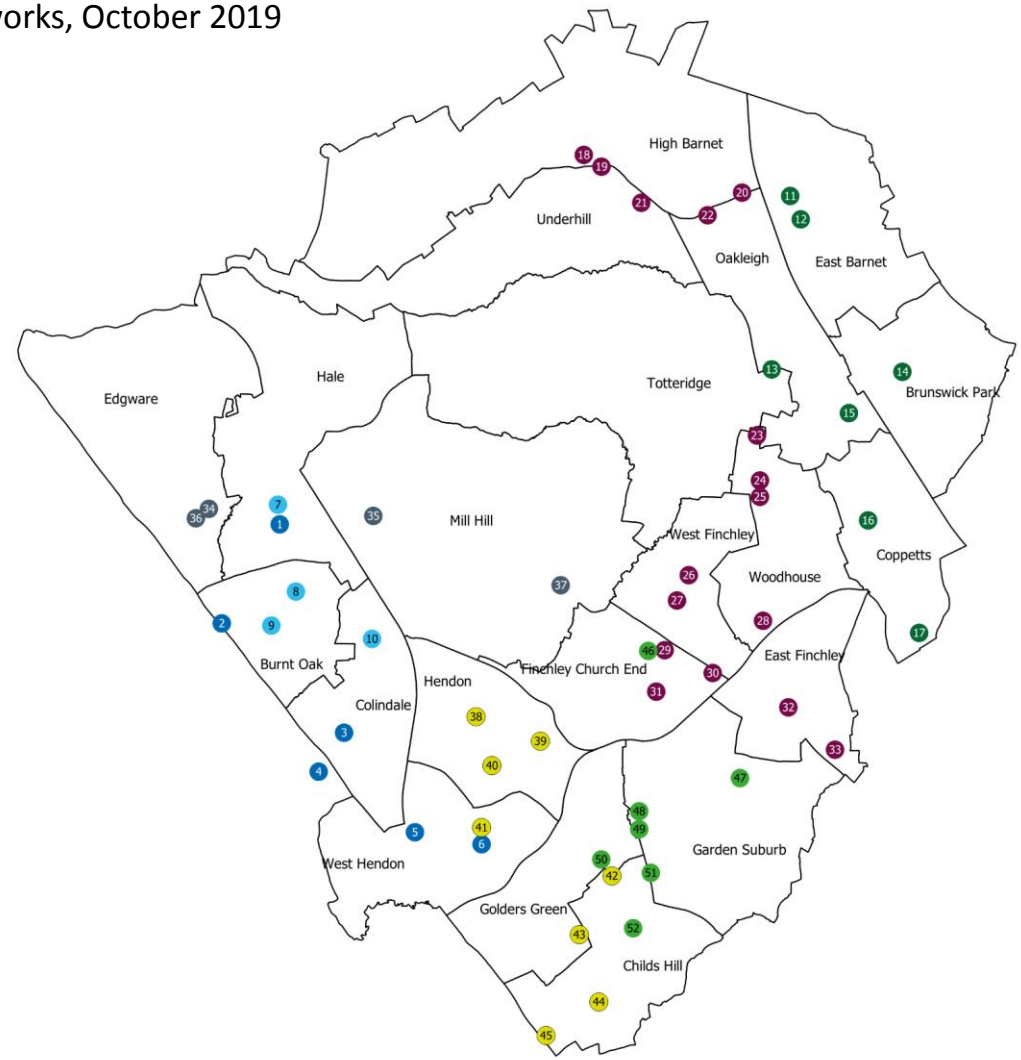
- Support to PCNs with recruiting link workers.
- Digitalised social prescribing project to improve access to local directories of services and explore digital social prescribing software.

