Open Agenda

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 11 October 2016
7.00 pm
Lewisham Town Hall, Committee Room 1, Civic Suite, Catford, SE6 4RU

Membership

Councillor Ross Downing
Councillor Jacqui Dyer
Councillor Judith Ellis
Councillor Hannah Gray
Councillor Alan Hall
Councillor Robert Hill
Councillor James Hunt
Councillor Rebecca Lury
Councillor John Muldoon
Councillor Bill Williams
Councillor Cherry Parker
Councillor Clare Morris

Reserves

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact Julie Timbrell on 0207 525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 3 October 2016

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Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 11 October 2016
7.00 pm
Lewisham Town Hall, Committee Room 1, Civic Suite, Catford, SE6 4RU

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES**	
2.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five working days of the meeting.	
3.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
4.	**MINUTES** To approve as a correct record the Minutes of the open section of the meeting held on 17 May.2016	1 - 6
5.	**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**	
6.	**ELECTIVE ORTHOPAEDIC PLANNED CARE FOR SOUTH EAST LONDON**	7 - 76

OHSEL have provided the following:

- Completed Trigger Template for an Elective Orthopaedic Centre (EOC)
- South East London (SEL) Elective Orthopaedic summary document
- Draft consultation plan for Elective Orthopaedic
- Draft questionnaire for Elective Orthopaedic
- Slides for presentation
- Equalities analysis – online only

7. SUSTAINABILITY & TRANSFORMATION PLAN

An update on the Sustainability & Transformation Plans is to follow.

8. MENTAL HEALTH - FOLLOW UP 77 - 92

A written response to the mental health questions posed by the committee in May and April is enclosed.

The table of Mental Health placements is published as a pdf and is also available as an excel spread sheet, on request.

9. LONDON URGENT AND EMERGENCY CARE - FOLLOW UP

10. WORKPLAN

11. PART B - CLOSED BUSINESS

12. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

13. EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to information Procedure rules of the Constitution."

Date: 3 October 2016

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution."

OUR HEALTHIER SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Tuesday 17 May 2016 at 6.30 pm at Woolwich Town Hall, Wellington Street, Woolwich, SE18 6PW

PRESENT:

Councillor Ross Downing
Councillor Jacqui Dyer
Councillor Judith Ellis
Councillor Alan Hall
Councillor Robert Hill
Councillor James Hunt
Councillor Averil Lekau
Councillor Rebecca Lury
Councillor John Muldoon
Councillor Bill Williams

OTHER MEMBERS PRESENT:

OFFICER SUPPORT: Greenwich Senior Corporate Development Officer and Committee Officers
Mark Easton Programme Director Our Healthier South East London
Angela Bhan Chief Officer Clinical Commissioning Group (CCG) Bromley

1. APOLOGIES

Apologies were received from Councillor Hannah Gray, Councillor Matthew Morrow, and Councillor John Muldoon for lateness.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

4. MINUTES

The following amendments were requested and agreed to the minutes of the meeting held on 26 April 2016:

RESOLVED

Item 7 Mental Health – Councillor Jacqui Dyer asked that under the resolved points it be added; clarify visibility within the structure, and that a consultation be brought forward to the next meeting.

Item 8 Sustainability and Transformation Plan – councillor Jacqui Dyer asked that the following amendment be made for detail on specialist mental health commissioning : how many placements and what is the breakdown in terms of 'in area' / 'out of area'

5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

6. URGENT AND EMERGENCY CARE NETWORK

Angela Bhan, Chief Officer Clinical Commissioning Group (CCG) Bromley and responsible officer for South East London urgent and Emergency Care Network presented on the Urgent and Emergency Care Network.

- The Committee requested a copy of the London Urgent and Emergency Care (U&EC) Facilities Specifications.
- The Committee made general point that the information on how existing Emergency and Urgent Care provision meets the Facilities Specifications needs to be clearer and more accessible, especially when it will be presented to members of the public.

In response to questions raised by the Committee the following answers were provided;

- Queen Marys Hospital would not be reduced to 16 hours, this is a minimum level. The full range of diagnostic facilities available needed to be reviewed against the specification. The hospital also provided an out of hours GP service in Bexley. Not all Urgent Care Centres (UCCs) are the same.
- This was a first overall view of the facilities. Information for the

public and the Ambulance service would be produced and would be more detailed.

- Clarity would be provided regarding slides 5 and 6 for No response / N.A. (grey in key)and limited information available (blue in key). This arose due to some of the questions in the consultation not being clear.

Action: Angela Bhan

- The peak time for GP surgeries was mid-afternoon to 10.00pm.
- Facility related to hours and access to diagnostic services etc. The designation was based on the principles shown in the final slide.
- Timeline – The London Quality Standards (LQS) were London-wide and the Sustainability and Transformation Plan (STP) was a national initiative and the aim is to deliver as soon as possible. At present the south-east was ahead of other areas. The designation assessment for London was due to be completed by June 2016. A thorough review would then be undertaken, but there were no deadlines agreed to date.
- A detailed analysis was required as there was a need to understand what needed to be done by site. A proposed delivery plan was expected by the end of 2016. Changes would occur as the process went along and a set of actions would be agreed to make this happen. These decisions would be made at a local borough level as they would be part of normal improvement programmes.
- Analysis of the impact on the public would be undertaken separately - Community Based (Primary) Care Workstream.
- Engagement would be undertaken with both Healthwatch and the public, and a task group would provide input for the development of general practice and community based care.
- It was noted that communication must be tangible and presented in a way that people understand.

In response to questions raised by the public the following answers were provided;

- The yellow and terracotta colours used in the key for slides 4,5 and 6 both represented ‘partial’.
- A list of the clinical and facility specification standards would be provided to the Committee.

Action: Angela Bhan

- There was an expectation that a medical consultant would be available on site 16 hours per day, at present this was not standard, a consultant may cover from home and 24 hour

cover was provided but not on site.
The chair requested that it be made clear what 'cover' meant and what was available, this was agreed.

- Not all of the A&E departments met London Quality Standards (LQS) at this time, however additional work would be undertaken to achieve this and would feed into the timeline.

Action: Angela Bhan
(Break A&E data down by borough and centre.)

- Criteria should be provided as to what constitutes a change and what did not. All services have interdependencies and there was a need to be aware of the impact on communities.

RESOLVED

Request for a copy of the London Urgent and Emergency Care (U&EC) Facilities Specifications.

Provide a breakdown of A & E data by borough and centre.

The information on how existing Emergency and Urgent Care provision meets the Facilities Specifications needs to be clearer and more accessible, especially when it will be presented to members of the public.

7. PLANNED CARE: ELECTIVE ORTHOPAEDIC (ECOS)

Mark Easton, Programme Director Our Healthier South East London presented Planned Care: Elective Orthopaedic Centres (EOCs).

The Committee noted that the Consultation is planned to begin in October 2016 and the draft document will be available for the September 2016 JHOSC meeting and the Consultation document will contain a clear clinical case for the proposed new model and options.

The Committee requested more information on the South West London Elective Orthopaedic Centre (SWLOC) and for a visit to be arranged for JHOSC members.

In response to questions raised by the Committee the following answers were provided;

- If two sites were next to each other, then one would need to be inner and one outer London. Queen Mary's was asked to provide an assessment of their suitability. It was likely that

three or four sites would come forward. These would be ranked and a consultation would inform the preferred options.

- The following sites had the capacity to separate elective and non-elective surgeries; Queen Marys, Orpington, Guys and Lewisham.
- Implementation of an organised individual patient transport service, as used in the SWLOC model would be considered. Access for visitors and older patients was also one of the criteria being reviewed.
- A consultation would be undertaken if the Committee considered it is required.
- It was important that the centres were co-located with other services, especially with regard to elderly patients who may need to access them. Orpington was currently upgrading to enable the care of complex cases.
- Hospital contracts would be amended so that patients could be channelled. The Competition Authority would need to be content that reasonable patient choice was still available.
- Briggs Review – It was noted that there was a variation in the cost of implants and that cost was not an indicator of quality. Choice would be harder to govern across institutions. However; volume of supply would be cheaper.

In response to questions and issues raised by the public the following answers were provided;

- A consultation would address points raised regarding a standalone service with no access to other services, which would not allow consultants to discuss the wider implications of cases. If the standalone model was not clinically supported then it would not go ahead.
- The risk of a potential financial crisis, as per the SWLOC model, the impact on feeder hospitals, and the enhanced status quo, would be considered within the consultation.
- Information would be shared with the Planning Care Reference Group and the Evaluation Group also has public representation.
- Use of private companies – They would have to prove that they could provide the necessary facilities.

RESOLVED

Consultation is planned to begin in October 2016 and the draft document will be available for the September 2016 JHOSC meeting.

The committee recommended that the consultation document contain a clearer clinical case for the proposed new model and options.

A request was made for more information on the South West London Elective Orthopaedic Centre and for a visit to be arranged for JHOSC members.

8. PART B - CLOSED BUSINESS

9. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

10. EXCLUSION OF PRESS AND PUBLIC

CHAIR:

DATED:

TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

NHS Trust or body & lead officer contacts:	**Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:**
Our Healthier South East London **Programme Director – Mark Easton** **Planned Care Senior Responsible Officer - Sarah Blow, NHS Bexley CCG**	Partnership of the 6 South East London CCGs: - NHS Lambeth CCG - NHS Southwark CCG - NHS Greenwich CCG - NHS Lewisham CCG - NHS Bexley CCG - NHS Bromley CCG

Trigger	**Please comment as applicable**
1 Reasons for the change & scale of change	
What change is being proposed?	Consolidation of inpatient elective orthopaedic surgery for south east London patients from the existing seven sites (six within south east London) to two sites (to be determined) Four providers have put forward site proposals to host an elective orthopaedic centre (EOC) in this model: - Guy's Hospital - Lewisham University Hospital - Orpington Hospital - Queen Mary's Hospital
Why is this being proposed?	EOC case for change v1.2 - with consolidat The case for change has been approved by the SEL Committee in Common in March 2016. Summary points:

	Case for change	
	Meeting future demand	Additional capacity will be needed to deliver elective orthopaedic care by 2021 based on demographic and non-demographic growth.
	Patient experience	Trusts are struggling to manage with existing capacity which impacts waiting times
		Cancellations of planned procedures are regularly occurring which have an adverse impact on patient experience
		While length of stay has improved it remains below the London average at most sites in SEL
		Patient reported experience is variable across SEL
	Quality, safety and outcomes	Elective orthopaedics requires an environment in which the infection and complication risk is minimised
		Evidence shows variability in hospital infection rates across South East London and trends over time in hospital infection rates show further improvements are possible
		Readmission rates are in line with the national average but there may be further opportunities to reduce further
		Litigation costs are rising in the NHS and orthopaedic surgery account for about 14% of total claims
		Surgeons undertaking low volumes of specific activities that may well result in less favourable outcomes as well as increased costs.
	Wider benefits	There are opportunities to improve data collection and achieve wider productivity benefits
	Following the evaluation panel, configuration options that will be considered by the Committee in Common fro consultation will be shared with JHOSC	
What is the scale of the	Current patient volumes in south east London for elective orthopaedic inpatient surgery (excluding complex spines) are ~ 6,200	

change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	procedures per year. We expect this to rise up to 8,500 in the mid case growth scenario, but could rise up to 11,000 in the high case scenario. Evaluation of the current and expected future costs of services under the configuration options will be analysed as part of the evaluation process.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	**1.Pre-consultation** Engagement has been an on-going process for the programme, with patients, the public and key stakeholders involved at every stage of developing plans. As thinking became more refined, our approach to this strand of engagement has focused on involving people most impacted by any changes to planned care services. In early 2016, together with our communications and engagement colleagues in Clinical Commissioning Groups, we developed a pre-consultation plan. The purpose of the pre-consultation phase was to inform the full public consultation by discussing the proposals, informally, with local stakeholders. We sought feedback on both the content of the proposals for formal consultation as well as the way people wanted to be involved in the full consultation. Informed by the equalities analysis, our focus was to engage with key stakeholders and people from communities most affected by any proposed change, understanding any potential impacts and making recommendations to the programme about necessary mitigations. For groups who would be most impacted by any potential changes (as identified through the equalities analysis) we held focus groups, events and telephone interviews to understand more about how they could be impacted and what could be done to mitigate against any negative impacts and how we could enhance any positive impacts. In-depth conversations were held with the following groups: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. **2.Consultation**

2.1 Engagement activities

We have developed a detailed communications and engagement plan for each stakeholder, which will be shared with the JHOSC at it's October meeting.

However, below is a broad outline of our approach for each main group of stakeholders. In addition to these specific activities we will also make a broad offer to all stakeholder to attend any meetings/briefing upon request. We will evaluate our approach and reach throughout the consultation process. Our activities will be refined and developed in light of what we learn. Our communications and engagement steering group will be integral to these reviews – supporting us to ensure that there are no gaps in our engagement and that our approach is tailored to the audience.

2.1.2 Patient, Public, Community Engagement

We will use a range of communication and engagement activities - informed by the equalities analysis and need of each group. A targeted approach will be taken with communities identified as being most affected by any potential change to service. These groups, and why we are targeting them, are detailed below.

