Open Agenda

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 17 May 2016
6.30 pm
Woolwich Town Hall, Wellington Street, Woolwich, SE18 6PW

Membership

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

Reserves

INFORMATION FOR MEMBERS OF THE PUBLIC
Please report to the reception desk on your arrival and you will be directed to the meeting room.

Contact Alain Lodge on 020 8921 6307 or email: alain.lodge@royalgreenwich.gov.uk

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Members of the committee are summoned to attend this meeting

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 17 May 2016
6.30 pm
Woolwich Town Hall, Wellington Street, Woolwich, SE18 6PW

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 26 April 2016.	1 - 4
5.	**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**	
6.	**URGENT AND EMERGENCY CARE NETWORK**	5 - 14
7.	**PLANNED CARE: ELECTIVE ORTHOPAEDIC (ECOS)**	15 - 26
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**	

Item No.	Title	Page No.

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: 9 May 2016

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 26 April 2016 at 6.30 pm at Coin Street neighbourhood centre, 108 Stamford Street, London SE1 9NH

PRESENT:

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

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:

1. APOLOGIES

Apologies were received from Councillors Matthew Morrow , Hannah Gray and Ross Downing.

VIDEO - OPENING THE MEETING

https://bambuser.com/v/6231208

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

There was none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillors Alan Hall & John Muldoon declared that they both are elected governors at South London and Maudsley Foundation Trust.

Councillor Judith Ellis declared that her daughter works at South London and Maudsley Foundation Trust and she a governor at Oxleas NHS Foundation Trust.

Councillor James Hunt declared his wife is an employee of Dartford and Gravesham NHS Trust at Queen Mary's Hospital

4. MINUTES

The minutes of the meeting held on 1st February 2016 were agreed as an accurate record.

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

There were none.

6. OHSEL CONSULTATION PLAN

Rory Hegarty, Communications & Engagement Director OHSEL, Oliver Lake, Partner – Transformation OHSEL, and Martin Wilkinson, Chief Officer, Lewisham CCG presented the OHSEL JHOSC consultation plan.

RESOLVED

The committee requested:

a. Copies of all the OHSEL consultation documentation before it goes out

b. The Planned Care timeline for consultation

c. A dedicated session on Community Care , and how this is being developed in collaboration with the community using the principles of co-creation

VIDEO - OHSEL CONSULTATION PLAN

https://bambuser.com/v/6231223

7. MENTAL HEALTH

Mark Easton, Programme Director, OHSEL; Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group (CCG) and Annabel Burn, Chief Officer, NHS Greenwich CC, presented and took questions from the committee.

RESOLVED

The committee requested an 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

VIDEO - MENTAL HEALTH

https://bambuser.com/v/6231281

8. SUSTAINABILITY AND TRANSFORMATION PLAN

Mark Easton, Programme Director, OHSEL; Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group (CCG) and Annabel Burn, Chief Officer, NHS Greenwich CCG presented on the Sustainability & Transformation Plans (STP).

RESOLVED

The committee 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.

VIDEO - SUSTAINABILITY AND TRANSFORMATION PLAN

https://bambuser.com/v/6231327

9. WORKPLAN

The next meeting is scheduled for 17th May 2016 in Greenwich. The scheduled agenda is:

- Emergency & Urgent Care designation outcomes
- Planned care options

In addition this meeting will receive:

- Copies of all the OHSEL consultation documentation before it goes out
- The Planned Care timeline for consultation

This, or a subsequent meeting, will hold a dedicated session on Community Care, and how this is being developed in collaboration with the community using the principles of co-creation.

Meeting ended at 8.25 p.m.

CHAIR:

DATED:

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NHS

Urgent and Emergency Care Network

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Urgent Care designation process

Please note this presentation needs to be viewed in colour

Agenda Item 6

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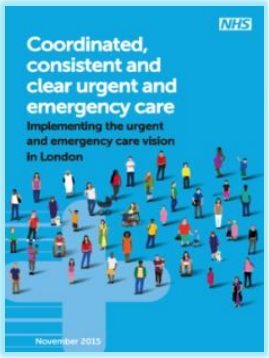
Designation overview