Appendix – Borough level maps of Primary Care Networks

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

Barnet GP Practices and Primary Care Networks, October 2019

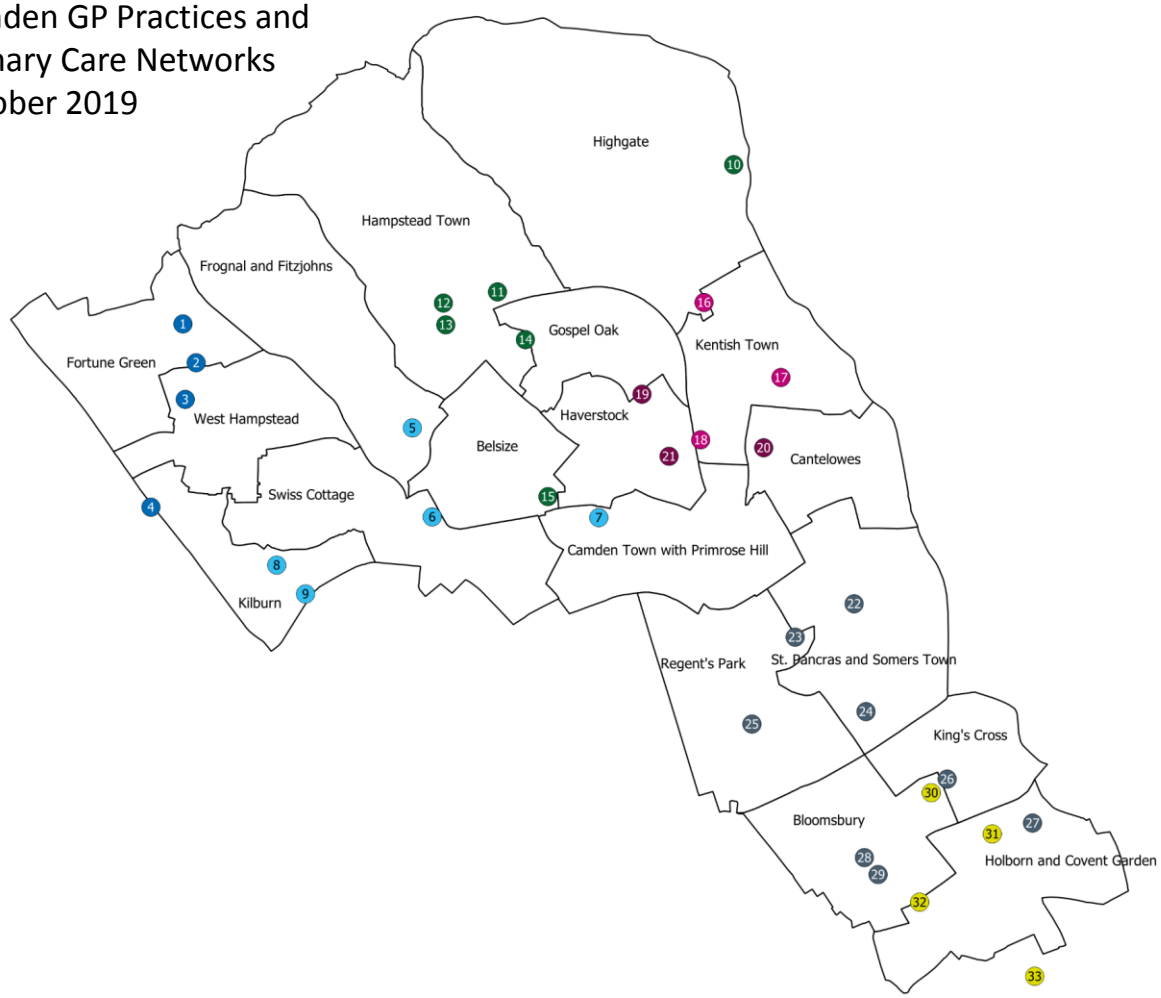


Key	Practice	List Size (Oct 19)	Primary Care Network
1	Mulberry Medical Practice	9743	PCN 1D
2	Oak Lodge Medical Centre	18389	PCN 1D
3	Dr Lamba (Colindeep Lane)	9375	PCN 1D
4	Wakeman's Hill Surgery	4581	PCN 1D
5	Jai Medical Centre	8406	PCN 1D
6	Hendon Way Surgery	8838	PCN 1D
1	Deans Lane Medical Centre	4255	PCN 1W
2	Parkview Surgery	6633	PCN 1W
3	Watling Medical Centre	16403	PCN 1W
4	The Everglade Medical Practice	8543	PCN 1W
11	The Village Surgery	5277	PCN 2
12	East Barnet Health Centre	11475	PCN 2
13	St Andrews Medical Practice	11019	PCN 2
14	Brunswick Park Medical Practice	8558	PCN 2
15	The Clinic (Oakleigh Rd North)	9068	PCN 2
16	Friern Barnet Medical Centre	9391	PCN 2
17	Doctors Lane - Colney Hatch Lane	5361	PCN 2
18	Longrove Surgery	11352	PCN 3
19	The Old Courthouse Surgery	8432	PCN 3
20	Addington Medical Centre	9319	PCN 3
21	Vale Drive Medical Practice	5706	PCN 3
22	Gloucester Road Surgery	1893	PCN 3
23	Derwent Medical Centre	5590	PCN 3
24	The Speedwell Practice	11512	PCN 3
25	Torrington Park Group Practice	12430	PCN 3
26	Wentworth Medical Practice	11684	PCN 3
27	Cornwall House Surgery	6227	PCN 3
28	Squires Lane Medical Practice	5815	PCN 3
29	Lichfield Grove Surgery	6292	PCN 3
30	Rosemary Surgery	5741	PCN 3
31	Mountfield Surgery	5092	PCN 3
32	Woodlands Medical Practice	4411	PCN 3
33	East Finchley Medical Practice	7902	PCN 3
34	Penshurst Gardens	6760	PCN 4
35	Millway Medical Practice	18697	PCN 4
36	Lane End Medical Group	13166	PCN 4
37	Langstone Way Surgery	8284	PCN 4
38	St George's Medical Centre	11554	PCN 5
39	Hillview Surgery	1875	PCN 5
40	The Phoenix Practice	10227	PCN 5
41	Dr Azim & Partners	9132	PCN 5
42	Ravenscroft Medical Centre	6551	PCN 5
43	Pennine Drive Surgery	9007	PCN 5
44	Greenfield Medical Centre	6810	PCN 5
45	Cricklewood Health Centre	5094	PCN 5
46	Supreme Medical Centre	4357	PCN 6
47	Heathfielde	8473	PCN 6
48	PHGH Doctors	11124	PCN 6
49	Temple Fortune Health Centre	7532	PCN 6
50	The Practice @ 188	8094	PCN 6
51	Drs Adler & Rosenberg	6038	PCN 6
52	Hodford Road Surgery	3823	PCN 6