2.1.2 Equality groups – most impacted .

The results of the equalities analysis indicate that these groups should include: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities (long term conditions); people who have learning disabilities; white women and people undergoing gender reassignment. We will hold in-depth discussions via:

- **focus groups** or **meetings** with people from all of the nine protected characteristics (plus carers and those from areas of socioeconomic deprivation). We will hold additional sessions with communities who are most impacted by any change. These focus groups will be delivered by an independent organisation to preserve objectivity of response.

2.1.3 The general public

For interested members of the public we will:

- hold local deliberative **meetings** throughout the consultation period. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. The public events will be independently delivered.
- work with **local authority colleagues** to ensure that materials are circulated via their local channels including through resident associations.
- run **tweet chats** for people to share their feedback through

- hold **roadshows** on provider sites and in other locations to raise awareness
- run a **'consultation hearing'** and invite people to submit evidence in advance. This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their own evidence for how services should be run.

2.1.4 Healthwatch

As a key stakeholder with connections to local people and communities we will:

- hold **briefing workshops** with key colleagues from each local healthwatch organisation to ensure they are up to date with the work and can signpost people to our work.
- work with our healthwatch colleagues to **cascade information** to their networks and contacts, uploading information onto their websites and including in relevant bulletins.

2.1.5 Interest groups

We will:

- offer to hold briefing meetings with members of local interest groups, including, but not exclusively, Keep Our NHS Public and Save Lewisham Hospital.
- Invite local interest groups to attend our '**consultation hearing'** – submitting evidence in advance to support their case.

2.1.6 Voluntary and community sector

Voluntary and community sector colleagues will be kept up to date by emails and bulletins. In addition we will:

- invite them to attend our public borough based meetings.
- continue to involve them in our planned care reference group.
- offer to attend any meetings that they would like our presence at.

2.1.7 Past, present and future service users

Our activities with past, present and future services users will largely be conducted through our provider colleagues who have access to the relevant contact details. Working with provider colleagues we intend to:

- circulate information to past, present and future service users – signposting people to our website, consultation document and response forms.
- invite interested people to our public events (to be held close to the end of the consultation period).
- hold a road show at key orthopaedic areas in each trust – which service users will be invited to attend. The purpose of the road show is to raise awareness of the work and signpost people to our consultation document and response form.

3. Stakeholder mapping

The table below outlines a range of the key stakeholder groups we anticipate having an interest the changes to planned orthopaedic care and in our consultation activities. This is open to amendment during the consultation and we will adapt as we go along.

Patient and the public	Healthcare professionals/providers	Third sector/partner organisations	Political
Residents who access services in south east London	GPs and primary care staff	Voluntary and community sector providers	Local MPs
Local patient/resident groups	Orthopaedic staff	Independent sector	Joint Health Overview and Scrutiny Committee
Interest/issues groups	CLAHRC and other research bodies	Orthopaedic charities	Health and wellbeing boards
Equality groups – most impacted	CCG staff and commissioners	Voluntary community sector (user/carer/advocacy)	Other LAs (councillors, leaders, OSC chairs, directors of social care)
Patient Participation Groups (PPGs)	GP members	Healthwatch organisations	London Assembly members
Media	British Orthopaedic Association	Council for voluntary services	Mayor of Lewisham
	Provider trusts	Health Education South London (HESL)	
	Local medical councils	Local CEPNs	
	Department of Health	Universities and Medical Schools	

		NHS Improvement	Provider governors and membership	
		Staff Unions	Academy of Royal Medical Colleges	
		Acute provider staff (non-orthopaedic)	Health Improvement Network (HIN) South London	
		Community services providers/staff	Housing organisations	
		Mental health trusts / staff	Staff in neighbouring areas	
		London Ambulance Service		
		Physiotherapists – acute and community		
		Neighbouring CCGs (Wandsworth, Croydon, Dartford Gravesham & Swanley)		
		Provider board, governors and members		

2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	Providers have submitted proposals on how they would host and EOC – this includes description of how they would implement increased opening hours such as weekend operating.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	Changes will result in the withdrawal of in-patient elective orthopaedic surgery from five of the existing seven sites. Outpatients, day case surgery, trauma and other clinical services will be unaffected and continue to be provided at existing sites.
Relocating an existing	In-patient elective orthopaedic surgery from across the current seven sites will be provided on two sites. This will result in an

service	expansion of facilities to meet this demand.
Changing methods of accessing a service such as the appointment system etc.	Referral pathways will not change. Patients will still be able to choose their local hospital and surgeon and will attend out patients appointments pre and post surgery at their local trust. For some patients requiring in patient elective orthopaedic surgery, there may be additional travel required compared to the current configuration to meet access
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Through the Equalities Steering Group, the programme has looked detail at the planned care workstream, advising on pre-consultation activities – ensuring protected characteristics are appropriately involved and considered. The group comprises CCG engagement and equalities leads, patient and public voices and public health specialists. In order to support public consultation and to fulfil our statutory obligations under the Equality Act 2010, the programme has commissioned a three stage Equalities Analyses to specifically focus on the planned elective orthopaedic workstream. This analysis will help to demonstrate that we have considered the potential impacts on those with protected characteristics, and have sought to mitigate and/or limit the impact our proposals may have on identified groups. The Equalities Analyses is formed of three parts; scoping, consultation and post-consultation, which builds on an earlier Equalities Analysis. These analyses will form part of our on-going thinking, and shape our pre-consultation and consultation activities to inform decision making. The initial scoping report (completed July 2016) outlined a number of groups most likely to be most impacted by changes to planned orthopaedic services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within these groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. This report will be available to JHOSC at it's October meeting. Our approach to pre-consultation and consultation focuses engagement with these most impacted groups.
3 What patients will be affected?	**Briefly describe:** **(please provide numerical data)**
Changes that affect a local or the whole population, or a particular area in the	These changes would mean patients within south east London would in future have their routine and complex elective orthopaedic surgery at one of the two centres. Our evaluation criteria include specifying that any configuration must have one centre in inner south east London and one in outer south east London. Current patient volumes are described above (circa 6,200 per annum)

borough.	Only a very small number of very medically complex patients who require the back up of specific services will continue to have their surgery at some existing sites.
Changes that affect a group of patients accessing a specialised service	N/A
Changes that affect particular communities or groups	The initial Equalities Analysis scoping report (completed July 2016) outlined a number of groups most likely to be most impacted by changes to planned orthopaedic services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. Our approach to pre-consultation and consultation focuses engagement with these most impacted groups.
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	N/A
Reorganising services at a strategic level	Under the agreed model, patient activity will continue to remain under the existing providers, however there will be a south east London wide elective orthopaedic network that will oversee the clinical, operational and financial running of services at the two EOCs. All providers will be represented on this network.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	This process has not taken the form of procurement. At this stage in the process commissioners are wishing to take feasible proposals to the public for feedback/consultation prior to making a decision on a viable configuration. During 2016 the programme has requested that expressions of interest and proposals to host EOCs be developed and submitted by providers. The providers that have engaged with this process and have developed and submitted proposals are all NHS providers.

5 What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	Links to trauma services have been noted in particular. Following the review of proposals by the London Clinical Senate, we are engaging closely with the south east London, Kent and Medway (SELKAM) Trauma network to understand where there may be implications and what mitigation would need to take place. It has been noted by both the London Clinical Senate and the SELKAM Trauma network that there are benefits to the trauma system of appropriately ring fencing capacity for elective care, thereby allowing trauma services to run
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	Financial sustainability of the proposals both at a provider and the south east London health system level is being considered in the evaluation of configuration options. Now that provider proposals to host an EOC have been received
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making? (Please note that the timeline **must** include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)	

Evaluation of proposals by evaluation panel and recommendation of preferred option made to OHSEL Committee in Common	20th September 2016
JHOSC review and respond of proposals	Early/Mid October 2016 (TBC)
OHSEL Committee in Common – confirm options, sign off pre consultation business case and proceed to consultation	Early November 2016 (TBC)
Proposed consultation	November 2016 – February 2017
Proposed decision making	February – April

	analysis and business case development	2017
	Proposed OHSEL Committee in Common decision making	April 2017
What stage is the proposal at?	Pre consultation – development of proposals	
What is the planned timescale for the change(s)	Depending on decision making phase and proposed implementation timelines of each option, changes could begin during 17/18.	
7 Substantial variation/development	**Briefly explain**	
Do you consider the change a substantial variation / development?	Yes. This will change how elective orthopaedic inpatient care is delivered across south east London for a number of patients, consolidating from seven current sites to two.	
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee, a JHOSC)	Discussion has taken place at a number of local OSCs in relation to the development of proposals, and previous SEL JOHSC meetings.	

SEL Elective orthopaedic consultation document – outline plan

Section	Key content	Supplementary information
About this document	- What the document is for – outlines proposals to change orthopaedic services, asks questions, explains formal consultation - Lists which organisations are responsible for the consultation	
Introduction	- An introduction to the documentation signed by the Clinical Commissioning Group (CCG) clinical chairs	
What is orthopaedic care?	- A description of what orthopaedic care is for the lay reader	
What is included in this consultation?	- What features of orthopaedic care won't change or are not being consulted on: day cases, emergency, children's, spinal, outpatients, out of hospital musculoskeletal, services at Darent Valley Hospital. Setting the scope – what features of orthopaedic care are being consulted on and could change: All other planned adult inpatient surgery at Guy's, Orpington, Lewisham, PRUH, QEH, King's, the sites where surgery is performed.	
Current services	- Overview of current provider trusts and sites - Volumes of activity by site and borough	- Map of sites in document showing geographic distribution - Table with activity levels etc for comparison
Case for change	- Section on meeting future demand - Section about quality, safety, outcomes - Section about patient experience and variability	- Supporting statistics published in document for length of stay, waiting times, demand projections - Full case for change published on website. - Getting it Right First Time – links to this report from consultation hub
Elective orthopaedic centres	- Detailed explanation of the proposed new model: clinical network, elective orthopaedic centres - Why two may be the best number of elective orthopaedic centres - How the patient journey could change - Detailed explanation of the things that wouldn't change: emergency orthopaedics, outpatient, day cases, spinal and children's surgery, income for providers, patient choice. - Section on sustainability of all hospitals – the proposals would not destabilise any of the providers – explaining why this is the case. Include evidence for this. - Explanation of the clinical network – orthopaedic staff working closer together under a shared governance arrangement, how patients and the NHS will benefit from this - An explanation of the development of the wider musculoskeletal pathway in the	- Diagram of patient journey in document - Case study on wider MSK pathway – based on Bexley model already in place

	community and how this will create a better system for patients.	
How would these changes improve care?	- Sections on waiting times, reducing cancellations, infection control, length of stay, better patient outcomes, consistent quality, greater volumes of surgery, more personalised care and how this would work - Detailed section on financial benefits and how these would be realised	-
Clinical support	- Explain Getting it Right First Time, the national report on orthopaedics, as a key driver for change - Include section on the Clinical Senate report and involvement of clinicians in the programme governance. Will also include the assurance given through CCG GP membership	- Getting it Right First Time – links to report online - Clinical Senate report and the programme response published on consultation hub
Where could elective orthopaedic centres be created?	- This section will outline the options (site configurations) that are being consulted on, the reasons for this and a summary of the scoring - Inner and outer sites	
How we have assessed the options	- Description of the evaluation panel, breakdown of the process and the final scoring for each configuration. This will make clear how some sites/options have been discounted from the process. - Section on patient travel and what the mitigations for patient journeys might be - Section explaining what the 'enhanced status quo' could look like, as an alternative to establishing two orthopaedic centres	- The full scoring and evaluation panel evidence will be published separately on the consultation hub (includes travel analysis, equality analysis and financial analysis, panel membership, as well as minutes from the evaluation panel meetings) - Detailed reports from providers on how the enhanced status quo could look – published on consultation hub
How these proposals fit in with plans for local health and care	- This will describe the context for the proposals, OHSEL, Sustainability and Transformation Plan (STP) and how orthopaedics fits in.	- STP summary / full STP published on programme website
What happens next	- Consultation timescales, ways to feedback to us, how data is being captured and processed, how to find out more about events to attend, web and social media contacts, postal address and phone numbers.	
Questionnaire	- This is the consultation questionnaire, which can be filled out and then posted back to the programme. It contains the questions we are asking the public, including if they agree with the proposals and what their preferences on the future model of care are.	- Independent online consultation hub with interactive questionnaire - Equalities monitoring forms on consultation doc and consultation hub

Improving adult planned inpatient orthopaedic surgery in south east London

Consultation plan

Our Healthier South East London

Contents

1. Executive summary

We will be holding a public consultation around planned orthopaedic services in south east London between November 2016 and February 2017. The consultation period will last 14 weeks to take into account the Christmas season.

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision. Our approach to consultation will be responsive and proportionate to those it will affect the most.

In addition to an extensive distribution plan and digital presence, we will also be conducting a number of face to face consultation activities to ensure that we are providing opportunities for those affected, and interested, to share their views with us.

This consultation plan is based on extensive engagement with stakeholders to ensure it is fit for purpose. We recognise that our plans will need to adapt based on feedback that we receive and this plan itself will be dynamic and subject to continuous improvement.