NHS

London Urgent & Emergency Care (U&EC) Facilities Specifications

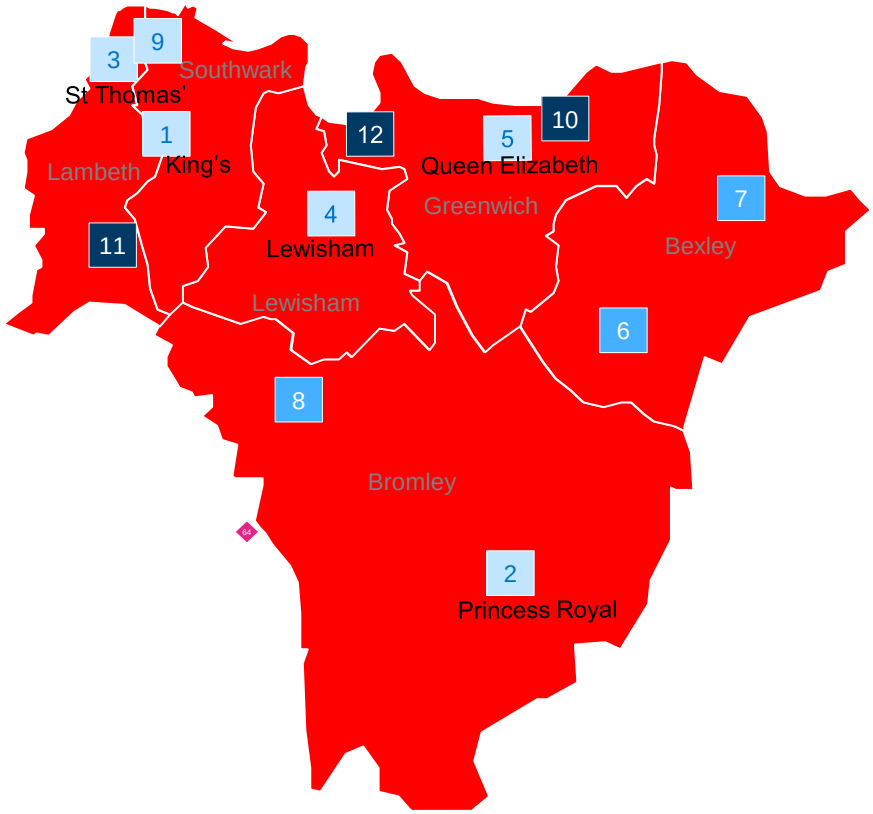
- Working with a broad range of stakeholders and building on draft national guidance, tailored facilities specifications for London were developed by the London U&EC Clinical Leadership Group. Following endorsement from the London Transformation Group, these were published in November 2015. The specifications are based on the London Quality Standards as well as additional sets of agreed standards and specifications detailed in the table below.



Urgent care centres (UCC)	Emergency Centres (EC)	Emergency Centres with specialist services (ECSS)
London Quality Standards – Urgent Care Centres	• London Quality Standards • London service inter-dependency framework • Inter-hospital transfer standards • London crisis care standards	As per EC plus the London specifications for one or more of: • Major Trauma Centre (MTC) • Hyper Acute Stroke Unit (HASU) • Heart Attack Centre (HAC) • Vascular Centre (VC)

- The facilities specifications are intended to provide a ***coordinated, consistent and clear*** U&EC offering for the public in London. This is important in supporting the London Quality Standards and is something that patients and the public have asked for during London-wide engagement. (More details and information on this can be found at: https://www.myhealth.london.nhs.uk/healthy-london/news/urgent-and-emergency-care)
- The specifications apply to all services able to offer U&EC care that patients can walk-in to, arrive by ambulance without an appointment and with an undifferentiated health need, or via direct referrals/ bookings from NHS 111 and other health and social care professionals. This includes both co-located and standalone centres.
- Each individual U&EC network (in line with constituent CCG decision-making arrangements and emerging Sustainability and Transformation Plans (STP) governance) will lead on and be responsible for the designation of U&EC facilities within their region based on these specifications.

South East London U&EC Network current U&EC services



5 Emergency departments (ED)	5 Co-located Urgent Care Centres (UCC)	4 Standalone UCCs	2 Walk-in Centres (WIC)	1 GP-led health centre

1	King's College Hospital	Co-located UCC and ED with MTC, HASU & HAC
2	Princess Royal University Hospital	Co-located UCC and ED with HASU
3	St Thomas' Hospital	Co-located UCC and ED with HAC and VC
4	Lewisham Hospital	Co-located UCC and ED
5	Queen Elizabeth Hospital	Co-located UCC and ED
6	Queen Mary's Hospital	Standalone UCC
7	Erith Hospital	Standalone UCC
8	Beckenham Beacon	Standalone UCC
9	Guy's Hospital	Standalone UCC
10	Clover Health Centre	WIC
11	Gracefield Gardens	WIC
12	New Cross, Waldron Health Centre	GP-led health centre

MTC – Major Trauma Centre**, HASU** – Hyper-Acute Stroke Unit, **HAC** – Heart Attack Centre, **VC –** Vascular Centre

South East London Urgent Care Services stocktake against the specification

Meets new draft specification
Partial
Does not meet new draft specification
No response/ N.A

		Draft new specification	5 Co-located UCCs	5 Standalone UCCs	2 Walk-in-centres	1 GP led health centre
Opening hours	Weekday	Open a minimum 16 hours/ day	• Most more than 16 hours, one open for 14 hours	• 3x open 12hrs • 1x open 14hrs • 1x open 24 hrs	• 2x Open 12 hours 8:00 to 20:00	• 1x opens for 12hrs
	Weekend		• No change from weekday operation	• No change from weekday	• Similar to weekdays	• 1x same as weekdays
Medical cover	Weekday	1 registered Medical practitioner & 1 other Healthcare practitioner	• GP led with consultant support • 2 GPs • Full ED cover	• x 1 GP rising 2 @ peak times • Appropriately trained clinicians	• 1 X GPs	• GP available on site for all operational hours
	Weekend		• No change from weekdays	• No change from weekdays	• 1 X GPs	• Same as weekdays
Access to x-ray & blood testing	Weekday	Access to plain film x-ray and blood testing	• Full – access to X-ray	• 3x access to X-rays • 2x limited access	• Imaging referred to acute hospital, No access to diagnostics	• No access to x-ray
	Weekend		• No change from weekdays	• Same as week days	• Imaging referred to acute hospital, No access to diagnostics	• No access to x-ray