NORTH LONDON PARTNERS in health and care

NHS

Camden GP Practices and Primary Care Networks October 2019

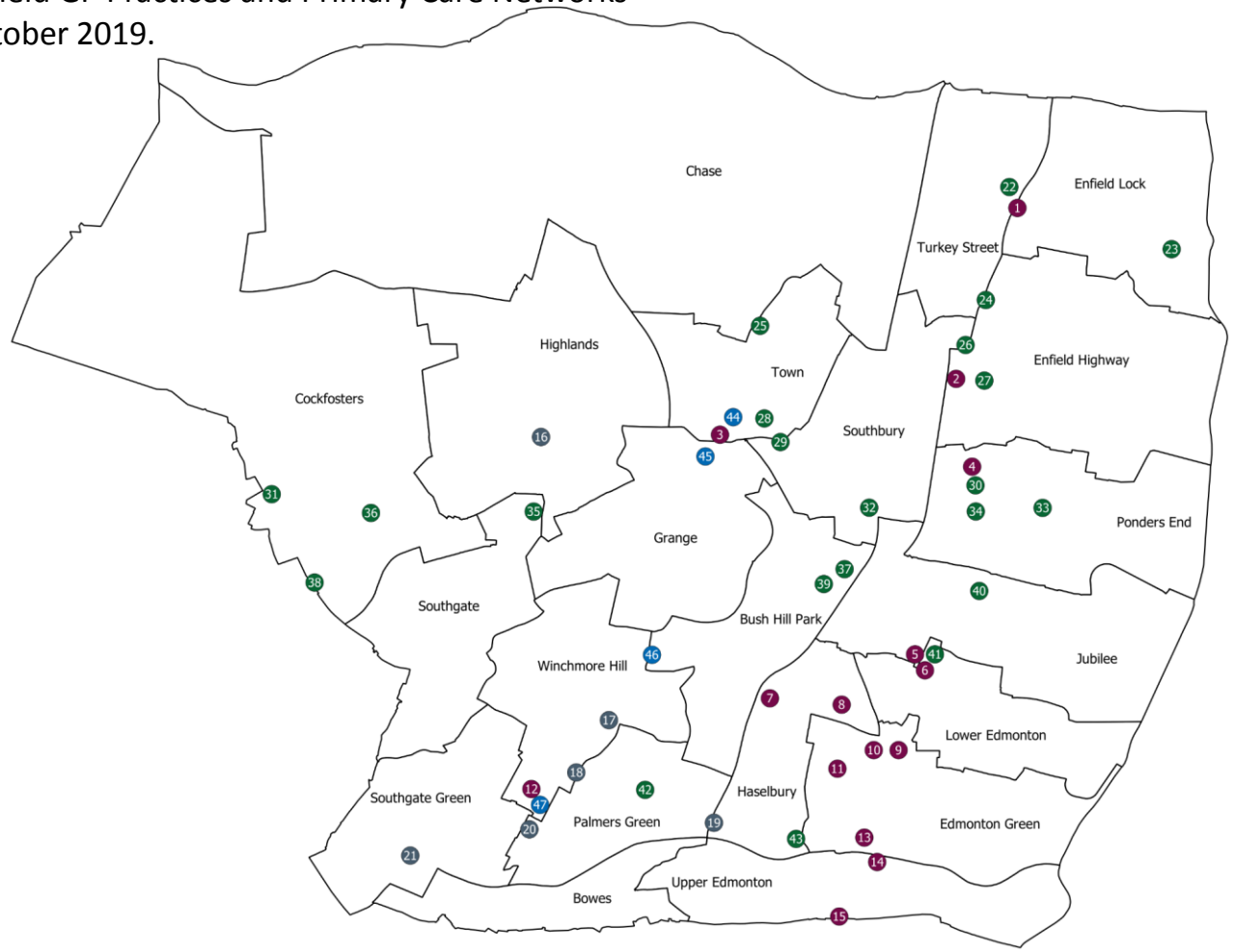


Practice	List (Oct 19)	Primary Care Network
Fortune Green Practice	2836	West Camden
Cholmley Gardens	8112	West Camden
West Hampstead Medical Centre	16080	West Camden
Brondesbury Medical Centre	18283	West Camden
Daleham Gardens Health Centre	3230	Central Hampstead
Swiss Cottage Surgery	14295	Central Hampstead
Primrose Hill Surgery	6557	Central Hampstead
Belsize Priory Medical Practice	4321	Central Hampstead
The Abbey Medical Centre	11954	Central Hampstead
Brookfield Park Surgery	3582	North Camden
Park End Surgery	7122	North Camden
Keats Group Practice	12529	North Camden
Rosslyn Hill Practice	1831	North Camden
Hampstead Group Practice	15847	North Camden
Adelaide Medical Centre	11713	North Camden
Parliament Hill Medical Centre	7612	Kentish Town Central
The Caversham Group Practice	15693	Kentish Town Central
Prince of Wales Group Practice	8880	Kentish Town Central
The Queens Crescent Surgery	5562	Kentish Town South
James Wigg Group Practice	21752	Kentish Town South
The Matthewman Practice	1756	Kentish Town South
Kings Cross Surgery	6410	Central Camden
Ampthill Practice	8018	Central Camden
Somers Town Medical Centre	4358	Central Camden
Regents Park Practice	6100	Central Camden
The Bloomsbury Surgery	4408	Central Camden
Gray's Inn Medical Practice	6857	Central Camden
Ridgmount Practice	17401	Central Camden
Gower Street Practice	9176	Central Camden
Brunswick Medical Centre	7074	South Camden
The Holborn Medical Centre	11400	South Camden
The Museum Practice	5155	South Camden
St Phillips Medical Centre	10237	South Camden

NORTH LONDON PARTNERS in health and care

NHS

Enfield GP Practices and Primary Care Networks October 2019.



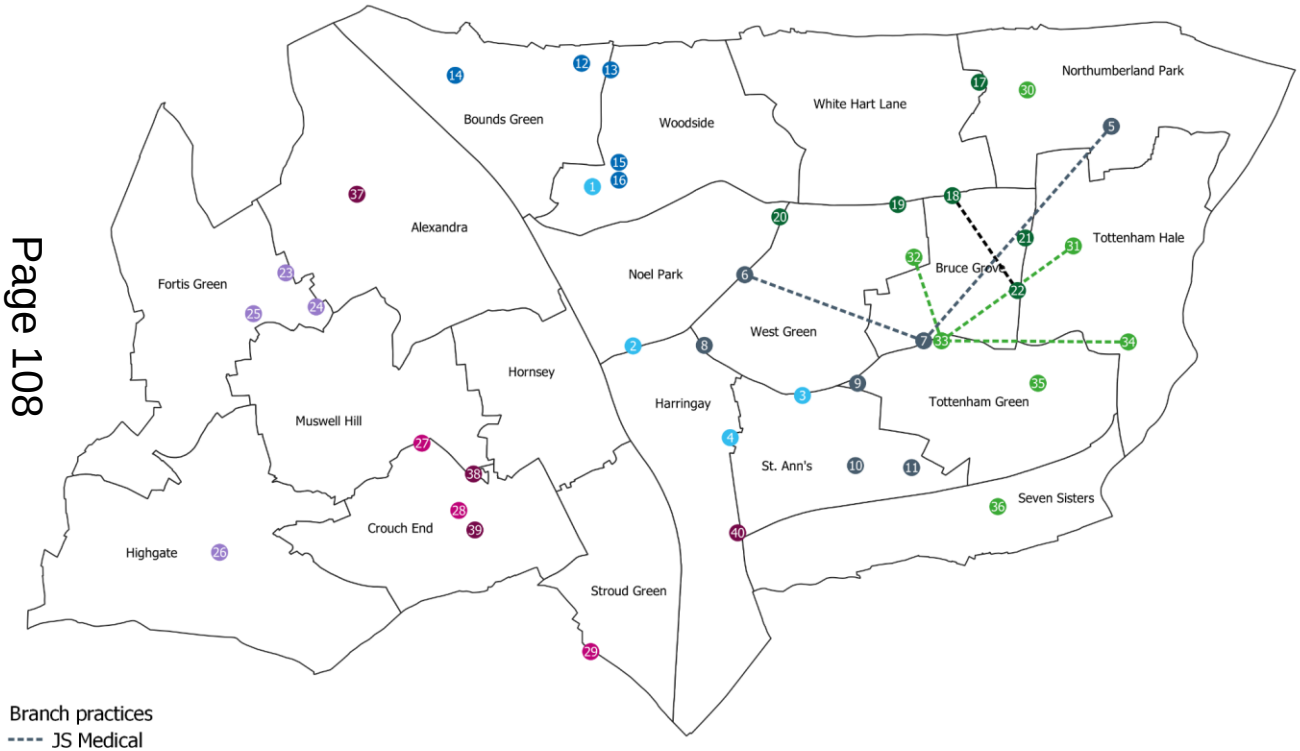
Key	Practice	List (Oct 19)	Primary Care Network
1	Ordnance Road Surgery	9901	Enfield Care Network
2	Brick Lane Surgery	4059	Enfield Care Network
3	White Lodge MC	11281	Enfield Care Network
4	East Enfield Practice	3219	Enfield Care Network
5	Boundary House Surgery	5109	Enfield Care Network
6	Keats Surgery	5089	Enfield Care Network
7	Latymer Road Surgery	4549	Enfield Care Network
8	Boundary Court Surgery	4159	Enfield Care Network
9	Chalfont Road Surgery	4438	Enfield Care Network
10	Evergreen Surgery	19544	Enfield Care Network
11	Rainbow Practice	5428	Enfield Care Network
12	Grovelands & Grenoble MC	10390	Enfield Care Network
13	Edmonton MC	3683	Enfield Care Network
14	Angel Surgery	11244	Enfield Care Network
15	Bincote Road Surgery	6430	Enfield South West
16	The Woodberry Practice	8872	Enfield South West
17	Gillan House Surgery	10967	Enfield South West
18	Morecambe Surgery	5053	Enfield South West
19	The North London HC	8757	Enfield South West
20	Arnos Grove MC	6100	Enfield South West
21	Freezywater PCC	12854	Enfield Unity
22	Enfield Island Surgery	3729	Enfield Unity
23	Moorfield Road HC	5232	Enfield Unity
24	Riley House Surgery	8461	Enfield Unity
25	Carlton House Surgery	11706	Enfield Unity
26	Green Street Surgery	2313	Enfield Unity
27	Willow House Surgery	4412	Enfield Unity
28	Southbury Surgery	4580	Enfield Unity
29	Eagle House Surgery	13458	Enfield Unity
30	Cockfosters MC	6700	Enfield Unity
31	Lincoln Road Medical Practice	8186	Enfield Unity
32	Curzon Avenue Surgery	5541	Enfield Unity
33	Dean House Surgery	2239	Enfield Unity
34	Highlands Practice	11016	Enfield Unity
35	Oakwood MC	7489	Enfield Unity
36	Trinity Avenue Surgery	2844	Enfield Unity
37	Southgate Surgery	9875	Enfield Unity
38	Bush Hill Park Medical Centre	2148	Enfield Unity
39	Nightingale House Surgery	6688	Enfield Unity
40	Bounces Road Surgery	5559	Enfield Unity
41	Forest Road Group Practice	12711	Enfield Unity
42	Connaught Surgery	4967	Enfield Unity
43	Green Cedars Medical Centre	6395	Enfield Unity
44	Abernethy House	13212	West Enfield Collaborative
45	Town Surgery	4352	West Enfield Collaborative
46	Park Lodge MC	5725	West Enfield Collaborative
47	Winchmore Practice	17170	West Enfield Collaborative