1.1 How we will consult: summary of planned activities

Focus groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with **protected characteristics**. We have extended this to include those classified as deprived and carers. In order to help us understand these potential impacts in detail, we will be running focus groups with these populations. **We will hold additional sessions with communities who are most impacted by any change.** These focus groups will be delivered by an independent organisation to preserve objectivity of response.

Deliberative events

We will hold a number of deliberative events across the patch to enable members of the public, voluntary community sectors stakeholders and interested groups to share their views. There will be at least one event in each borough, with two in some boroughs to ensure accessibility for people in south east London and the surrounding areas. They will include both **information giving by local clinicians and leaders, as well as table discussions to allow people to share their views and respond to the consultation questions.** These events will be independently delivered and facilitated to ensure their outputs are objectively captured.

Road shows on hospital sites

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show in **key orthopaedic areas in each affected trust**. During these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the consultation document and leaflets for people to take away and consider.

Consultation hearing

We will run a **'consultation hearing' and invite people to submit evidence in advance**. This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their

own evidence for how services should be run. The consultation hearing will be independently filmed and broadcast.

Briefings

We will hold briefings with key stakeholders – including Healthwatch and interest groups. We aim to hold these briefings **early on in the consultation period** to enable these stakeholders to cascade information to their membership and contacts.

Planned Care Reference Group (PCRG)

During pre-consultation we established a 'Planned Care Reference Group' to help inform the decision making and consultation processes. The group comprises people from impacted groups as well as service users and representatives from interest groups such as 'Save Lewisham Hospital' and 'Keep our NHS Public'. Towards the end of the consultation period, we will hold another meeting of the PCRG top play back some of the feedback that we have heard to date and to invite them to add to it.

Mail outs

In order to reach past, present and future (those on waiting lists) service users, we will work with local provider trusts to circulate information via their patient lists. We will also publicise our deliberative events and road shows through these mail outs and signpost people to our website and response forms.

Networks and contacts

We will work with our public and voluntary sector colleagues to publicise the consultation and signpost people to our website and response form. This will include contact with key colleagues in clinical commissioning groups, local authorities and the voluntary and community sector (including healthwatch).

Communications activities

We will raise awareness of consultation, associated engagement activities and call to action through a range of communication channels including media, social media, website, programme newsletter, stakeholder communications channels, distributing a range of communications materials and targeted advertising.

What we will do with the feedback

The consultation responses received will be logged and their contents recorded by our independent assessor, the University of Kent. They will write an independent report of the consultation, for consideration by the Committee in Common of CCGs.

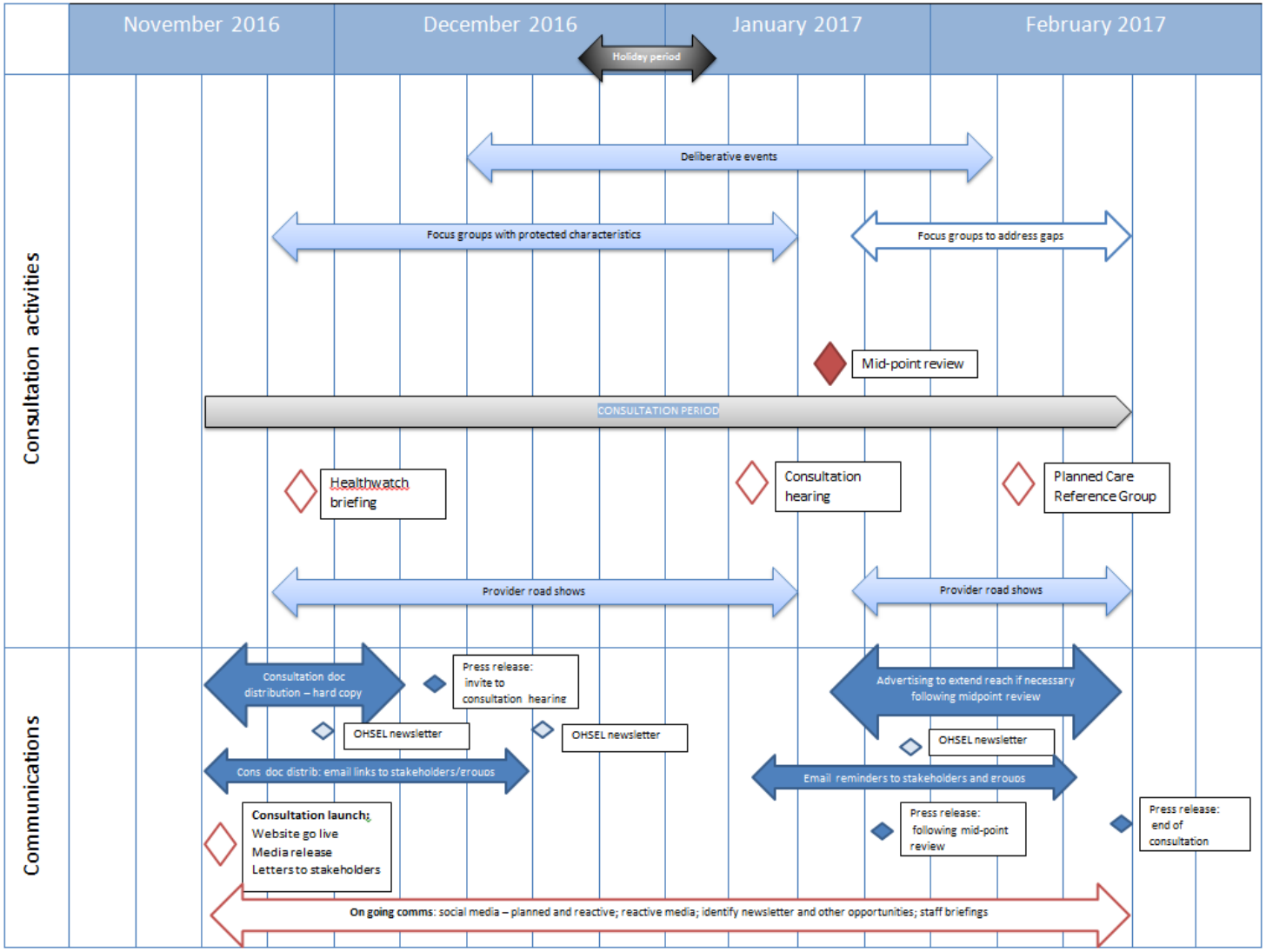
The Committee in Common will receive this report in March 2017. All consultation responses will also be held in an 'evidence room' and made available to committee in common members, so that they can take account of individual responses alongside the independent report.

After considering carefully all of the feedback received, the Committee in Common will make a final decision on whether or not to proceed with the proposal for elective care centres. If the decision is

to proceed, the Committee will decide whether there are elements of the proposals it wishes to amend or any mitigations it wants to put in place due.

1.2 Timeline for consultation activities

A detailed grid of consultation activities to reflect stakeholder mapping can be found in the Appendix – this provides an overview of the main consultation activities with patients and the public.



2. Context

1.1 Background to Our Healthier South East London

The Our Healthier South East London (OHSEL) programme brings together clinical commissioning groups, hospitals, community health services, mental health trusts, local authorities and members of the public in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, to develop a sustainability and transformation plan (STP) for local people. Much of the STP builds on the original strategy developed through OHSEL to improve services across south east London.

The planned care orthopaedic work stream is the only area in which we are developing proposals which require public consultation. This plan details our approach to the public consultation.

1.2 Elective orthopaedic care

There are a number of issues that need to be addressed to make sure that everyone in south east London has access to the best services, and in a way that is sustainable for the NHS in the future.

- We are expecting demand for planned inpatient orthopaedic surgery to increase by 25% by 2021 (from 6805 procedures to 8554 per year).
- Existing services won't be able to cope with this increase without expanding and becoming more productive and efficient. They are already operating at maximum capacity and struggling with patient numbers.
- Not all orthopaedic hospital beds and theatres in south east London are ring-fenced (reserved just for planned surgery) so planned procedures are often disrupted by emergency cases from A&E departments. This often results in cancellations, which have an adverse impact on patients' experience as well as on their families and carers.
- There are opportunities to make orthopaedic services safer by reducing infection rates and minimising complications following surgery. Infection can be a significant problem in replacement joints because once it sets into the metal or plastic components it is very difficult to remove.
- Some surgeons carry out a small number of particular procedures each year. National evidence and agreed best practice suggest that where surgeons carry out a larger number of procedures, in dedicated facilities, patient safety and the results from surgery are consistently better.

Given the above, we are considering developing a clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise.

We are also considering a proposal with our local NHS hospitals to create **two elective orthopaedic centres** using existing sites. These centres would be shared facilities which all NHS hospitals in south east London would use.

The two sites would be chosen so as to minimise travel times across south east London. Local surgeons would carry out both routine and complex surgery at these two sites. Specialist work would only be undertaken by surgeons with the skills and experience. All hospitals would send their surgeons and patients to these dedicated centres and stop providing most inpatient orthopaedic surgery at their "home" site.

The location of most orthopaedic care would not change. Emergency orthopaedic surgery (supporting A&E departments), day case procedures, outpatient and follow-up appointments would continue to be provided from the same sites as today.

Therefore, following referral to a specialist you would initially be seen at your choice of local hospital and the same consultant would oversee your care, even if your operation were to take place at an elective orthopaedic centre.

A very small number of patients with very complex medical needs, requiring specialist on-site support, would receive all of their care, including surgery, at their local hospital or the site most suitable for their needs. Complex spinal surgery would also remain at existing sites, as would children's surgery.

Our consultation will seek to discuss these challenges and potential solutions with key stakeholders and members of the public taking into account their views and ideas before a final decision is made.

1.3 Who helped shape our communications and engagement approach

This plan has been informed through discussions with the programme's Patient and Public Advisory Group, Planned Care Reference Group, Stakeholder Reference Group, Equalities Steering Group and the Communications and Engagement Steering Group. Local activities will be discussed with local councillors and amended in light of their feedback.

1.4 Legal requirements

NHS Trusts and Clinical Commissioning Groups have a legal duty (placed on them under section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012) to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by that body affecting the operation of those services

In order to meet these legislative requirements and the 'four tests' outlined in the 'Mandate from the Government to NHS England 2014/15', involvement must be an integral part of the service change process.

Engagement should be early and on-going throughout all stages of the process, with consultation building on this insight, using appropriate and proportionate engagement activities (*Transforming Participation in Health and Care, 2013*).

By the time proposals move to formal consultation, effective involvement will have identified any potential issues or barriers from within the local community – and final proposals should take these concerns into consideration, seeking to address them where appropriate (P*lanning, assuring and delivering service change for patients, 2015)*.

All public formal consultations must adhere to the 'Gunning Principles' outlined below. Failure to meet these increases the risk of judicial review.

The four Gunning Principles are:

- consultation must take place when the proposal is still at a formative stage;
- sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- adequate time must be given for consideration and response; and
- the product of consultation must be conscientiously taken into account.

1.5 Assurance

The 'four tests'

The 2014/15 mandate from the Government to NHS England outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners

Under the first test (strong patient and public engagement) the programme has sought assurance from the appropriate local CCG committees in order to demonstrate compliance with each of these tests. The Stakeholder Reference Group also reviewed evidence and assurance against this test in September 2016.

A similar approach has been taken with clinical commissioners with regards the 4th test for clinical commissioner support. This has been gained by discussing the proposals at GP commissioner membership forums across south east London to discuss content, respond to questions and requesting assurance.

The Consultation Institute

Overall, our consultation is subject to assurance by The Consultation Institute (TCI). We are committed to running a best practice consultation and are working with TCI to scrutinise our consultation and engagement process and test our consultation plan against their compliance assessment. Their seven principles of best practice (see section 3) have guided the compilation of this plan and our success will be measured against them.

3. Aims and Objectives

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision. Our approach to consultation will be responsive and proportionate to those it will affect the most.

To achieve our aim, we will:

- Inform people about our proposals and how they have been developed
- Be clear about who will be affected and how
- Ensure a diverse range of voices are involved reflecting communities most likely to be affected
- Engage with people and stakeholders in multiple ways to enable them to make an informed response to our proposals

- Work transparently to show the journey so far and how the final decision will be made
- Ensure compliance with legal requirements (consultation and equalities duties)
- Listen, respond and adapt our processes and approach throughout our consultation period
- Use the information gathered during the Equalities Analysis and pre-consultation to inform our approach

Our work is guided by the seven best practice principles from the Consultation Institute (https://www.consultationinstitute.org/about/) : integrity; visibility; accessibility; transparency; disclosure; fair interpretation; publication; Influence and decision making process.

Our consultation focuses specifically on elective orthopaedic care. The Our Healthier South East London programme is considering a proposal to develop two elective orthopaedic centres. These would be shared facilities with a dedicated team, including, nursing, anaesthetic staff and therapists, on site. Surgeons would carry out both routine and complex surgery (excluding spinal surgery), at these highly specialised centres. The remaining sites in south west London would stop providing adult inpatient orthopaedic surgery, but emergency surgery, day case surgery and follow-up appointments would continue to be provided from the same sites as today.