South East London Urgent Care Services stocktake against the specification

	Draft new specification	5 Co-located UCCs	4 Standalone UCC	2 Walk-in-centres	1 GP led health centre
Mental health	Access to mental health referral	 • Full access to crisis response team	 • Not provided by UCC but pathway accessible by Oxleas	 • 1x 24hr mental health crisis team • 1x links with Royal Borough Greenwich	 • As per GP practice
DoS	**Access to an electronic Directory of Services (DoS)**	 • 1x have access to DoS	 • 2x access to DoS • 2x no access	 • 1x access to Greenwich DoS • Limited or no access	 • No access to DoS
Care plans	Access to electronic care plans	 • 2x have limited access included end of life	 • 3x co-ordinate my care • 1x KHP & PACs	 • 1x Adastra database	 • No access to care plans

- Meets new draft specification
- Partial
- Does not meet new draft specification
- No response/ N.A
- Limited information available
- Local electronic care plans only

South east London emergency care services stocktake against the specification

Meets new draft specification
Partial
Does not meet new draft specification
No response/ N.A
Limited information available
Local electronic care plans only

	Draft new specification	**5 Emergency Departments**
Medical cover Weekday	16 hour consultant presence	 • 2 sites x 24 hr consultant cover for ED incl. on call • 1 site x 0800-2200 + on call • 1 site x 6 consultants with cover varying throughout day • 1 site x 5 consultants with cover varying throughout day
Medical cover Weekend		 • 2 sites x 24 hr consultant cover for ED including on call • 1 site x 0800-2200 + on call • 2 sites x 2 Consultants
Access to electronic DoS	To have access to an electronic DoS	 • 1x MiDoS available • 1x rolling out • 1x no response • 2x No access
Access to electronic care plans	To have access to care plans	 • 2x limited access • 1x flagged by team • 2x access to electronic care plans (KHP, EPR, PACS, Kingsdoc, kwiki)
Specialist centre provision	One or more specialist emergency offering	 • 1x Heart & Vascular • 1x Hyper acute stroke • 1x Major Trauma, Hyper acute, Heart attack centre

Achieving standards

London Quality Standards
All providers have been asked to report back on progress to date since the last self assessment; what their plans are to achieve the standards not being met; and which will require additional funding.

Mental health crisis standards
The implications of the crisis care concordat, agreed across all partners, will be considered by the Mental Health (MH) working group. For example, liaison psychiatry services should see service users within 1 hour of emergency department referral. The under18s MH working group will consider the ability to meet the requirements that one of the assessing doctors has CAMHS expertise or that the assessing AMHP has expert knowledge of this age group. Investment in psychiatric liaison will continue to strengthen the local resilience plans.

Designation process and timeline

South East London's U&EC network plans, including designation, are part of the umbrella STP plans. Alignment of the designation process and the STP process is outlined below.

STP Process

Checkpoint → Full STP → Planning → Implement by 2020

15 April | May | 30 June | December 2016

Specific steps to develop proposal of U&EC designation

A. Decision making process in line with STP governance arrangements agreed (Slide 10)

Initial engagement with HealthWatch and continuous involvement of staff, patients and public

B. Agreed membership and ToR for SEL designation working group.
This will include Primary Care leads, Directors of Finance and Directors of Commissioning

C. Principles for developing UEC designation options
The London principles for reviewing urgent care facilities may be adapted by the designation working group for use in south east London (slide 11)

The weighting of principles will be agreed at a south east London level

D. Develop facilities configuration options
Assess service options against the designation principles. This will include their ability to meet UEC facilities specifications by 2020 and the affordability of doing so.

This is likely to be a staged approach and won't include all urgent care services in one go.

The 7 day standards in the specification are mandated. Urgent care facilities will need to meet these. The timeframe for this is shown to the right.

Phase 1 – March 2017	U&EC Networks - Autumn 2017	Phase 2 – 2018	Phase 3 – 2020
25% of the population will have access to services which meet the 4 clinical standards 7 days a week . **North east London is the pilot site for phase 1**	100% of the population will have access to the right urgent network specialist services	50% of the population will have access to services which meet the 4 clinical standards 7 days a week	At least 95% of the population will have access to services which meet the 4 clinical standards 7 days a week

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Process for developing proposals

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- The designation of U&EC facilities will be considered at an individual service and at a network level, with the continuous involvement of staff, patients and the public throughout.
- **Individual service level:** the U&EC facilities specifications set the standard of service provision that UCCs, ECs and ECSSs will provide. Their ability to implement them by 2020 will need to be developed.
- **U&EC Network level:** recommended designation principles have been developed by Healthy London Partnership (HLP) as guidance. They seek to ensure that, across a network, the number and location of U&EC facilities provides optimum coverage in regards to:
  - quality of care
  - access to care
  - deliverability
  - value for money
  - strategic coherence
  - equality impact assessment
- These are intended as a guide and may need to be supplemented with additional considerations for south east London. Any weighting of principles will also need to be agreed locally. See slide 10 for the draft principles.
- **Engagement and communicating patient benefit:** the designation of services will provide demonstrable patient benefit.
- To drive the application of the principles, continuous engagement of patients, the public and staff will be maintained throughout the process.
- The benefit of designation to patients will be articulated and communicated to all stakeholders to support engagement and reassure against any concerns.