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Haringey GP Practices (with branches), Primary Care Networks, July 2019



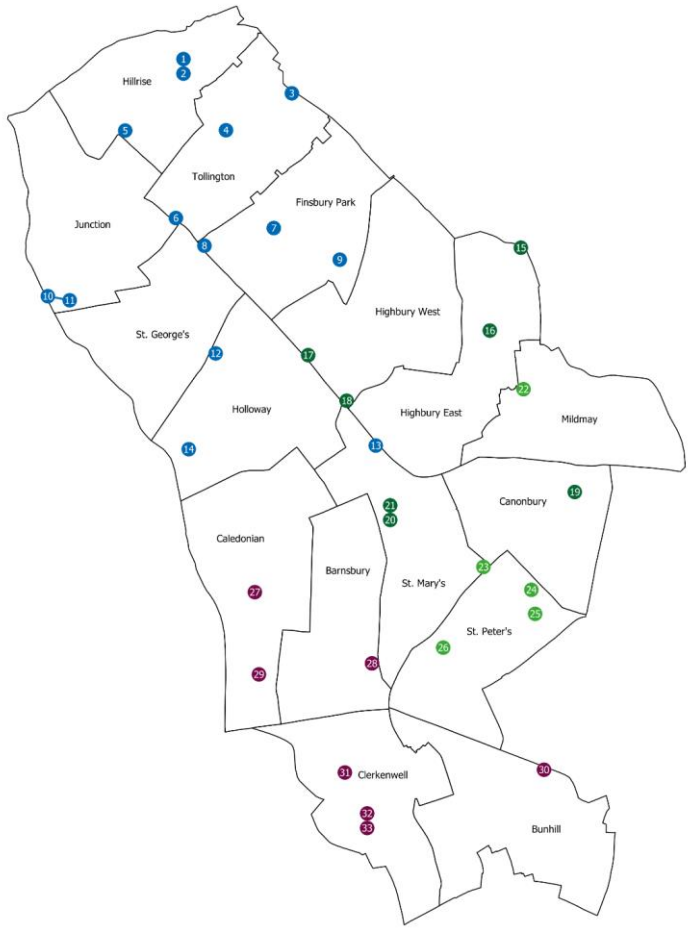
Note: List size of 2,262 from Myddleton Practice not yet transferred to other practices

Key	Practice	List (Oct 19)	Primary Care Network
1	The Staunton Group Practice	14418	East Central
2	Hornsey Park Surgery	4476	East Central
3	West Green Road Surgery	15596	East Central
4	The Old Surgery	2077	East Central
5	JS Medical Practice Park Lane	12724	N15
6	JS Medical Practice	(Branch)	N15
7	JS Medical (Lawrence House)	(Branch)	N15
8	Havergal Surgery	6195	N15
9	Spur Road Surgery	1853	N15
10	St Anns Road Surgery	13709	N15
11	Grove Road Surgery	4597	N15
12	Cheshire Road Surgery	6659	North Central
13	Arcadian Gardens	3927	North Central
14	Bounds Green Group Practice	17836	North Central
15	Stuart Crescent Health Centre (High Road	5186	North Central
16	Stuart Crescent Health Centre	3276	North Central
17	Somerset Gardens Family Health Centre	13456	North East
18	Castle View Surgery (Bruce Grove PHC)	(Branch)	North East
19	Morris House Group Practice	13290	North East
20	Westbury Medical Centre	10982	North East
21	Charlton House	6946	North East
22	Bruce Grove Primary Health Centre	8032	North East
23	Rutland House Surgery	6934	North West
24	Muswell Hill Practice	14589	North West
25	Queens Avenue Surgery	4549	North West
26	Highgate Group Practice	15938	North West
27	Queenswood Medical Practice	22787	South West
28	Crouch Hall Road Surgery	8454	South West
29	The 157 Medical Practice	4330	South West
30	Tottenham Health Centre	5501	Welbourne
31	Dowsett Rd Surgery	4835	Welbourne
32	Broadwater Farm (Branch of Lawrence H	(Branch)	Welbourne
33	Lawrence House Surgery	16641	Welbourne
34	Tottenham Hale Medical Practice (Lawrer	3113	Welbourne
35	Tynemouth Medical Practice	10025	Welbourne
36	Fernlea Surgery	10054	Welbourne
37	Alexandra Surgery	5629	West Central
38	Vale Practice	11239	West Central
39	Christchurch Hall Surgery	3569	West Central
40	Bridge House Medical Practice	10345	West Central