These proposals are only a part of the Our Healthier South East London strategy. Due to the fact that they require some services to be consolidated in a smaller number of hospitals, we want to consult the public before progressing any further. Our consultation document will place the proposals in the context of the wider strategy, setting out the other interventions we are proposing to improve healthcare in south east London. While the wider strategy – focusing mainly on improving community-based care via local networks and improving services in urgent and emergency care, cancer, maternity and children's services – does not require formal public consultation, it is nonetheless an important part of the story and has been subject to extensive public and stakeholder engagement. So our consultation document and materials will summarise the overall strategy, while specifically consulting on the proposals for elective orthopaedic care.

No decisions about elective orthopaedic centres will be made prior to the consultation. Our plans remain at a formative stage and we are consulting on them so that we can get a deeper understanding of the views of local people. The Committee in Common of CCGs in South East London – which is made up of local health commissioners and patient and public representatives – has recommended that the proposals should be consulted on, to decide whether or not we want to take them forward.

All feedback received to date on the OHSEL strategy has been recorded and responded to. During consultation, we will also record and consider all feedback and queries received and consultation responses will be analysed by the University of Kent, who will prepare an independent report for decision-makers to consider.

It is important to note that a consultation is not a local referendum or vote. We will carefully consider the views expressed by local people, but our legal duty is to consider the quality of the arguments set out, rather than to count numbers for or against our proposals. After the consultation has ended, the Committee in Common will consider its outputs, including all responses and the independent Equalities Analysis, before making a decision on whether to proceed with the proposals.

4. Engagement to date

We have a multipronged engagement approach to ensure that patient and the public are involved at all levels of decision making and service development, in ways that are inclusive and appropriate to their needs. Overall, to date, we have had three key strands to our engagement. The first two (direct and wider) detail how patients and the public are involvement in the broad work of OHSEL. The third strand relates specifically to our pre-consultation work around planned orthopaedic care.

1) Direct engagement – involving openly recruited patients and the public on all of the clinical work streams and decision making groups

2) Wider engagement – engaging more broadly with members of the public through working in partnership with our CCG colleagues. Activities have included: large-scale deliberative events; focus groups and outreach work into local communities.

3) Pre-consultation engagement – planned orthopaedic care

5.1 Direct engagement

5.1.1 Patient and public voices

The OHSEL programme has openly recruited patient and public voices (PPVs) to sit on each of the clinical work streams and decision making groups. This approach supports the programme to work transparently, engendering trust from the public by involving patients and the public in the development of the strategy and in decision making processes. It also enables the PPVs to support each other on each of the work streams.

Patient and public voices have been involved in the planned care work stream from its inception. PPVs are currently involved on both the orthopaedic evaluation and clinical working groups. These groups have helped shape the evaluation criteria and approach to the appraisal process.

Further involvement has included PPVs, HealthWatch and local interest groups being interviewed by the London Clinical Senate to explore proposals in more detail. PPVs and HealthWatch colleague will also form an important component of the panel applying the evaluation criteria to provider proposals.

5.1.2 Patient and Public Advisory Group

All PPVs are invited to attend a '**Patient and Public Advisory Group'**. PPAG acts as a collective forum for the strategy's patient and public voice advocates (including HealthWatch representatives). It aims to: share learning; provide peer support; facilitate wider engagement and disseminate messages and provide feedback on the content and processes of the programme and on key programme materials.

5.1.3 Reading group

PPAG has formed a subgroup to act as a reading group for the programme's public facing materials.

The group reviews most of the programmes public facing material, and has recently provided feedback on our planned care discussion paper which supported our pre-consultation engagement work.

5.1.4 Involvement in procurement

We have involved patient and public voices in a number of procurement exercises, through representation on evaluation panels and the scoring of bids. Patient and public voices have supported us in the procurement of an early Equalities Analysis and a series of independent deliberative events, focussed on gathering views on the Issues Paper.

5.2 Wider engagement

5.2.1 Engagement on the 'Issues Paper'

The main vehicle for the programme's early engagement was an 'issues paper'. Between March and December 2015, the programme (with support from CCGs) spoke to over 1700 individuals about the challenges facing local services and some of the possible solutions.

A variety of methods were used. For example, **six large scale events** (one in each borough) were held in July 2015– which reached over 440 individuals. These events were run like large focus groups – the participants being recruited to broadly reflect the demographics of the local area. Five overall themes were commonly cited across all the clinical areas and events, these were: access to GPs; communications, information and record sharing; service integration and coordination; staffing and better training and more community based provision.

To complement these events and to broaden the approach to reaching **less heard communities**, OHSEL worked with colleagues in Clinical Commissioning Groups to speak to members of their local communities. Activities included: running focus groups; holding stalls at local fairs and festivals; running surveys; having an online feedback form; attending meetings; and working with local HealthWatch organisations to extend our reach into local communities.

5.2.2 Workshops with HealthWatch and clinical commissioning groups

In early 2016, we began a series of **workshops with CCGs and HealthWatch** colleagues which aimed to: bring them up to speak them up to speed with programme developments, understand their priority work areas and to map out opportunities for joint work and collaboration. Two workshops were held in February 2016 and one in July 2016. It has been agreed that they will continue on a quarterly basis to strengthen how the programme, CCGs and HealthWatch work together. The workshops have helped the programme to understand the work of HealthWatches at a local level and enabled outputs from their work to inform the south east London strategy.

5.2.3 Options appraisal and proposals for change

Whereas early engagement focussed on the overall case for change, towards the end of 2015 individual models of care were being developed for each strand by the respective Clinical Leadership Group. There was recognition that some of these models of care would need to be developed into specific options for change. In September 2015 OHSEL worked with an independent provider to deliver a deliberative event with local patients and voluntary sector stakeholders to discuss what a good options appraisal process would look like as well as the evaluation criteria that should guide the decision-making process.

The purpose of the event was to:

- Engage patient and voluntary sector stakeholders who are already engaged in local health services, in the development of the options evaluation criteria to ensure a fair and transparent process
- Inform participants in detail about the process for deciding which options for change to take forward
- Discuss the draft evaluation criteria

Feedback from this event informed the development of an options appraisal process around planned orthopaedic care – the only area of the OHSEL programme that constitutes a major service change and is likely to lead to a formal consultation.

Recommendations included: involving people who would be most impacted by any change; giving the voluntary sector a voice; working transparently and using appropriate methodologies for effectively engaging with local people and stakeholders. In terms of criteria, patient experience and health outcomes were considered of great importance.

5.2.4 Planned Care Reference Group

Taking into account the feedback and recommendations from the options appraisal event, the programme sought to develop a robust approach for involving the public and stakeholders in developing the decision making process for planned orthopaedic care services.

In January 2016, the programme formed a **'planned care reference group'** comprising voluntary and community sector stakeholders, service users and the organisations representing them. The objective of the first meeting was to test these emerging ideas and get feedback from participants. Firstly, the meeting reviewed why planned care orthopaedic services need to change. Attendees were then invited to share their thoughts about the challenges. Secondly, the meeting discussed ideas about how services could be improved. Attendees again broke into table discussions to explore these ideas in more detail.

Overall, participants agreed that their experiences, or the experiences of the people that they support/work with, matched the challenges highlighted during the presentation. However, there was a desire to know more about the evidence behind the challenges and to understand the scale of the problem and whether similar models, used elsewhere, work. There was collective agreement that it was important for the challenges to be addressed. Of note it was agreed that improvements need to be made in order to reduce the number of cancelled operations. There was support for a centralised model – however, it was noted that careful consideration should be given to location of sites and transport/access links and further work needing to be done to ensure that IT systems are compatible across the health and care system (being particularly important if patients are discharged from sites out of their normal borough).

The second planned care reference group was held in March 2016. It aimed to provide a deeper level of detail about the challenges being faced and evidence behind the suggested solutions and provide more information, and seek feedback on, how decisions will be made. Twenty one people from across the six south east London boroughs attended the meeting. There were representatives from each borough and from each of the groups likely to be most affected by any change to planned care services.

A third meeting was held in September 2016 to discuss the recommendations from the evaluation panel and to review the plans for formal consultation. Their key points in regards the consultation were that

- Consultation materials must be honestly written and support a genuine dialogue with the public
- The scope of the consultation must pick up on service users who choose to have their care outside south east London
- The programme needs to be clear on how the patient pathway would work or be different under the proposals – including impact on choose and book.

5.2.5 You said, we did reports

The OHSEL programme regularly produces you said we did reports which detail how the feedback has influenced strategy development and thinking.

The last report, which details what happened to the feedback from the issues paper, can be found on the OHSEL website: http://www.ourhealthiersel.nhs.uk/Downloads/You-Said-We-Did-Issues-Paper-April-Dec-2015.pdf

5.3 Pre-consultation engagement – planned orthopaedic care

5.3.1 Purpose of pre-consultation

Engagement has been an on-going process for the programme, with patients, the public and key stakeholders involved at every stage of developing plans. As thinking became more refined, our approach to this strand of engagement has focused on involving people most impacted by any changes to planned care services.

In early 2016, together with our communications and engagement colleagues in Clinical Commissioning Groups, we developed a pre-consultation plan.

The purpose of the pre-consultation phase was to inform the full public consultation by discussing the proposals, informally, with local stakeholders. We sought feedback on both the content of the proposals for formal consultation as well as the way people wanted to be involved in the full consultation.

Informed by the equalities analysis, our focus was to engage with key stakeholders and people from communities most affected by any proposed change, understanding any potential impacts and making recommendations to the programme about necessary mitigations.

Our work built on the intelligence gathered during early engagement and was informed by the learning from previous local engagement and consultation work.

5.3.2 Pre-consultation activities

We developed an in-depth pre-consultation plan which outlined clear objectives for each identified stakeholder. For groups who would be most impacted by any potential changes (as identified through the equalities analysis) we held focus groups to understand more about how they could be impacted and what could be done to mitigate against any negative impacts and how we could enhance any positive impacts. In-depth conversations were held with the following groups: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds.

In addition, an awareness raising campaign was launched with other key stakeholders including voluntary and community sector colleagues, to encourage them to visit our online materials and share their views.

We worked with provider trusts to share materials with their staff, and offered to attend team meetings or relevant briefing sessions to further cascade information.

5.3.3 Analysis

The outputs from the pre-consultation phase were independently analysed by the University of Kent. The report was sent to the Committee in Common ahead of their decision making meeting to ensure the results of the pre-consultation informed the final decision.

6 Timeline (dates to be completed)

X November 2016: Consultation begins. Consultation document and plan, stage 2 equalities analysis and travel times analysis published, together with other consultation materials.

X December 2017: Mid-point review of consultation, including gap analysis of groups we have reached to date and revisions

X January/February: Consultation closes

March/April 2016: Committee in Common of CCGs in south east London meets to make final decision.

7 Equalities Analysis

Through the Equalities Steering Group, the programme has looked detail at the planned care work stream, advising on pre-consultation activities – ensuring protected characteristics are appropriately involved and considered. The group comprises CCG engagement and equalities leads, patient and public voices and public health specialists.

In order to support public consultation and to fulfil our statutory obligations under the Equality Act 2010, the programme has commissioned a three stage Equalities Analyses to specifically focus on the planned elective orthopaedic work stream. This analysis will help to demonstrate that we have considered the potential impacts on those with protected characteristics, and have sought to mitigate and/or limit the impact our proposals may have on identified groups. The Equalities Analyses is formed of three parts; scoping, consultation and post-consultation, which builds on an earlier Equalities Analysis. These analyses will form part of our on-going thinking, and shape our pre-consultation and consultation activities to inform decision making.

8 Stakeholder mapping

The table below outlines a range of the key stakeholder groups we anticipate having an interest the changes to planned orthopaedic care and in our consultation activities. This is open to amendment during the consultation and we will adapt as we go along.