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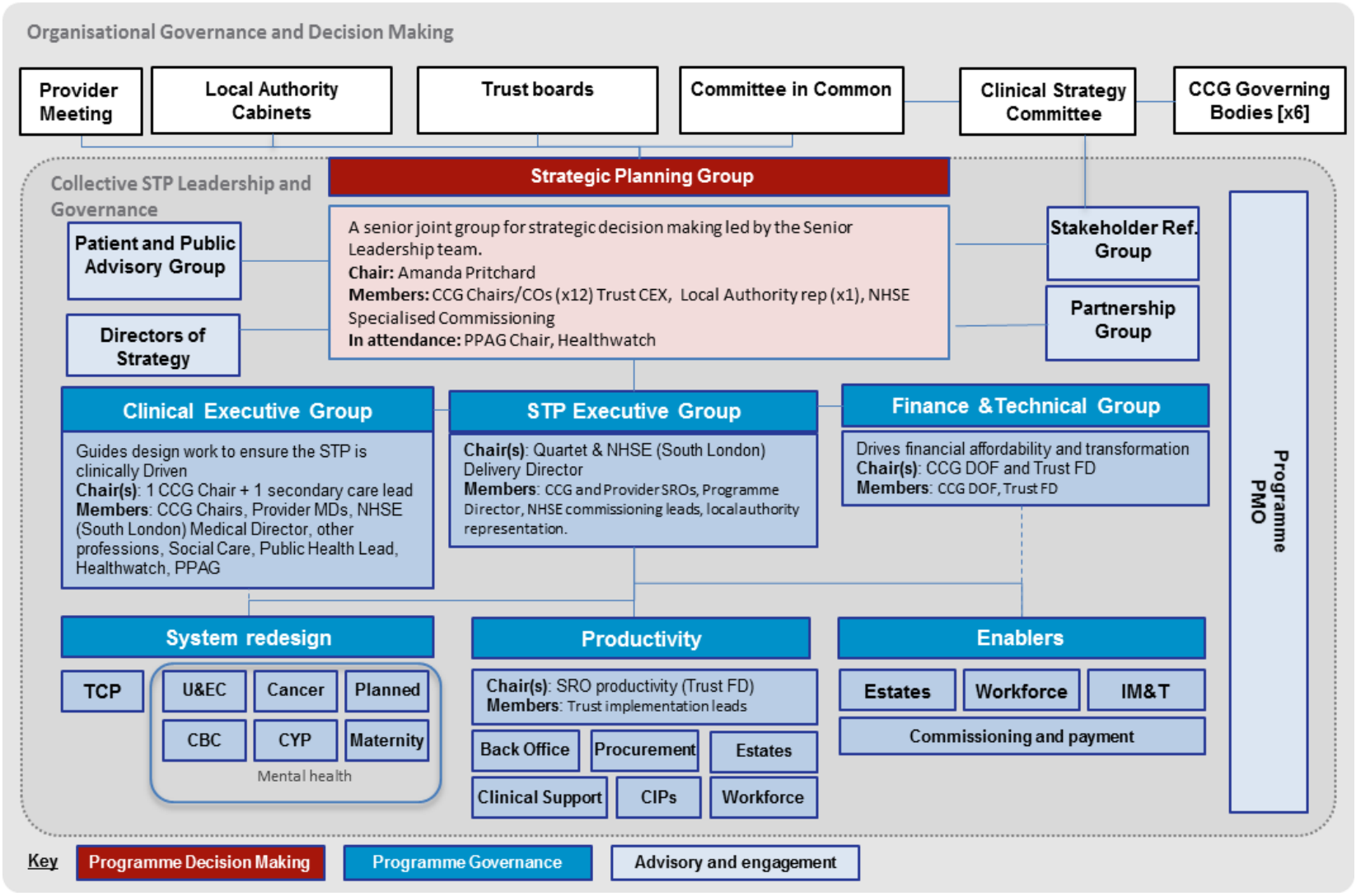
Decision making and governance structure

NHS



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London designation principles

NHS

The recommended London principles below may be adapted and weighted for use in south east London

Areas	Description	Recommended Principles
Quality of care	Experience and effectiveness maximised	• Designation maximises patient experience. • Designation ensures the U&EC system and facilities specifications, including LQS, are fully met.
Access to care	Equity of access and sustainability of activity	• Members of the public are able to access all U&EC facilities on public transport. • Designation does not inhibit timeframes for transfer or referral of ongoing care between facilities or other services when required. • Designation does not result in reduced activity to a unsustainable level for a facility. • Designation does not cause an increase in activity for a facility that it does not have planned capacity to manage.
Deliverability	Workforce and estate utilisation maximised	• The designated option is deliverable within 3-5 years. • Workforce skill mix and numbers are able to deliver the designated option. • Workforce training is maximised to deliver the designated option. • Integrated Governance is delivered across providers. • Estate utilisation should be sufficient and optimal for designation.
Value for money	Ability to provide optimal access to high quality clinical care whilst providing value for money	• Designation provides the best value for money for the overall U&EC Network.
Strategic coherence	Coherence with the U&EC system within a network	• Designation considers current agreed acute reconfigurations. • Designation considers primary care and integrated care service changes and developments. • Designation considers digital developments locally and nationally. • Designation supports emergency preparedness requirements.
Equalities Impact Assessment	Does not discriminate against any disadvantaged or vulnerable people	• Designations considers and does not discriminate against any disadvantaged or vulnerable people or groups