NORTH LONDON PARTNERS in health and care

North Central L and transforma

Islington GP Practices, Primary Care Networks, October 2019



Key	Practice name	List Size (Oct 2019)	Primary Care Network
1	The Rise Group Practice	5169	North
2	The Beaumont Practice	3006	North
3	Stroud Green Medical Clinic	6801	North
4	Hanley Primary Care Centre	8198	North
5	St John's Way Medical Centre	12680	North
6	Archway Medical Centre	6933	North
7	Andover Medical Centre	6528	North
8	The Northern Medical Centre	9036	North
9	The Village Practice	8907	North
10	The Junction Medical Practice	9556	North
11	The Junction Medical Practice	(Branch)	North
12	The Partnership Primary Care Centre	3888	North
13	The Family Practice	5336	North
14	Goodinge Group Practice	12195	North
15	Mildmay Medical Centre	6161	Central 1
16	Highbury Grange Health Centre	9237	Central 1
17	Sobell Medical Centre - Dr Gupta	4213	Central 1
18	The Medical Centre - Dr Edoman	5457	Central 1
19	Mitchison Road Surgery	5633	Central 1
20	Roman Way Medical Centre	3440	Central 1
21	Islington Central Medical Centre	19235	Central 1
22	The Miller Practice	10645	Central 2
23	River Place Health Centre	10059	Central 2
24	Elizabeth Avenue Group Practice	7592	Central 2
25	New North Health Centre - Dr Skelly	1667	Central 2
26	St Peter's Street Medical Practice	12062	Central 2
27	Barnsbury Medical Practice - Dr Haffiz	3173	South
28	Ritchie Street Group Practice	18134	South
29	Killick Street Health Centre	12086	South
30	City Road Medical Centre	7704	South
31	The Amwell Group Practice	11053	South
32	Clerkenwell Medical Practice	13827	South
33	Pine Street Medical Practice	2509	South

This page is intentionally left blank

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Royal Free London Foundation Trust Financial Update

FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	**DATE** 31 January 2020

SUMMARY OF REPORT

This paper provides a financial update from the Royal Free London Foundation Trust, following on from previous reports to JHOSC in September 2017, November 2018 and June 2019.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. JHOSC are asked to comment on and note the report.

This page is intentionally left blank

world class expertise local care

Royal Free London NHS
NHS Foundation Trust

Royal Free London financial update

NCL Joint Health Overview & Scrutiny Committee

Tim Callaghan – Deputy Chief Finance Officer, RFL

January 2020

RFL position within the NCL aggregated position

Month 8	Plan YTD £m	Actual YTD £m	Variance YTD £m	Plan FOT £m	Actual FOT £m	Variance FOT £m	Control Total FOT £m	FOT variance to CT FOT £m
CCGs	(26.3)	(28.0)	(1.8)	(41.0)	(41.0)	0.0	(7.5)	(33.5)
Providers	(55.8)	(58.6)	(2.8)	(41.8)	(40.5)	1.3	(41.8)	1.3
Total	**(82.1)**	**(86.6)**	**(4.6)**	**(82.8)**	**(81.5)**	**1.3**	**(49.3)**	**(32.2)**
RFL (in above)	**(29.1)**	**(26.0)**	**3.1**	**(29.6)**	**(28.8)**	**0.8**	**29.6**	**0.8**

The Overall NCL position as at the end of November is shown above.

The contribution of the Royal Free to this position is also shown above. We are currently ahead of plan year to date and are forecasting a small positive variance against plan at year end. We are also hitting our control total and so are eligible for additional Sustainability & Transformation Funds and Financial Recovery Funds.

RFL 2019/20 Plan and Delivery year to date

2019/20 Plan - I&E	19/20 Annual Plan (£m)	18/19 Forecast Outturn (£m)
NHS Clinical Income	922.3	889.7
Non-NHS Clinical Income	34.0	33.9
Other operating income	74.9	118.1
Employee expenses	(559.1)	(546.3)
Other operating expenses	(473.9)	(505.4)
EBITDA	**(1.8)**	**(10.0)**
Post EBITDA items	(59.5)	(57.4)
Surplus/(deficit)	**(61.3)**	**(67.4)**

Plan

The RFL 2019/20 annual plan is compliant with the control total required. This requirement is to deliver a £61.4m deficit and if this is achieved up to £31.8m of additional funding will be available.

In order to achieve this a savings programme of £49.5m was required.

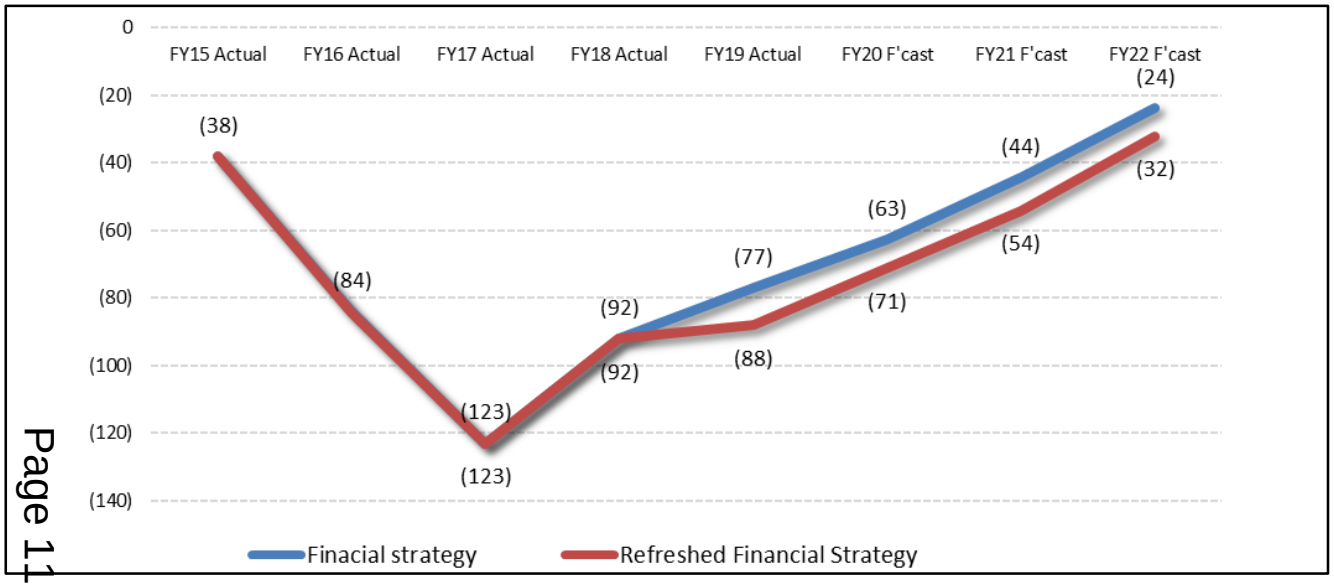
2019/20 Year to Date to end November 2019	YTD Plan (£m)	YTD Actual (£m)	YTD Variance (£m)
NHS Clinical Income	613.3	620.4	7.1
Non-NHS Clinical Income	21.4	18.3	(3.1)
Other operating income	53.9	56.9	3.1
Employee expenses	(380.9)	(381.2)	(0.3)
Other operating expenses	(312.7)	(321.3)	(8.7)
EBITDA	**(5.0)**	**(6.9)**	**(1.9)**
Post EBITDA items	(38.7)	(37.0)	1.7
Surplus/(deficit) pre add. Income	**(43.6)**	**(43.9)**	**(0.3)**
FRF/MRET/PSF	17.8	17.8	0.0
Surplus/(deficit)	**(25.8)**	**(26.1)**	**(0.3)**

In year delivery

As at the end of month 8 we are broadly on track with the plan. We are confident that we will deliver the year end plan and our forecast reflects that.