Patient and the public	Healthcare professionals/providers	Third sector/partner organisations	Political
Residents who access services in south east London	GPs and primary care staff	Voluntary and community sector providers	Local MPs and elected members
Residents who access services outside of south east London	Orthopaedic staff	Independent sector	Mayor of Lewisham
Patients who use services in south east London but live elsewhere	CLAHRC and other research bodies	Orthopaedic charities	London Assembly members
Local patient/resident groups	CCG staff and commissioners	Voluntary community sector (user/carer/advocacy)	Joint Health Overview and Scrutiny Committee
Interest/issues groups	GP members	HealthWatch organisations	Health and wellbeing boards
Equality groups – most impacted	British Orthopaedic Association	Council for voluntary services	Other LA stakeholders - OSC chairs, Directors of Adult / Children's Social care
Patient Participation Groups (PPGs)	Provider trusts (including out of area)	Health Education South London (HESL)	
Media	Local medical councils	Local CEPNs	
	Department of Health	Universities and Medical Schools	
	NHS Improvement	Provider governors and membership	
	Staff Unions	Academy of Royal Medical Colleges	
	Acute provider staff (non-orthopaedic)	Health Improvement Network (HIN) South London	
	Community services providers/staff	Housing organisations	
	Mental health trusts / staff	Staff in neighbouring areas	
	London Ambulance Service		
	Physiotherapists – acute and community		
	Neighbouring CCGs (Wandsworth, Croydon, Tower Hamlets,		

	Newham, City and Hackney, Dartford Gravesham & Swanley)		
	Provider Governors and Members		

9 Materials

- Consultation document, both printed and digital, including versions: full; summary; easy read; large print; and audio. Other languages will be available on request. Crystal Mark approval from the Plain English Campaign will be sought.
- Freepost feedback forms
- Consultation website hub
- Presentations for: staff, public and patients, stakeholders, including Easy Read version
- Posters for GP surgeries, pharmacies, hospital orthopaedic outpatients and other public sites
- Postcard take-away including space for short feedback and capturing names and addresses
- Infographics – printed and digital
- Banners for CCG and trust websites
- Short animation – covering case for change; patient journey; and call to action
- Video of clinicians describing how the new service model will work and describing the changes from current services
- Video archive of the consultation hearing available on demand (likely to be live streamed)
- Pull-up banners
- Targeted advertising to extend reach – e.g. Facebook, promoted Twitter posts and local media

10 Consultation activities

We have developed a detailed communications and engagement plan for each stakeholder. However, below is a broad outline of our approach for each main group of stakeholders. In addition to these specific activities we will also make a broad offer to all stakeholder to attend any meetings/briefing upon request. We will evaluate our approach and reach throughout the consultation process. Our activities will be refined and developed in light of what we learn. Our communications and engagement steering group will be integral to these reviews – supporting us to ensure that there are no gaps in our engagement and that our approach is tailored to the audience.

10.1. Patient, Public, Community Engagement

We will use a range of communication and engagement activities - informed by the equalities analysis and need of each group. A targeted approach will be taken with communities identified as

being most affected by any potential change to service. These groups, and why we are targeting them, are detailed below.

10.1.1 Equality groups – most impacted

The results of the equalities analysis indicate that these groups should include: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities (long term conditions); people who have learning disabilities; white women and people undergoing gender reassignment. We will hold in-depth discussions via:

- **focus groups** or **meetings** with people from all of the nine protected characteristics (plus carers and those from areas of socioeconomic deprivation). We will hold additional sessions with communities who are most impacted by any change. These focus groups will be delivered by an independent organisation to preserve objectivity of response.

10.1.2 The general public

For interested members of the public we will:

- hold local deliberative **meetings** throughout the consultation period. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. The public events will be independently delivered.
- work with **local authority colleagues** to ensure that materials are circulated via their local channels including through resident associations.
- directly engage with individuals and communities via **Twitter** by posing questions and running polls to raise awareness with existing followers, find new audiences, share accurate information, gain stakeholder insight, listen and respond to feedback
- hold **roadshows** on provider sites and in other locations to raise awareness
- run a **'consultation hearing'** and invite people to submit evidence in advance. This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their own evidence for how services should be run.

10.1.3 HealthWatch

As a key stakeholder with connections to local people and communities we will:

- hold **briefing workshops** with key colleagues from each local HealthWatch organisation to ensure they are up to date with the work and can signpost people to our work.
- work with our HealthWatch colleagues to **cascade information** to their networks and contacts, uploading information onto their websites and including in relevant bulletins.

10.1.4 Interest groups

We will:

- offer to hold briefing meetings with members of local interest groups, including, but not exclusively, Keep Our NHS Public and Save Lewisham Hospital.
- Invite local interest groups to attend our '**consultation hearing'** – submitting evidence in advance to support their case.

10.1.5 Voluntary and community sector

Voluntary and community sector colleagues will be kept up to date by emails and bulletins. In addition we will:

- invite them to attend our public borough based meetings.
- continue to involve them in our planned care reference group.
- offer to attend any meetings that they would like our presence at.

10.1.6 Past, present and future service users

Our activities with past, present and future services users will largely be conducted through our provider colleagues who have access to the relevant contact details. Working with provider colleagues we intend to:

- circulate information by mail to past, present and future service users – signposting people to our website, consultation document and response forms.
- invite interested people to our public events (to be held close to the end of the consultation period).
- hold a road show at key orthopaedic areas in each trust – which service users will be invited to attend. The purpose of the road show is to raise awareness of the work and signpost people to our consultation document and response form.

10.2 Workforce

We will offer staff briefings at all provider sites. In addition we will run a road-show in key orthopaedic areas at which staff and service users can find out about consultation and be signposted to our response forms.

10.3 Political stakeholders (MPs and councillors)

We will work with local CCG leads to build on existing relationships to keep these key stakeholders informed – ensuring they have early sight of the programme's activities and are briefed to cascade to their constituents. The relationship with the JHOSC will be through the central team.

10.4 Partners, providers and commissioners

Our south east London strategy – also known as the Sustainability and Transformation Plan (STP) has been developed and agreed jointly by local commissioners, providers and local authorities. The proposals on which we are consulting form a part of that strategy.

Ultimate decision-making on the elective care proposals rests with Committee in Common of CCGs, as the commissioners of local health services.

We recognise that provider trusts and local authorities have a dual role in this process: they are both partners in developing and delivering proposals and also stakeholders who may wish to comment on them. We have therefore worked with provider and local authority teams to develop local plans to engage and involve their staff in our proposals. We will work closely with colleagues in Foundation Trusts to cascade information to their members and governors, giving them the opportunity to respond and attend our public events and roadshows if interested.

10.5 JHOSC

The process is subject to formal local authority scrutiny via a Joint Health Overview and Scrutiny Committee (JHOSC). Our work with the JHOSC will be managed centrally by the programme team.

Communications plan

11.1 Consultation promotion

The consultation will be widely promoted online and offline via all our networks: local authorities, provider networks, CCG networks, voluntary and community sector, HealthWatch, GPs surgeries, libraries and community centres. We will write to all stakeholders on our database encouraging them to respond and to promote the consultation via their networks.

11.2 Distribution plan

Audience	Route	Material
Residents/patients	OHSEL newsletter and local CCG and borough newsletters	Link to digital material
	via orthopaedic departments	Summary documents
	Libraries	Full, summary and ER
	Nursing / residential homes	Summary and ER
	Local Council buildings	Summary
	VCS and interest groups	Summaries for cascading
	HealthWatch	Summaries for cascading
	PPVs, PPGs and PCRG	Full consultation doc
	Public events	Full consultation doc
	Consultation Hearing	Full consultation doc
	FT public and patient members – via local newsletter	Link to digital material
Staff – orthopaedic including acute and community physio	Via internal distribution	Full document to each member of staff
Staff - CCG	Email and local newsletters	Link to digital material
Staff – GP members and practice staff	Email and local newsletters	Link to digital material
Staff – other NHS and provider including community providers	Local newsletters	Link to digital material

Staff – LMCs	Email	Link to digital material
Staff unions	Email	Link to digital material
Stakeholders (JHOSC, HWBB, MPs, Councillors, London Assembly members)	By post	Full consultation doc
VCS and interest groups	By post	Full consultation doc
Provider boards, Governors	Via internal trust distribution	Full consultation doc
Local Authorities (Leaders, Directors of Social Care)	Email	Link to digital material
NHS partners (NHSI, NSHE, providers, mental health trusts, LAS, neighbouring CCGs, HESL, HIN, CLAHRC)	Email	Link to digital material
Other partners and third sector organisations (VCS providers, independent sector, VCS, HealthWatch, universities and medical schools, Academy of Royal Medical Colleges, BOA)	Email	Link to digital material

11.3 Updates and newsletters

Our monthly stakeholder newsletter distribution list continues to grow and is received by a broad range of key stakeholders. It will continue to provide updates and highlights from consultation activity as well as signpost readers to our calls to action and opportunities for them to give feedback. We will maintain the list of stakeholders subscribing to the newsletter and include a subscription option within on and offline consultation response mechanisms to ensure we continue to reach as wide an audience as possible.

We will also supply stakeholders identified in section 8 of this plan with newsletter content to cascade through their networks. This includes CCGs, GPs and primary care staff, providers, local authorities, HealthWatch, voluntary and community sector organisations and wider NHS partners.

11.4 Media

We will take an open and transparent approach to media relations, as we aim to build awareness of the consultation, the case for change and the proposals that are put forward. Activity will include:

- A press release at the outset, to confirm the proposals, placed in context of the overall strategy and case for change, which we will work with CCG colleagues to sell in to local and regional media. The sell in process will be key to ensuring local journalists have a clear understanding of proposals and can ask questions

- Offer of individual briefing for journalists engaged during pre-consultation – clinician/PPV led
- A comprehensive public Q&A, anticipating and addressing the key questions
- A core script which will be shared with trusts and other partner organisations to ensure consistency and accuracy of message
- Clear media handling protocols for the programme team, CCGs and partner organisations to help coordinate enquiries and responses efficiently
- A list of identified spokespeople with interviews arranged on request
- The use of case studies which support the case for change, explaining to people how their services will improve

Our media relations service will continue to be available 24/7.

11.5 Social media

We will continue to use Twitter in a deliberate, strategic way to increase the impact of our engagement and gain valuable insight into public attitudes.

We will maintain Twitter activity on a daily basis and continue to horizon scan for new interaction opportunities. Using the stakeholder lists of Twitter profiles created during our pre-consultation phase we will continue to directly interact with key groups and individuals.

During formal consultation, we will also:

- continue to proactively monitor activity of and directly interact with key stakeholder groups – posing questions, providing accurate information, retweeting and responding to feedback
- establish a themed programme of tweets to highlight the case for change, wider context of strategy, patient engagement to date, similar successful models, impact, clinical support
- create suite of shareable content to bring the consultation to life on social media with assets including: infographics, images, video and quotes to profile case studies that describe the case for change and involvement clinical spokespeople and PPVs
- establish several clear calls to action, including:
    - take part in the consultation – give your feedback through the online consultation hub or paper document
    - visit the website (for detail on proposals and wider programme context)
    - give us feedback on the questions outlined in the consultation document
    - read the website FAQs about the proposals
- run Twitter polls drawing on questions in consultation document
- use hashtags to link conversations and engage new audiences #OHSEL #orthopaedic #musculoskeletal
- proactively post calls to action on feeds of people/groups most likely to be affected - monitor and provide responses where necessary
- profile engagement activity through live tweeting and Twitter walls – plus Storify roundups of major events such as deliberative events and consultation hearing
- as with pre-consultation we will ensure all interactions on social media relating to the consultation are logged fed into the analysis/independent evaluation

- use intelligence from early consultation feedback to consider an online discussion (eg tweet chat) allowing people to ask questions and receive responses from expert panel including clinicians and patient representatives

We will maintain our approach to handling interactions on social media through our agreed protocol, always trying to engage constructively with people.

We will evaluate the impact of our Twitter activity by analysing:

- number of followers, tweets, retweets, likes, shares
- direct messages and mentions
- quality, tone and volume of feedback from followers
- website traffic

11.6 Website

To run an effective consultation that can reach as many people as possible an essential tool will be a consultation website. Our existing website www.ourhealthiersel.nhs.uk remains a fundamental component of our communications and engagement approach and will continue to host the most up to date content on all aspects of the programme. Our existing website will continue to host a detailed account of the elective orthopaedic plans, including the following resources:

- Case for change
- Engagement journey so far
- FAQs
- Reports and strategy documents

Consultation hub

We aim to procure a dedicated consultation hub. This will offer a user friendly platform for capturing stakeholder feedback that interfaces with our existing website.

We will publish information to cater to the wide variety of information needs our audiences have – from basic web pages summarising the key issues, to more complex strategy documents, ensuring that more detailed information is clearly available to those who want it, in a format they can understand.

We are committed to ensuring the website can be used effectively by all users, and have made our best efforts to ensure that the core content of the site is accessible. Our aim is to:

- deliver the same information and the same general functionality to all users regardless of the platform used to access the site
- support multi-modal access (e.g. text equivalents of video/audio)
- enable customisation (e.g. freedom to apply user stylesheets)

Automated tools are used to help identify potential accessibility problems, and we follow good practice where it exists, for example in ensuring that alternative formats exist for images, that page templates are well-structured for navigation and that functionality does not depend on use of a mouse.

During the consultation period we will monitor site traffic and optimise layouts, calls to action and content to increase our conversion rates (site traffic/feedback submission). The website is optimised

for mobile devices and we will ensure that, as far as possible, the content and documentation we publish is compatible with devices with smaller screens.

Google analytics will help us to understand audience behaviour as well as measure the impact of our communications and engagement activity. We will track traffic and analyse our feedback throughout the pre consultation period so that this information can continuously inform our strategy.

The website sets the elective orthopaedic proposals in the context of wider programme activity, encouraging a broader understanding of how these potential changes fit in, and potentially increasing engagement opportunities with other initiatives.

11.7 Advertising

We will use targeted advertising opportunities to extend the reach of consultation information and call to action. We aim to utilise channels including local press, Facebook, promoted tweets and digital advertising on relevant community websites. We will evaluate this activity using data and analysis from the host outlets, traffic to our website tracked via Google analytics and analysis of feedback forms capturing where respondents have indicated where they heard about the consultation.

12. Analysis, decision and feedback plan

We have set out above a number of mechanisms by which people can feed into the consultation. All consultation responses received will be logged and their contents recorded by our independent assessor, the University of Kent. They will write an independent report of the consultation, for consideration by the Committee in Common of CCGs. This report will also take account of feedback received at public meetings and events and at focus groups, which will themselves be independently facilitated and reported.