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Planned Care: Elective Orthopaedic Centres (EOCs)

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

JHOSC
17 May 2016

Agenda Item 7

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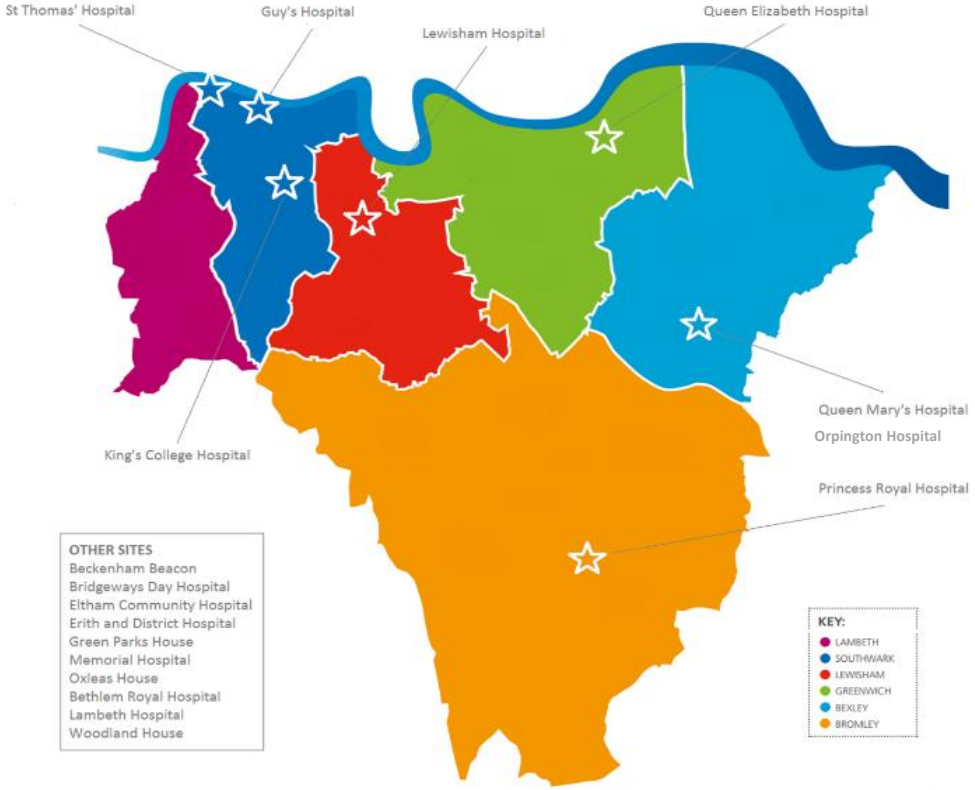
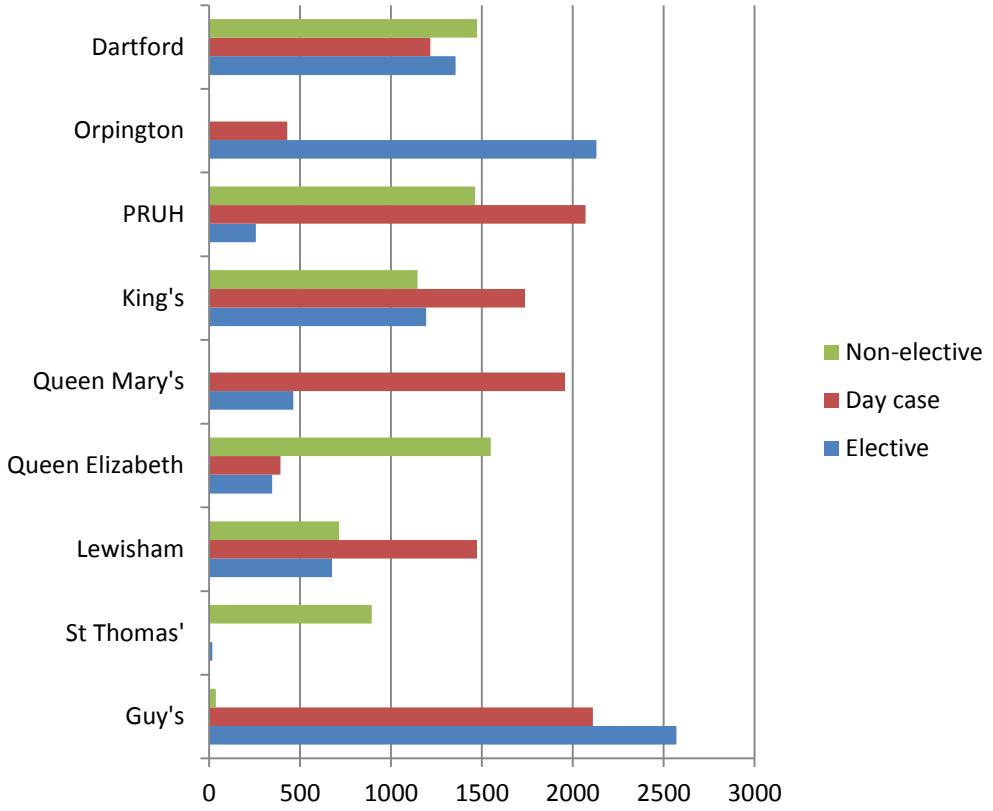
In south east London elective orthopaedic services are delivered across eight sites