We are around £3m behind on the original savings programmes but have identified mitigations for this.

RFL underlying finances through to 2021/22



Based on the out-turn position for 18/19 and the 19/20 plan we produced a refreshed the financial strategy. We described this in our presentation to the JHOSC in June.

We have reduced the underlying deficit in each of the last 2 years and aimed for a further reduction this year.

FY20 - planned underlying to forecast underlying	Underlying Plan
2019/20 control total (incl. PSF, FRF and MRET)	**(29.6)**
Non-Recurrent Items	
MRET central funding	**(2.6)**
Non recurring PSF allocation	**(14.4)**
Non recurring FRF allocation	**(14.8)**
Non-Recurrent FIP	**(14.5)**
FYE FIP	**1.8**
Non-recurrent RTT cost	**1.8**
2019/20 Underlying Position	**(72.2)**
Forecast increase in FIP slippage	**(6.4)**
Forecast underlying FY20	**(78.6)**

Broadly in-line with the chart above we set an underlying plan of a deficit £72m in 19/20. This is worse then the reported plan as we anticipated a level of non-recurrent savings.

As at month 8 the forecast underlying position is for a deficit of £78.6m.This is £6.4m worse than plan as we are more reliant on non-recurrent savings than we had anticipted.

Integrated Recovery Plan - Current performance against trajectories

Finance

IRP trajectory – 19/20 out-turn of (£61.4m) deficit pre-FRF, underlying out-turn (£77.2m) deficit

Forecast out-turn actual -19/20 out-turn on plan at (£61.4m) pre-FRF, underlying out-turn off plan (£80.0m) deficit

On Track

Workforce

IRP trajectory – WTE at 31st March 2020 – BH (3,109 wte), CF (332 wte), RFH (4,346 wte)

September WTE – BH (2,948 wte), CF (315 wte), RFH (4,363 wte) (all include agency, bank and substantive)

On Track

Access – A&E 4 hour wait

IRP trajectory – 1st April 2020 performance trajectory 83.9%

September performance 83.5% trust-wide

Challenging

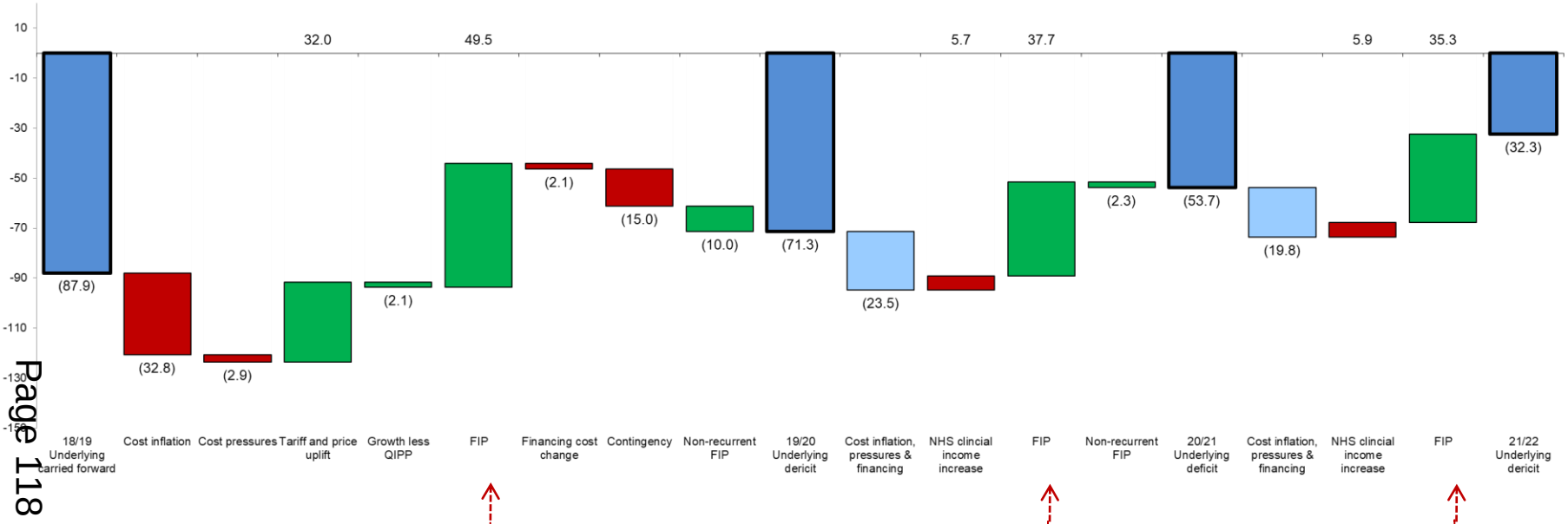
Access – Cancer 62 day wait

IRP trajectory – 1st April 202 performance trajectory 86.2%

September un-validated performance 70.5%

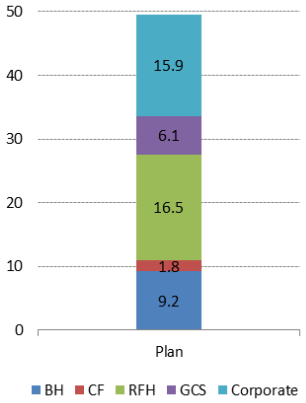
Behind Plan

Medium term underlying financial position (the next three years)

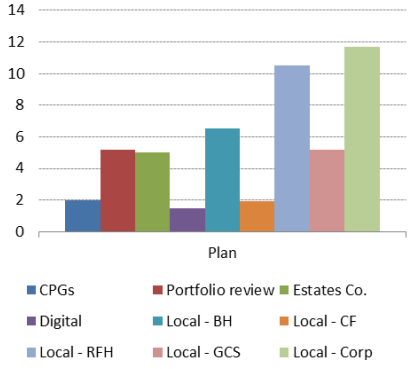


2019-20

Analysis by site

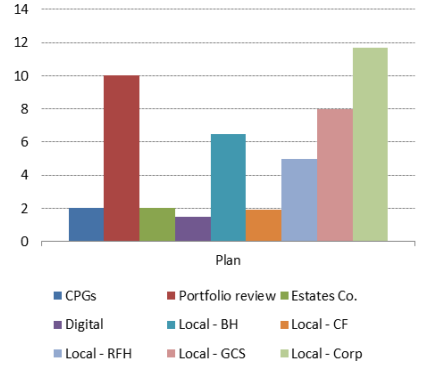


Analysis by scheme



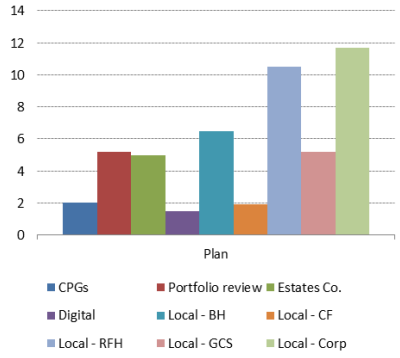
2020-21

Analysis by scheme



2021-22

Analysis by scheme



RFL position – what further are we doing to address sustainability?