The Committee in Common will receive this report in March. All consultation responses will also be held in an ‘evidence room’ and made available to committee in common members, so that they can take account of individual responses alongside the independent report. The Committee in Common will also receive the three-stage Equalities Analysis report, which will be updated and finalised during the consultation.

After considering carefully all of the feedback received, the Committee in Common will make a final decision on whether or not to proceed with the proposal for elective care centres. If the decision is to proceed, the Committee will decide whether there are elements of the proposals it wishes to amend or any mitigations it wants to put in place due to issues arising from the consultation. This decision-making meeting will take place in public.

Consultation questionnaire

- To what extent do you agree or disagree that changes need to be made to planned adult inpatient orthopaedic surgery in south east London?
    - Agree / somewhat agree / don't know / somewhat disagree / disagree
    - Please tell us why you think this…

- We have set out xxxx possible options for improving elective orthopaedic care in south east London. Which option do you think offers the best solution for patients?
    - Please tell us more…

- What do you think the advantages or disadvantages of establishing elective orthopaedic centres might be?
    - Please tell us why you think this…

- Are there any reasons why these proposals might affect you, or people you care for, more than anyone else in south east London?
    - Please tell us more…

- What travel or access issues do you think may need to be considered under these proposals and what could be done to make this easier?
    - Please tell us why you think this…

- Can you suggest any other solutions to the challenges faced by planned adult inpatient orthopaedic surgery in south east London that you feel we haven't considered?
    - Please tell us more…

- Do you have any other comments about our proposals?
    - Please tell us more…

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Improving elective orthopaedics

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JHOSC, 11th October 2016

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Planned care update and evaluation

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Mark Easton

Programme Director – Our Healthier South East London

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Wider context

- The proposals we are considering are the result of many discussion and several years of planning by 'Our Healthier South East London (OHSEL).

- They sit within a bigger piece of work that looks at how to improve services across south east London

- A sustainability and transformation plan (STP) is being developed, setting out how local health and social care organisations can work together to deliver the vision laid out in NHS England's Five Year Forward View

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Reminder: what we are considering

- Developing a clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise
- A proposal with our local NHS hospitals to create **two elective orthopaedic centres** using existing sites. These centres would be shared facilities which all NHS hospitals could use.
- There is national clinical support for consolidating inpatient orthopaedic surgery – 'Getting It Right First Time' by Prof Tim Briggs, outlines benefits of separating it from emergency surgery
- We are comparing the idea of two consolidated sites with the "status quo" option of simply expanding existing sites.

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Current services

Queen Mary's in Sidcup, provides **outpatient** and day case surgery for patients in south east London.

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Distribution of elective orthopaedic activity in SEL

Number of spells	NHS Bexley CCG	NHS Bromley CCG	NHS Greenwich CCG	NHS Lambeth CCG	NHS Lewisham CCG	NHS Southwark CCG	Total
Guy's Hospital	139	233	225	615	185	497	**1,894**
Orpington Hospital	467	882	96	260	86	255	**2,046**
King's College Hospital	59	178	77	196	76	217	**803**
University Hospital Lewisham	78	22	206	5	439	6	**756**
Queen Elizabeth Hospital	64	5	243	1	3	1	**317**
Princess Royal University Hospital	18	101	1	2	1	0	**123**
Queen Mary's Hospital	8	1	16	0	0	0	**25**
Other	407	304	251	277	135	94	**1,468**
Total	**1,240**	**1,726**	**1,115**	**1,356**	**925**	**1,070**	**7,432**

% of activity by CCG	NHS Bexley CCG	NHS Bromley CCG	NHS Greenwich CCG	NHS Lambeth CCG	NHS Lewisham CCG	NHS Southwark CCG	Total
Guy's Hospital	11%	13%	20%	45%	20%	46%	**25%**
Orpington Hospital	38%	51%	9%	19%	9%	24%	**28%**
King's College Hospital	5%	10%	7%	14%	8%	20%	**11%**
University Hospital Lewisham	6%	1%	18%	0%	47%	1%	**10%**
Queen Elizabeth Hospital	5%	0%	22%	0%	0%	0%	**4%**
Princess Royal University Hospital	1%	6%	0%	0%	0%	0%	**2%**
Queen Mary's Hospital	1%	0%	1%	0%	0%	0%	**0%**
Other	33%	18%	23%	20%	15%	9%	**20%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Year: 2015/16
Admission methods: Elective – Planned, Waiting List, Booked
Patient Classification: Ordinary Admission
Specialty: 110 plus HRG: HA*, HB*, HD* and HR* outside this specialty

How much elective orthopaedic care might be provided at a different site?

Annually, in south east London hospitals there are:

- 185,600 elective orthopaedic outpatient appointments – These will continue to be provided at existing sites
- 15,400 elective orthopaedic day case operations – These will continue to be provided at existing sites
- 6,200 elective orthopaedic inpatient operations – of these between 2,300 and 3,600 may be provided at a different site depending on the configuration of EOCs

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Key updates: clinical engagement

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London Clinical Senate

•In May 2016 we presented these proposals to an independent panel of expert clinicians and patient representatives from across the UK, organised through the London Clinical Senate.

•The panel reviewed documentation and interviewed more than 40 clinicians and patient representatives involved in developing the proposals.

•The Senate's findings showed they agree there is a strong case for changing the way that elective orthopaedic care is delivered in south east London.

•Clinicians from across the region support our proposed model to consolidate planned orthopaedic operations onto two sites, while still providing as much care as possible close to patients' homes by maintaining outpatients, day case surgery and emergency care locally.

•The panel made some recommendations, including that we should continue to work with clinicians to make sure patient care before and after any surgery in an elective centre is of consistently high quality across south east London.

•Our commitment to patient and public engagement was praised and the panel suggested we build on this by looking in more detail at the groups of people that could be most impacted by our proposals.

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Key updates: Out of hospital pathway

- Community MSK pathways already exist in all 6 CCGs and there is lots of good practice
- The programme have enlisted support to describe the current community MSK pathways and services in all CCGs and make recommendations on:
  - Good practice that can be shared across all CCGs
  - How pathways will need to be developed to be consistent both pre and post the EOC, to meet patient needs.
- This work will be completed prior to public consultation on the EOC proposals

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Key updates: provider site submissions

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We asked providers to develop proposals for potential sites and received submissions for:

	Provider	Proposed Site
1	Guy's and St Thomas NHS Foundation Trust	Guy's Hospital
2	Lewisham and Greenwich NHS Trust	Lewisham Hospital
3	Dartford & Gravesham NHS Trust and Oxleas NHS Foundation Trust	Queen Mary's Hospital, Sidcup
4	Kings College Hospital NHS Foundation Trust	Orpington Hospital

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Evaluation panel

- An evaluation panel was established to evaluate site options against the financial and non-financial criteria. The panel has met twice to consider (August 31st and September 20th)

- Once the evaluation is complete, the evaluation panel will make a recommendation to the Committee in Common (CiC), on what a preferred option might be.

- The CiC agreed that the preferred site configuration should, if possible, be determined by **non-financial** criteria, so long as the preferred option is more cost-effective than the current arrangement of services.

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Evaluation panel membership

Voting members

Name	Organisation
Dr. Jonty Heaversedge	Southwark CCG
Dr. Hany Wahba	Greenwich CCG
Moira McGrath	Lambeth CCG
Dr. Faruk Majid	Lewisham CCG
Dr. Jhumur Moir	Bexley CCG
Mark Cheung	Bromley CCG
Sarah Cottingham	Lambeth CCG (deputised for Moira McGrath at previous meeting)

Non voting members

Name	Organisation
John King	PPV and chair of PPAG
Gaby Charing (deputising for Ian Fair)	PPV
Rikki Garcia	Healthwatch Greenwich
Mr. Julian Owen	Independent Orthopaedic Clinician, Director MSK Clinical Business Unit & Consultant T&O Surgeon, Cambridge University Hospitals NHS Trust
Tom Brown	London Borough Bexley
Aileen Buckton	London Borough Lewisham
Sarah Blow	OHSEL Planned Care SRO & Chief Officer, Bexley CCG
Malcolm Hines	OHSEL Planned Care CFO & Chief Financial Officer, Southwark CCG
Mark Easton	OHSEL Programme Director

Approach to evaluation

1.Application of the **Hurdle Criteria** to pass or fail each configuration option.
2.Configurations that pass the hurdle criteria will be scored by the evaluation group on the **Non-Financial Criteria.**
3.Then the **financial viability** of each option is assessed

Agreed Hurdle Criteria

Hurdle Criteria	Description	Pass/ Fail
1 Safety & sustainability	• Emergency departments can continue to be delivered from the current locations in SEL • Trauma continuing to be provided in Trusts that currently do so • Located in SE London	
2 Clinical Requirements	• This option has the potential to meet the clinical requirements (provider characteristics) set out in the model	
3 Patient Experience (Accessibility)	• Where there is a multi-site option sites are distributed between inner and outer SEL to be accessible to SEL patients (e.g. an option does not have two sites both inner)	
4 Finance	• The option has a positive contribution to addressing the whole system financial challenge when compared to the do nothing scenario • The proposed option demonstrates commitment to the commercial principles set out in the specification	
5 Deliverability	• The option is able to deliver the demand and capacity requirements for a consolidated elective centre (50% of SEL activity, based on central case assumptions)	

Evaluation panel overview

- Based on provider submissions, the following sites were not considered suitable to host an EOC and were discounted from the evaluation process :
  - St Thomas' Hospital (GSTT)
  - Queen Elizabeth Hosptial (LGT)
  - Denmark Hill (KCH)
  - Princess Royal University Hospital (KCH)

- Following information provided via a joint submission from Oxleas NHS Foundation Trust and Dartford and Gravesham NHS Trust, the evaluation panel agreed that the Queen Mary's site does not meet the clinical requirement for an inpatient elective orthopaedic centre, and they will be recommending to the CiC that this site is not taken forward in the proposals.

Evaluation panel overview

- The following sites passed all the hurdle criteria and therefore were taken forward in the evaluation of proposals and possible configurations:
  - Guy's Hospital (GSTT)
  - Orpington Hospital (KCH)
  - Lewisham Hospital (LGT)

- This produced three possible site configurations:

  - OPTION 1: Guy's and Lewisham

  - OPTION 2: Guy's and Orpington

  - OPTION 3: Lewisham and Orpington

- The panel has completed the scoring of all **non-financial** criteria for the three configurations.

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Non-financial evaluation

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Non-Financial Evaluation Criteria	Weighting	Description
Travel & Access	17%	Impact on total transport times
Deliverability	25%	**7a.** The option is sufficiently flexible, adaptable and resilient to meet the requirements of growth or changes in future demand or change in national policy. i.e. the option demonstrates appropriate flexibility **7b. Ease of implementation:** the option can be delivered within a reasonable timescale with minimal risk around transition including impacts and disruption to existing services. **Capacity and capability:** The option demonstrates the appropriate capacity and capability to deliver the change/transition **7c.** Where investment is required, the ease of obtaining required funding or financing is considered.
Quality	17%	The operating model provides evidence on how it will optimise both functional and clinical outcomes for all patients receiving elective orthopaedic care in SEL.
Patient Experience	17%	• The option promotes equality and minimises disadvantage of protected groups as required by the Equality Act • The model demonstrates how it will optimise patient experience
Research & Education	7%	The model provides support the further development of research and education activity
Workforce	17%	The option is staffable and is attractive to health care professionals working in SEL

Option 1 Guys + Lewisham	1.15
Option 2 Guys + Orpington	2.15
Option 3 Orpington + Lewisham	1.08

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Financial analysis - update

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•Our expert finance group has made a preliminary assessment against the financial criteria

•all three options appear to be financially viable and more cost-effective than the current configuration

•However, there are further questions to be clarified to ensure each option has been assessed consistently

•Therefore, **no recommendation** has been made to the Committee in Common. The evaluation panel is expected to discuss these matters further once the financial options have been assessed and decide whether to recommend a preferred option.

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The Enhanced Status Quo Comparator

NHS

As part of their submission each provider was asked:

1.If consolidation of services were not to go ahead how would your trust meet its proportion of rising SEL demand for elective orthopedics?

2.In a non-consolidated model, how would your trust propose to deliver high quality elective orthopaedic services ensuring:

- Reduction in the number of cancelled procedures
- Improvement in patient experience
- Delivery of 18 week performance
- Reduction in the number of orthopaedic readmissions and complications/revisions
- Reduction in infection rates
- Delivery of GRIFT recommendations, including:
  - Delivering minimum volumes of procedures by consultant
  - Delivery of economies of scale and reducing existing variation in use of prosthetics and equipment

3. This enabled scoring to take place against the enhanced status quo

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Next steps

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Evaluation

•The evaluation panel will receive the financial assessment for each option.

•The evaluation panel may then recommend options for consultation to the **Committee in Common**

Committee in Common

•The Committee in Common is the decision making body and includes: senior leaders and clinical chairs of each clinical commissioning group in south east London, as well as representatives from NHS England, Healthwatch and local patients and the public. **Each CCG has three representatives who are the voting members.**

•The Committee in Common will review the evaluation group's recommendations and decide whether to proceed and which options should be taken forward to formal public consultation.