Elective cases are inpatient waiting list case which can be planned in advance
Non-elective cases are emergencies
Day cases do not stay overnight

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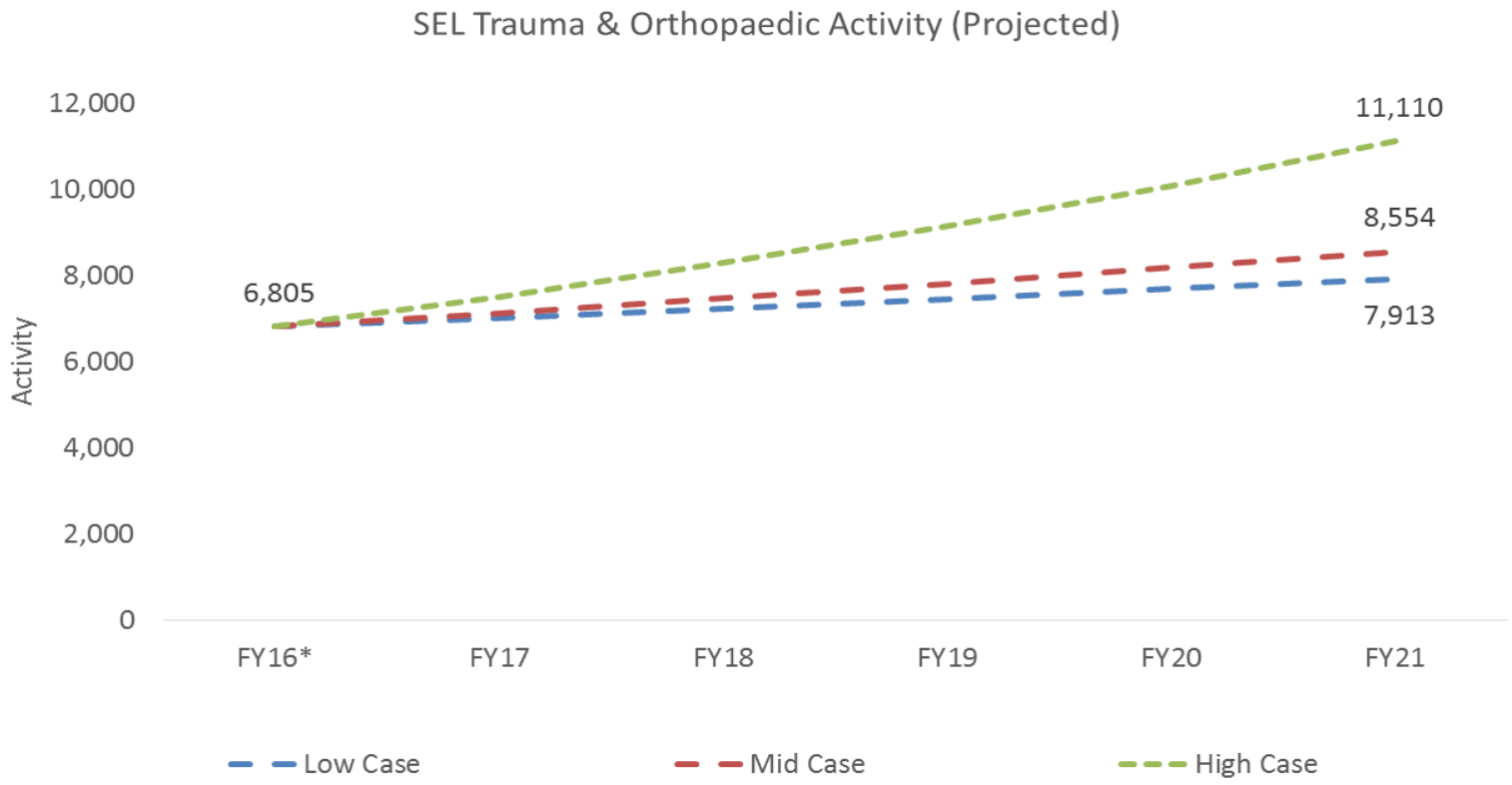
Demand for elective orthopaedic care is rapidly increasing



The green line shows the trend growth line. The blue line shows demographic growth. We are basing our planning on keeping growth to the red line through better management of out-of-hospital care.

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There is a compelling case for changing the way we deliver EOC

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 existing demand and keep to waiting time targets • Most beds are not ring fenced and so cancellations occur when hospitals are under pressure • While length of stay has improved it remains below the London average at most sites in south east London • Patient reported experience is variable across south east London
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 required • 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 specialised activity results in less favourable outcomes as well as increased costs
Wider benefits	• There are opportunities to improve quality and costs through networking orthopaedic services