Internal Efficiency

CIP programme
£43.1m delivered 18/19
£49.5m plan for 19/20

New Chase Farm Hospital
Quality services and eliminate £20m deficit

Non recurrent mitigations
Financial Controls

RFL Group

Benefits of group
see next slide

Clinical Practice Groups
Reduce unwarranted variation at scale - outcomes and cost

Support Service Scale
Consolidate and automate

STP

STP Programmes
Planning & delivery of STP interventions

Cross provider productivity
e.g. decontamination

Long term transformation
e.g. Digital

The above are all linked and mutually supportive – to deliver both RFL and system sustainability

Benefits we are seeking to deliver in the medium term

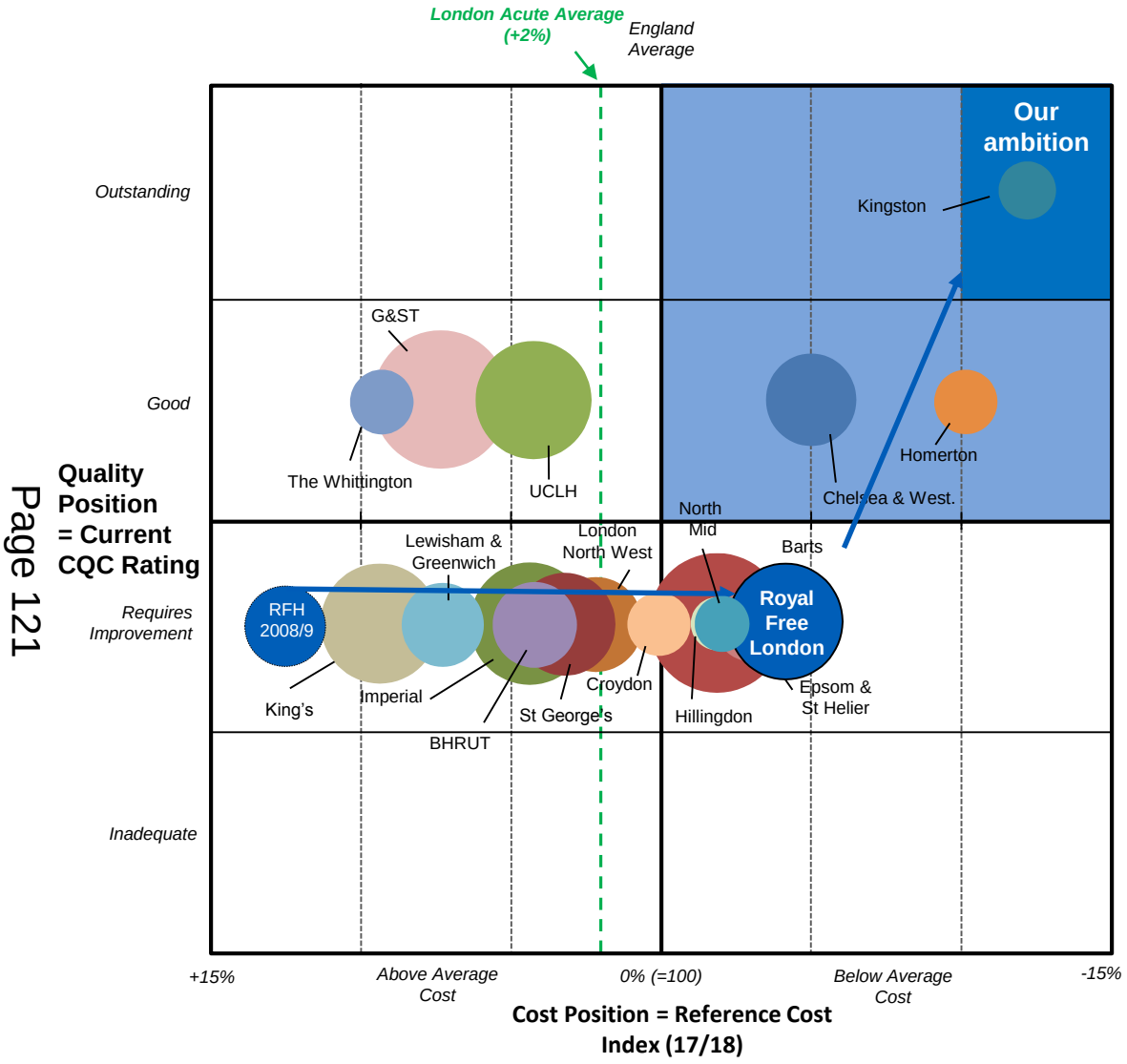
Recruiting, developing and retaining talent	Reducing unwarranted variation in clinical practices	Achieving excellent operational and financial performance	Delivering clinical and support services at lower cost and higher quality	Implementing total system patient pathways
Quality improvement and leadership committee	Clinical Standards and Innovation Committee	Group Board (+ Hospital unit executives)	Group Services Committee	Population Health and Pathways Committee
Leadership and expertise to drive improvement	***Reduce variation***	***Achieving excellent financial and operational performance***	***Consolidate clinical and non-clinical activity***	***Delivering system wide benefits through whole pathway re-design***
Effective leadership and workforce development	Reduce variation in clinical processes	Cost improvement through scale	Consolidate clinical services to drive quality and value	Collaborative partnership working
Continuous improvement supporting better outcomes	Standardise approach to non-clinical processes	Consistent good performance across sites	Consolidate clinical support services across the group	Demonstrable system leadership
	Research and innovation supports world class ambition		Centralise non-clinical activity	

Patient Benefits
Improved Safety, Efficacy and Experience of Care

Staff Benefits
Better Career Progression, Professionalism, L&D

System Benefits
Lower Unit and System costs

Governing objectives: progress & gap



- RFL/UCLH specialist service reconfiguration (2009-2017)

- Authorisation as Foundation Trust (2012)
- Procurement transfer to Whittington (2012)

- 60 symptom-based system pathways agreed with 7 CCGs (2014)
- Acquisition of Barnet & Chase Farm Hospitals NHS Trust (2014)

- Launch of HSL pathology JV (2015)
- Acute Care Collaboration Vanguard (2015)
- Strategic partnership with IHI (2015)

- Back office centralised in Enfield (2016)
- NHSI Group Leader Accreditation (2016)
- CQC "Good" ratings for all hospitals and all hospital services (2016)
- Global Digital Exemplar Accreditation (2016)
- Clinical Practice Groups based on IM (2016)
- Strategic Partnership with DeepMind (2016)

- New group structure established (2017)
- North Middlesex UH NHS Trust joins as Clinical Partner (2017)

- **17%pt reduction in relative unit costs** (i.e., beyond sector average CIPs) since 2009 equivalent to c.£170M lower annual costs on today's turnover; 6% pts lower unit cost than London average; simultaneous increase in quality

- CQC "requires improvement" (2019)
- Gap to long-term ambition: additional step-change in quality; further £60M annual cost reduction beyond sector average CIPs

world class expertise local care

Royal Free London NHS Foundation Trust

Bubble size = 2017/18 Income, CQC overall quality ratings as of 7 January 2018

RFL – how far will this get us to and by when?