Formal consultation

•Our proposals for formal consultation go to the Joint Health Overview and Scrutiny Committee 11 October

•It will give local people and stakeholders the chance to have their say on the proposals when they are still at a formative stage

•If required the formal consultation would likely take place at the end of 2016 and beginning of 2017 for 12-14 weeks.

•The results of the consultation would be considered again by the Committee in Common and a decision only taken on that point on how to proceed. This is likely to be around April 2017

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Consultation

Rory Hegarty

Director of Communications and Engagement

Our Healthier South East London
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Statutory requirements

Health and Social Care Act 2012 - Section. 14Z2

CCGs must make arrangements to ensure that individuals to whom the services are being or may be provided are involved in:

- the planning of services
- the development & consideration of proposals for changes that impact manner or range of services, and
- decision making

Equality Act 2010

- Legally protects people from discrimination in the workplace and in wider society. Our engagement activity must have due regard to the Equality Act and the protected characteristics set out within it.

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Aims of the consultation

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision.

Our approach to consultation will be responsive and proportionate to those it will affect the most.

To achieve our aim we will:

- Inform people about our proposals and how they have been developed
- Be clear about who will be affected and how
- Ensure a diverse range of voices are involved reflecting communities most likely to be affected
- Engage with people and stakeholders in multiple ways to enable them to make an informed response to our proposals
- Work transparently to show the journey so far and how the final decision will be made
- Ensure compliance with legal requirements (consultation and equalities duties)
- Listen, respond and adapt our processes and approach throughout our consultation period
- Use the information gathered during the Equalities Analysis and pre-consultation to inform our approach

Our work is guided by the seven best practice principles from The Consultation Institute: integrity; visibility; accessibility; transparency; disclosure; fair interpretation; publication.

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Best practice

We are working with the following partners to deliver a **best practice** and **objective** consultation:

- **Who helped shape our communications and engagement approach**

This plan will be informed through discussions with the programme's Patient and Public Advisory Group, Planned Care Reference Group, Stakeholder Reference Group, Equalities Steering Group and the Communications and Engagement Steering Group.

Our engagement activities have been developed following learning from our pre-consultation engagement phase and the latest Equalities Analysis

The Consultation Institute assurance

Our consultation is subject to assurance by The Consultation Institute (TCI).

- **Independence and objectivity**

We will be working with independent delivery partners to deliver activities and to receive, analyse and report on the findings.

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Who are we consulting?

Patient and the public	Healthcare professionals/providers	Third sector/partner organisations	Political
Residents who access services in south east London	GPs and primary care staff	Voluntary and community sector providers	Local MPs
Local patient/resident groups	Orthopaedic staff	Independent sector	Joint Health Overview and Scrutiny Committee
Interest/issues groups	CLAHRC and other research bodies	Orthopaedic charities	Health and wellbeing boards
Equality groups – most impacted	CCG staff and commissioners	Voluntary community sector (user/carer/advocacy)	Other LAs (councillors, leaders, OSC chairs, directors of social care)
Patient Participation Groups (PPGs)	GP members	Healthwatch organisations	London Assembly members
Media	British Orthopaedic Association	Council for voluntary services	Mayor of Lewisham
	Provider trusts	Health Education South London (HESL)	
	Local medical councils	Local CEPNs	
	Department of Health	Universities and Medical Schools	
	NHS Improvement	Provider governors and membership	
	Staff Unions	Academy of Royal Medical Colleges	
	Acute provider staff (non-orthopaedic)	Health Improvement Network (HIN) South London	
	Community services providers/staff	Housing organisations	
	Mental health trusts / staff	Staff in neighbouring areas	
	London Ambulance Service		
	Physiotherapists – acute and community		
	Neighbouring CCGs (Wandsworth, Croydon, Dartford Gravesham & Swanley)		
	Provider board, governors and members		

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Communications materials

The consultation will be widely promoted through on and offline via all our networks: local authorities, provider networks, CCG networks, voluntary and community sector, Healthwatch, MPs' surgeries, libraries and community centres. We will write to all stakeholders on our database encouraging them to respond and to promote the consultation via their networks.

We will produce the following materials to support the consultation and help drive people to our consultation hub and response form

•Consultation document, both printed and digital, including versions: full; summary; easy read; large print; and audio. Other languages will be available on request.

•Freepost feedback forms

•Consultation website hub

•Presentations for: staff, public and patients, stakeholders, including Easy Read version

•Posters for GP surgeries, pharmacies, hospital orthopaedic outpatients and other public sites

•Postcard take-away including space for short feedback and capturing names and addresses

•Infographics – printed on board and digital

•Banners for CCG and trust websites

•Assets for sharing on social media

•Short animation – covering case for change; patient journey; and call to action

•Pull-up banners

•Targeted advertising to extend reach – e.g. Facebook and local media

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How will we consult? Summary of key activities (1)

Focus groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with **protected characteristics**. In order to help us understand these potential impacts in detail, we will be running focus groups with these populations. **We will hold additional sessions with communities who are most impacted by any change.** These focus groups will be delivered by an independent organisation to preserve objectivity of response.

Deliberative events

We will hold a number of deliberative events across the patch (at least one per borough) to enable members of the public, voluntary community sectors stakeholders and interested groups to share their views. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. They will include both **information giving by local clinicians and leaders, as well as table discussions to allow people to share their views and respond to the consultation questions.** These events will be independently delivered and facilitated to ensure their outputs are objectively captured.

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How will we consult? Summary of key activities (2)

Road shows on hospital sites

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show in **key orthopaedic areas in each affected trust**. During these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the consultation document and leaflets for people to take away and consider.

Consultation hearing

We will run a **'consultation hearing' and invite people to submit evidence in advance**. This will be held **mid-way** through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their own evidence for how services should be run. The consultation hearing will be independently filmed and broadcast.

Briefings

We will hold briefings with key stakeholders – including Healthwatch and interest groups. We aim to hold these briefings **early on in the consultation period** to enable these stakeholders to cascade information to their membership and contacts.

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How will we consult? Summary of key activities (3)

Planned Care Reference Group (PCRG)

Towards the end of the consultation period, we will hold another meeting of the PCRG to play back some of the feedback that we have heard to date and to invite you to add to it.

Mail outs

In order to reach past, present and future (those on waiting lists) service users, we will work with local provider trusts to circulate information via their patient lists. We will also publicise our deliberative events and road shows through these mail outs and signpost people to our website and response forms.

Networks and contacts

We will work with our public and voluntary sector colleagues to publicise the consultation and signpost people to our website and response form. This will include contact with key colleagues in clinical commissioning groups, local authorities and the voluntary and community sector (including healthwatch).

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Other stakeholders

Stakeholder	Consultation activity	Delivered by
Workforce	• Information in newsletters and internal comms • Staff briefings • Road shows in each trust – orthopaedic waiting areas	OHSEL OHSEL
Political	• Briefings • JHOSC	CCGs/OHSEL OHSEL
Partners, providers, commissioners	• Information via newsletters and briefings • Staff meetings • Information to members and governors	Providers OHSEL OHSEL/providers

We have a fuller stakeholder spread sheet which details the activity for each individual stakeholder (as on slide 10) – including the activity, materials and key messages.

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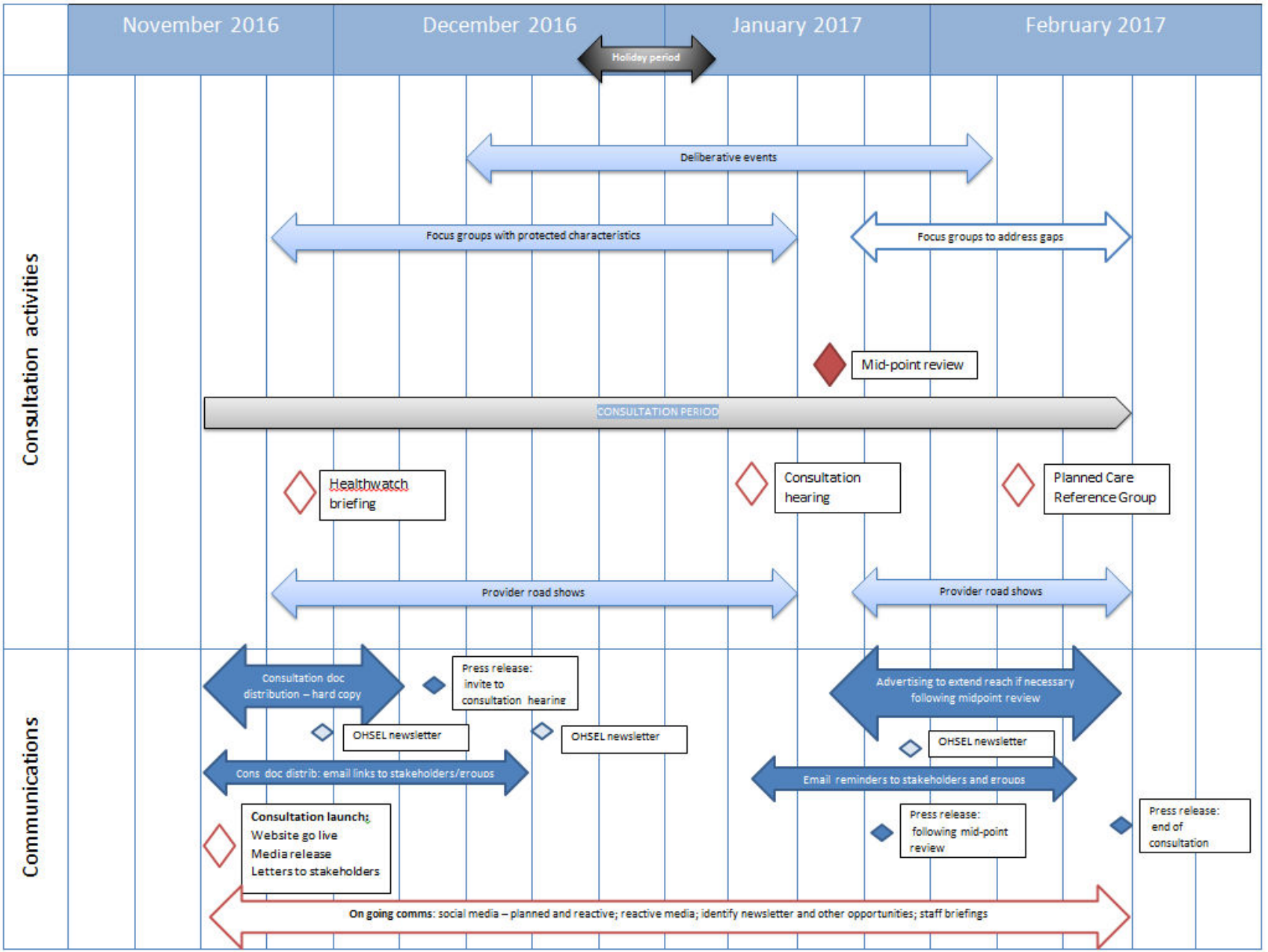
Activity timeline



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Timeframes

- November 2016: Consultation begins. Consultation document and plan, stage 2 equalities analysis and travel times analysis published, together with other consultation materials.
- January 2017: Mid-point review of consultation, including gap analysis of groups we have reached to date and revisions
- February: Consultation closes
- March 2016: Committee in Common of CCGs in South East London meets to make final decision.

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Agenda Item 8

NHS

Mental Health actions from the OHSEL JHOSC meetings
April & May 2016

Report Author: Mark Easton, Programme Director, Our Healthier South East London

Purpose: At the last meeting of the south east London Joint Health Overview and Scrutiny Committee in May 2016, the committee requested a number of updates on mental health:

The April committee requested a written explanation of how the Sustainability & Transformation Plans and the OHSEL programme are taking steps to address the following reports and recommendations:

a) Future in Mind
b) Mental Health Task Force
c) Royal College of Psychiatrists Adult Acute Inpatient Care, Feb 2016, chaired by Lord Crisp

The April committee also requested more detail on specialised mental health spend, as a proportion of the £800 million spent on South East London specialised NHS care. The committee requested a breakdown of how much is spent on all mental health providers, including SLaM and Oxleas mental health NHS Foundation Trusts.

The May committee requested :

a) Request for details of how much each borough (CCG) spends on mental health placements
b) Details for spends on specialist mental health and what is the breakdown in terms of 'in area' / 'out of area'

Extract from the SEL STP on Mental Health

The STP submission on mental health was overseen by a joint group of commissioners, providers and clinicians. The idea was to agree a direction which reflects local need and national policy. It was informed by, and took account of, the documents referred to above, but was guided by an understanding of local need. The STP was a short document and the text is

reproduced below:

We are looking at further opportunities for working at scale to improve mental health, including at the interaction between mental and physical health. There are specific areas where we know that we could do better in serving those with mental health disorders:

- All of our boroughs have higher than average levels of mental health need as indicated by the PRAMH formula;
- Those with serious mental illness (SMI) have reduced life expectancy of 13 years, usually due to higher risk of physical conditions;
- Analysis of the drivers of mental health need such as deprivation, population mobility, and ethnicity indicates that SEL has some of the highest levels of risk factors in the country. People from black and minority ethnic communities are more likely to be diagnosed with a serious mental illness and are over-represented in crisis services and the criminal justice system;
- Prevention, screening and early detection in those who are experiencing inequalities or putting their health at risk will be key to helping people to sustain good health and wellbeing.