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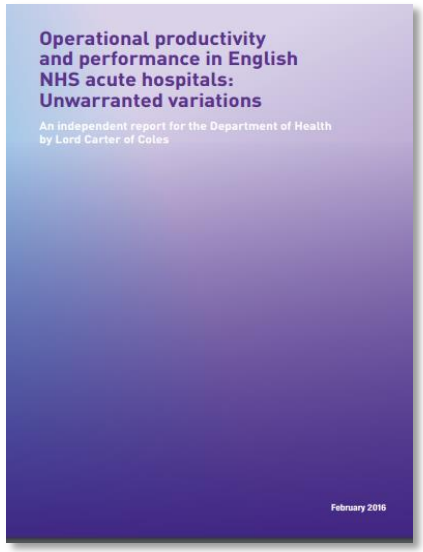
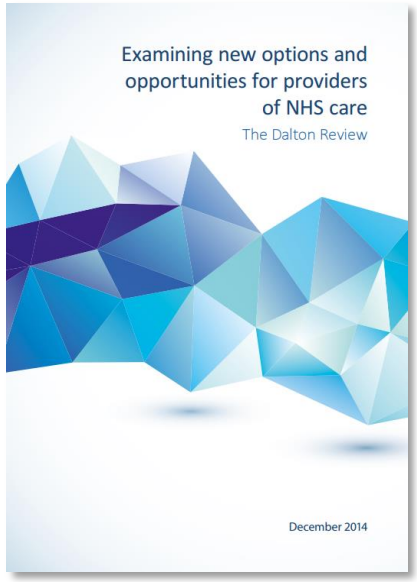
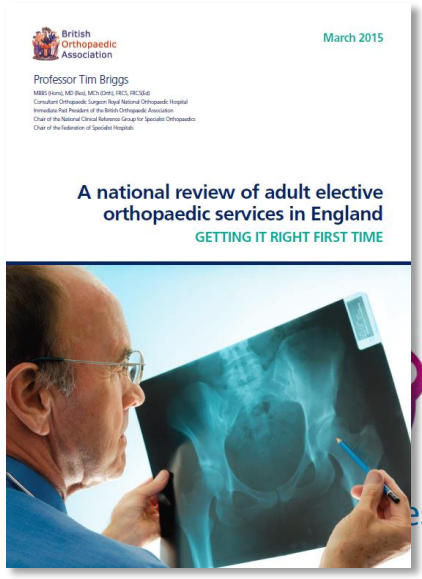
There are a number of national drivers supporting alternative models of delivering elective orthopaedics and encouraging consolidated services and partnership working

- Five Year Forward View – NHS England
- Getting it Right First Time – Professor Tim Briggs/British Orthopaedic Association
- Dalton review – Department of Health
- Carter review – Department of Health







A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

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A series of provider and commissioner workshops held at the end of 2015/early 2016 agreed to devise a new model of service delivery to compare with the status quo

- Consolidation of elective inpatient services from the current eight sites to two sites; while retaining outpatient, day case and trauma services locally at base hospitals
- A higher quality and more efficient planned care pathway
- Exploring the case for consolidating specialist and complex cases
- Creating an orthopaedic network approach for procurement and service design
- A business model which ensure the financial benefits of consolidation benefits all providers rather than creating “winners and losers”
- This new model to be evaluated against the status quo / do minimum option

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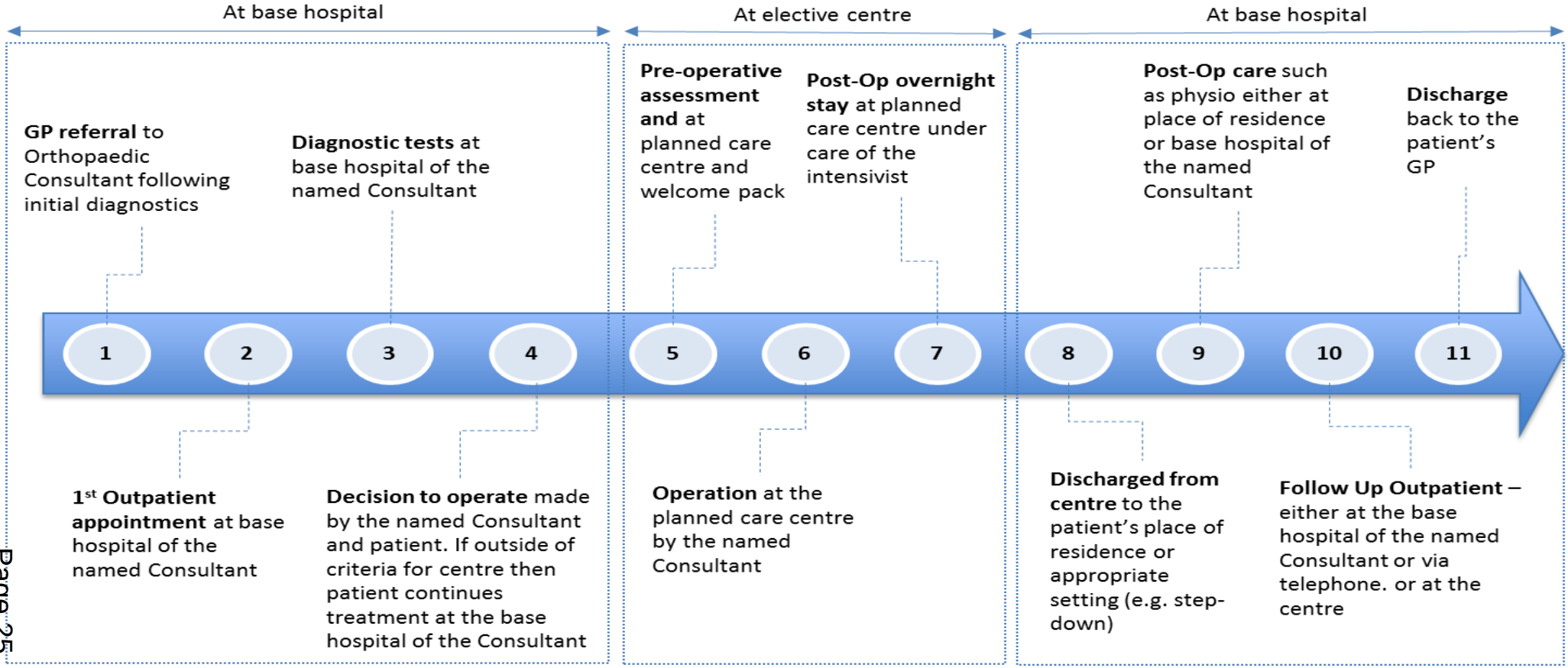
An outline 'pathway' has been developed