Changes since the June meeting

- Plan completely integrated into wider STP long term plan and medium term financial strategy. They are completely consistent

Where will this get us to

- A plan for a significantly reduced deficit by the end of 2021/22
- A trajectory for the recovery of access targets
- Playing our part to deliver both our own plan, and contribute to system wide programmes and plans, to bring the STP back into balance

What we need from others

- All continue to work together and deliver the objectives of the STP
- Working to together as providers to improve productivity (e.g. procurement)
- Reduce transaction costs and distractions in the system
- Help to reduce improve the sustainability of our services and reduce the carbon impact (e.g. provision of more services via non-face to face means)

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme and Action Tracker 2019-20	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 31 January 2020

SUMMARY OF REPORT

This paper provides an outline of the 2019-20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:
Henry Langford
Principal Policy and Projects Officer
London Borough of Camden
5 Pancras Square
London N1C 4AG

02079743219
henry.langford@camden.gov.uk

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the contents of the report; and
b) Consider the work programme for the remainder of 2019-20.

1. Purpose of Report

1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2019-20. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.

1.2. The report also includes an action tracker for the Committee, Appendix B. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

1.3. The agreed NCL JHOSC Governance Principles are attached at Appendix C for reference.

2. Terms of Reference

2.1. In considering topics for 2019-20, the Committee should have regard to its Terms of Reference:

- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. **Appendices**

Appendix A – 2019/20 Work Programme
Appendix B – Action tracker
Appendix C – NCL JHOSC Governance Principles

REPORT ENDS

This page is intentionally left blank

Appendix 1 – NCL JHOSC Work Programme 2019/20

31st January 2020, Haringey

Item	Purpose	Lead organisation
Moorfields Consultation Outcome Report	JHOSC to discuss the consultation outcome report and address any early findings.	NCL Partners
Integrated Health and Care in North Central London	Further report of plans and action taken to implement the Integrated Care System across the five boroughs in North Central London. To provide a more detailed look at how integrated care systems will work in practice in NCL and what this will mean for our residents. Also including response to questions on the CCG merger case for change raised by a deputation in September 2019.	NCL Partners
General Practice as the foundation of the NHS: A strategy for NCL	A report to come to the NCL JHOSC updating members on the progress with the GP strategy.	NCL Partners
Royal Free Financial Update	Royal Free Financial Update including Action Plan. To include information on the amount owed by overseas visitors not entitled to NHS treatment and how this was pursued. Requested July 2019.	Royal Free London FT
Work Programme and Action Tracker	Work Programme, action tracker and follow up of any ad hoc requests.	Policy Officer

Appendix 1 – NCL JHOSC Work Programme 2019/20

13th March 2020, Islington

Item	Purpose	Lead organisation
Electronic Patient Records	An updated report on Electronic Patient Records to identify the benefits of the scheme from the perspective of patients and health staff, and including insight from officers and clinical practitioners. Also to include measures taken to ensure data security. Following report in January 2019.	Royal Free London FT
Workforce, prevention and finance in North Central London	Report to provide further information regarding plans for the workforce in the care home settings, the focus on prevention and the financial strategy as part of the implementation of the NHS Long Term Plan.	NCL Partners
Estates Strategy Report	To include disposal of assets and where the money has gone for each of the providers. In July the committee requested a substantive item return to committee following the release of the revised estate offer in September 2019.	NCL Partners
Reducing A&E attendance	Report covering the cross organisational working of NHS, local providers and councils to reduce attendance at A&E. To include discussion on A&E and Place of Safety following Mental Health Programme item in January 2019.	NCL Partners
Work Programme and Action Tracker	Work Programme, action tracker and follow up of any ad hoc requests.	Policy Officer

26 June 2020, Barnet

Item	Purpose	Lead organisation
Orthopaedic Services Review	Report to review findings from the Orthopaedic Service Review consultation process (January to April 2020).	NCL Partners

Appendix 2 – NCL JHOSC Action Tracker January 2020

Meeting	Item	Action	Action by	Progress
Sep-19	Mental health	Updated suicide rate figures to be circulated (noting previous figures from 2017)	North London Partners	Actioned - Updated figures circulated on 20 November 2019.
Sep-19	Mental Health	Meeting to be arranged between Cllr Connor and Sarah Mansuralli (NCL STP) of Camden CCG to address concerns of residents in Tottenham Hale about how out of area placements are genuinely going to be addressed.	Policy Officer	Actioned - Meeting arranged on 31 October 2019
Sep-19	Deputation - Patient Transport	Pan London JHOSC meeting to be arranged with representatives from NHS England, Department for Health and Kings Fund on patient experience of transport.	Policy Officer	Officers continue to work alongside the Chair to arrange a Pan London JHOSC meeting on patient transport. Awaiting confirmation from NHS colleagues. A successful Pan London JHOSC meeting was held on 16 January 2020 discussing the Mayor's '6 Tests' framework for major hospital service reconfigurations.
Sep-19	Deputation - Proposed Merger North Central London CCGs	The Committee requested further information about the amalgamation of the CCGs from the North London Partners in Health and Care. It was suggested that the Committee hold a special meeting to consider the information when it became available	Policy Officer	Where possible, items for consideration by JHOSC are incorporated into the work programme and planned schedule of meetings for 2019/20. Having met with the Chair, it was agreed a specific response to the comments made by JHOSC would be included in the Health and Care Integration item at the January 2020 meeting. The committee can choose to allocate further time to the issue during the work programme item.

		and to understand the financial and resident impact on each Borough.		
Jun-19	ESTATES STRATEGY UPDATE	Report on the Estates Strategy to come back to the Committee in November 2019. To include information on the disposal of assets and where the money had been allocated for all the providers.	North London Partners	Deferred following request from the committee in September. To be considered in March 2020.
Jun-19	ROYAL FREE LONDON FINANCIAL UPDATE	Royal Free Financial Update with Action Plan to come back to the committee, including information on the amount owed by overseas visitors not entitled to NHS treatment and how this was pursued.	Royal Free	Report added to work programme, scheduled for meeting on 29th November 2019. Deferred to January following cancellation of November meeting.