We have identified a specific priority of integrating physical and mental health so that we consistently tackle the disparity in life expectancy of people with severe and enduring mental health problems and address the mental health and wellbeing of people with physical health problems and long term conditions and medically unexplained symptoms. The table below summarises our plans against our key priority areas:

Community based care	• Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs • Building mental health into our approach for capitated budgets and risk sharing • Incorporating mental health into our population health management approach • Increase early access in primary care • Tackling wider determinants of health in children and their families • Improved services for people with dementia
Improving quality and reducing variation across both physical and mental health	• Embed an integrated mind/body approach to support both the physical and mental health of patients and service users • Deliver quality improvement methodologies across the provider landscape • Improving timely access to specialist mental health support in the community • Increase diagnosis rates for people with mental health conditions • Develop access to crisis care for children and adults • Explore how we can achieve the four hour target for mental health and ceasing OATs • Ensure sufficient and appropriate capacity is available to meet future demand
Improving	In addition to the collaborative productivity work across all SEL providers we are:

productivity through provider collaboration	• Establishing a pan-London procurement approach for mental health providers, and a shared approach to procurement of legal support across south London • Implementing A joint approach across providers in south London to managing the budget for forensic provision and which could potentially be extended to specialised commissioning of mental health services for children and young people • Collaborative approaches to estates planning to support new models of care and more integrated working
Optimising specialised services across south east and south London	• We are trialling a new way to manage budgets for specialised services through our collaboration between the three south London mental health trusts to take on the specialised commissioning budget for adult secure services. We will assess how this approach could be extended to other areas.
Standardised care across pathways	• Ensure a standardised approach to Making Every Contact Count • Encourage open and positive discussion about mental health and wellbeing across settings. • Promote excellence in relation to mental health across all services and conditions • Increase early identification, including the use of screening, and early intervention for mental health needs • *Making Every Contact Count*. We will have a standardised approach to MECC to ensure earlier identification and intervention. Health aspects will be addressed in each contact, e.g. drug and alcohol use, anxiety, mood and psychotic symptoms, wellbeing, exercise, diet, cardiovascular risk factors, with clear onward pathways for issues identified. • *Increase early identification and early intervention* for mental health needs, including through making mental health screening routine across all settings of care to promote appropriate care and timely referral where necessary.

The June submission is being refreshed with a submission on 21 October and a similarly constituted group will oversee the mental health section. We shall add our approach to the recently released 2017-19 planning guidance which includes the following “must dos”.

Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with physical healthcare;
- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.
- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
- Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21
- Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21, and ensure that care is in line with NICE recommendations.

https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

It is our aim that a local position is reached, which meets the above directives in the most effective and efficient way possible to deliver the best possible care, with a high standard of citizen-experience and quality. Our aim is very much to work far more preventatively with our population and support and empower self-management and recovery.

There is good evidence to show that providing good and early mental health care, leads to improved outcomes and reduced spend in the health and social care system downstream and over time.

I attach the information requested on specialist mental health placements. The table shows the specialist mental health placements by CCG, and which provider the client went to. Given that we are talking about specialist services, the information here has to be interpreted with caution: it only reflects a small part of the total mental health service received by each borough.

There is a workstream within the STP which is considering the possibility of a more joined up approach to non-acute OATs and placements across the piece also, as there are pockets of good practice that already exist. This is envisaged to bring to bear, a better position with regard to OATs and use of

placements in their entirety.

I hope this is helpful.

Copy of 20160617
SMH SEL 2014-16 Pla

	Oxleas		CNWL		WLMHT
Row Labels	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**
2014-15	**254**	**15,883,887**	**5**	**170,745**	**118**
NHS BEXLEY CCG	27	1,652,906			2
NHS BROMLEY CCG	31	2,008,391			6
NHS CROYDON CCG					7
NHS GREENWICH CCG	138	8,533,969	1	36,141	28
NHS LAMBETH CCG			1	26,375	51
NHS LEWISHAM CCG	56	3,605,706	2	90,494	9
NHS SOUTHWARK CCG	2	82,914	1	17,735	15
2015-16	**254**	**14,940,081**	**9**	**411,606**	**66**
NHS BEXLEY CCG	17	1,320,751			1
NHS BROMLEY CCG	19	1,199,485			5
NHS CROYDON CCG	1	74,383	2	69,074	5
NHS GREENWICH CCG	152	8,660,709			17
NHS LAMBETH CCG	1	52,402	2	60,878	24
NHS LEWISHAM CCG	64	3,632,351	1	51,906	6
NHS SOUTHWARK CCG			4	229,748	8
`	**508**	**30,823,967**	**14**	**582,352**	**184**

SWLSTG		ELFT		Inmind			
Cost	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	
1,674,943	**27**	**1,093,931**	**16**	**523,519**	**13**	**1,087,157**	
0							
166,157	1	17,715	1	10,215	1	47,285	
432,230	9	461,024	5	132,346	5	348,578	
346,904	1	3,221	2	31,714	1	46,503	
227,367	8	279,537	4	179,381			
219,750	5	185,448	3	159,527			
282,536	3	146,987	1	10,334	6	644,791	
1,433,657	**30**	**1,592,574**	**35**	**1,359,858**	**14**	**666,352**	
0	1	20,601	1	4,395			
104,595	2	111,369	12	285,242			
655,479	10	653,929	7	486,122	7	369,341	
190,983	1	49,125			1	140,811	
163,946	9	480,787	6	227,321	1	23,084	
318,653	6	203,870	3	225,906			
0	1	72,895	6	130,872	5	133,117	
3,108,600	**57**	**2,686,506**	**51**	**1,883,378**	**27**	**1,753,509**	

NELFT		BEH MHT		Ellern Mede		SLaM
Episodes	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**
13	**388,067**	**3**	**74,539**	**1**	**264,060**	**342**
4	130,739	1	1,623			15
		1	30,289			31
						67
3	58,218			1	264,060	22
		1	42,627			101
3	169,863					43
3	29,247					63
		1	**3,193**			**359**
						16
						36
		1	3,193			73
						24
						100
						41
						69
13	**388,067**	**4**	**77,732**	**1**	**264,060**	**701**

Cost	Total London Episodes	Total London Cost	Alpha Hospital Woking Episodes	Alpha Hospital Woking Cost	Burston House Episodes
20,540,834	**792**	**41,701,682**			
615,210	49	2,400,477			
1,145,304	72	3,425,357			
3,583,785	93	4,957,963			
925,207	197	10,245,938			
7,808,291	166	8,563,578			
2,311,054	121	6,741,842			
4,151,984	94	5,366,528			
21,708,581	**768**	**42,115,903**	**1**	**164,250**	**1**
639,409	36	1,985,156			
1,424,391	74	3,125,082			
4,452,171	106	6,763,693			
767,754	195	9,809,383			1
8,202,838	143	9,211,256	1	164,250	
1,720,886	121	6,153,572			
4,501,131	93	5,067,763			
42,249,415	**1,560**	**83,817,585**	**1**	**164,250**	**1**

Hospital	Calverton Hill		Cygnet Hospital Beckton		Cygnet Stevenage	
Cost	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**
161,525	**2**	**207,430**	**1**	**159,855**	**4**	**573,909**
	1	31,356			1	197,330
161,525					2	231,690
	1	176,075	1	159,855	1	144,889
161,525	**2**	**207,430**	**1**	**159,855**	**4**	**573,909**

Cygnet Wing Blackheath		Huntercombe Roehampton		Kemple View		Kneesworth Hous
Episodes	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**
8	**1,239,365**	**1**	**175,269**	**2**	**124,352**	**9**
						1
						1
						1
1	154,921	1	175,269	2	124,352	4
1	154,921					
6	929,524					2
8	**1,239,365**	**1**	**175,269**	**2**	**124,352**	**9**

e	Oaktree Manor		Priory Hospital Farmfield		Priory Hospital Thornford Pa	
Cost	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**
1,180,142	**3**	**335,884**	**2**	**232,794**	**4**	**659,190**
54,993						
176,075			1	79,218	1	160,600
84,967	1	12,833			1	160,600
599,914			1	153,576	2	337,990
	1	161,525				
264,193	1	161,525				
1,180,142	**3**	**335,884**	**2**	**232,794**	**4**	**659,190**

St Andrews - Essex		St Andrews - Northampton		St Andrews - Nottinghamshire		St Andrews He
Episodes	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**
1	**156,585**	**11**	**1,546,209**	**3**	**468,588**	**1**
		1	204,272			
		2	254,915	2	276,415	
		5	649,767			
		1	192,173	1	192,173	
1	156,585	1	1,307			
		1	243,776			
						1
1	**156,585**	**11**	**1,546,209**	**3**	**468,588**	**1**

althcare - Birmi		St Johns House		St Magnus Hospital		Stockton Hall	
Cost	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	
109,249		**6**	**868,508**	**5**	**698,992**	**2**	**352,149**
		1	126,870	1	165,886		
		1	167,728				
		3	397,836	2	258,600	2	352,149
				1	108,621		
109,249		1	176,075	1	165,886		
109,249		**6**	**868,508**	**5**	**698,992**	**2**	**352,149**

The Dene		The Spinney		Ty Cwm Rhondda		Woodhaven
Episodes	**Cost**	**Episodes**	**Cost**	**Episodes**	**Cost**	**Episodes**
4	**575,255**	**1**	**176,075**	**1**	**115,059**	**1**
1	154,328					
1	114,422					
				1	115,059	
		1	176,075			
2	306,505					1
4	**575,255**	**1**	**176,075**	**1**	**115,059**	**1**

Cost	Total Non-London Episodes	Total Non London Cost
105,196	**74**	**10,385,829**
	2	259,265
	5	685,657
	13	1,701,523
	8	1,087,057
	24	3,284,513
	4	668,843
105,196	18	2,698,971
105,196	**74**	**10,385,829**

Agenda Item 14

Our Healthier South East London
Joint Health Overview & Scrutiny Committee
MUNICIPAL YEAR 2015-16
AGENDA DISTRIBUTION LIST (OPEN)
NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

Name	No of copies
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Councillor Judith Ellis (Vice Chair)	1
Councillor Robert Hill	1
Councillor Ross Downing	1
Councillor Jacqui Dyer	1
Councillor Hannah Gray	1
Councillor Alan Hall	1
Councillor James Hunt	1
Councillor Cherry Parker	1
Councillor Clare Morris	1
Councillor John Muldoon	1
Councillor Bill Williams	1
Our Healthier South East London	
Rory Hegarty, Communications & Engagement Director	1
Mark Easton, Programme Director	1
Oliver Lake, Partner - Transformation	1
Fiona Gaylor, Patient and Public Voice Project Manager	1
Health Partners	
Matthew Patrick, CEO, SLaM NHS Trust	1
Jo Kent, SLAM, Locality Manager, SLaM	1
Zoe Reed, Director of Organisation & Community, SLaM	1
Marian Ridley & & Jackie Parrott Guy's & St Thomas' NHS FT	1
Lord Kerslake, Chair, KCH Hospital NHS Trust	1
Julie Gifford, Prog. Manager External Partnerships, GSTT	1
Geraldine Malone, Guy's & St Thomas's	1
Jessica Bush, Head of Engagement and Patient Experience King's College Hospital KCH FT	1
Southwark Council & Southwark Clinical Commissioning Group Officers	
David Quirke-Thornton, Strategic Director of Children's & Adults Services	1
Andrew Bland, Chief Officer, Southwark CCG	1
Jin Lim , Southwark (Acting) Public Health Director	1
Shelley Burke, Southwark Head of Overview & Scrutiny	1
Sarah Feasey, Legal Services	1
Tom Crisp, Legal Services	1
Norman Coombe, Legal Services	1
Chris Page, Principal Cabinet Assistant	1
Niko Baar, Liberal Democrat Political Assistant	1
Julie Timbrell, Southwark scrutiny project manager , Scrutiny Team SPARES	10
External	
Healthwatch Bexley	2
Healthwatch Bromley	2
Healthwatch Lewisham	2
Healthwatch Lambeth	2
Healthwatch Greenwich	2
Healthwatch Southwark	2
Electronic agenda (no hard copy)	
Cllr Jasmine Ali, Southwark reserve members	
Cllr Paul Fleming, Southwark reserve member	
Rick Henderson, Independent Advocacy Service	
Tom White, Southwark Pensioners' Action Group	
Jay Strickland, Southwark Adult Social Care Director	
Jin Lim , Southwark Public Health Assistant Director	
Alain Lodge (Greenwich scrutiny lead)	
Louise Peek (Bexley scrutiny lead)	
Graham Walton (Bromley scrutiny lead)	
Timothy Andrew (Lewisham scrutiny lead)	
Elaine Carter (Lambeth scrutiny lead)	
Total:50	
Dated: January 2016	