- Hosts would be expected to facilitate an optimised pathway so that elective orthopaedic care in south east London is as productive and safe as possible. Monitor[1] have set out 9 levers for improving productivity in elective care. These are summarised below:
- Standardising pathways and protocols
- Implementing effective performance management conditions
- Making visible leaders accountable for continuous improvement
- Using adaptive staff contracts
- Making efforts to engage patients and families in their own care
- The graphic below provides an example pathway on how elective centre(s) could work with base hospitals; and how patients will move between base hospitals and the elective centre for outpatients, treatment and rehabilitation. This is illustrative rather than prescribed but potential hosts are asked to describe how they will deliver this service.



1. Monitor (2015), Improving productivity in elective care

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Elective orthopaedic centre: outline model

NHS

Summary
Elective orthopaedic care is delivered across two sites in south east London. 'Local' or 'base' hospitals will continue to provide outpatient services, day case procedures, trauma and rehabilitation. This approach aims to improve efficiency to meet capacity and reduce variation in care.

Services
The full range of EOC services will be in-scope and include both routine and complex procedures. It is expected that providers will deliver these in a way that maximises throughput and efficiency.

Both sites will only focus on inpatient procedures. Trauma, day cases, outpatients and rehabilitation will be delivered at the base hospital. Some inpatient services may continue to be delivered where clinically appropriate to do so.

Depending on the final site some base hospital activities – such as outpatients – may also be delivered from the centre where it is a patient's local hospital.

Exclusions: Spinal surgery is currently out of scope and will be continued to be delivered as is.

Clinical dependencies and adjacencies
- Ring-fenced elective care beds and theatre services (cold site)
- Co-located with HDU and ICU
- Anaesthetics
- Routine diagnostic services (including radiology, pathology, pharmacy)
- Rehabilitation and occupational therapy services

Transport
Access is an important part of the model and is supported by the two-site option. Further work is required to identify an appropriate model.

Characteristics
Hosts should have all of the facilities and clinical adjacencies required to deliver the procedures in scope. These include:
- 'pre-hab' assessment and support as well as a defined team to manage ongoing patient care
- Access to musculoskeletal (MSK) radiology including CT and MRI
- Outpatient consultation rooms
- Access to critical care or high dependency unit when required
- Theatre inventory of equipment and implant components
- Ring-fenced beds/wards and theatres
- Links to other specialities including; vascular, plastic surgery, pathologist, radiotherapist and established multi-disciplinary team (MDT) network
- Access to step-down facilities
- Effective links with social care

Workforce
- Networked staff: staff will be drawn from across providers in south east London and will be supported by the appropriate contracting arrangements set out in the commercial model.
- Dedicated staff: the centre will directly employ some staff. This could include an orthopaedic team leader, nursing staff, anaesthetists, MSK radiologists, administrative and clerical staff, pathway co-ordinators

Volume and capacity
It is expected that each centre will need to accommodate around 4,500 procedures per year by 2021. This will require approximately 50 beds.

Commercial principles
It is expected that activity will be shared across hospitals with the EOC/s acting as a 'host' . It is therefore important, in order to mitigate the risk of 'winners and losers', that all providers accessing the centre/s agree to a shared set of commercial principles. Providers will be asked to submit their proposals on the commercial model based on the principle that base hospitals will retain ownership of activity undertaken by the EOC. This may take the form of a joint venture or profit share agreement or other model which remains true to the principle.

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The process to develop a new model of EOC will take place over a number of phases

Current phase: Present – September 2016

- Draft outline specification
- Site option identification
- Option appraisal
- Outline commercial (operating model) and management case (implementation route)
- Public engagement on the model and evaluation criteria
- Clinical and NHS England (NHSE) assurance
- Determine requirement for consultation

1: Strategic & Pre Consultation Case

September-November 2016

2: Consultation (if required)

- Run consultation (if required)

December 2016 – January 2017

3: Confirm preferred model

- Revise business case to reflect outputs from consultation
- Agree preferred model

January 2017 – Summer 2017

4: Outline business case

- Develop Outline Business case for each site (if required)
- Confirm detailed clinical model
- Confirm and agree detailed commercial model
- Alignment of business cases across sites
- Relevant clinical and regulatory assurance

From Summer 2017

5: Full Business Case / Implement

- Initiated preferred implementation route through agreed process
- Confirm plans for full business case (if required)
- Initiate any capital work

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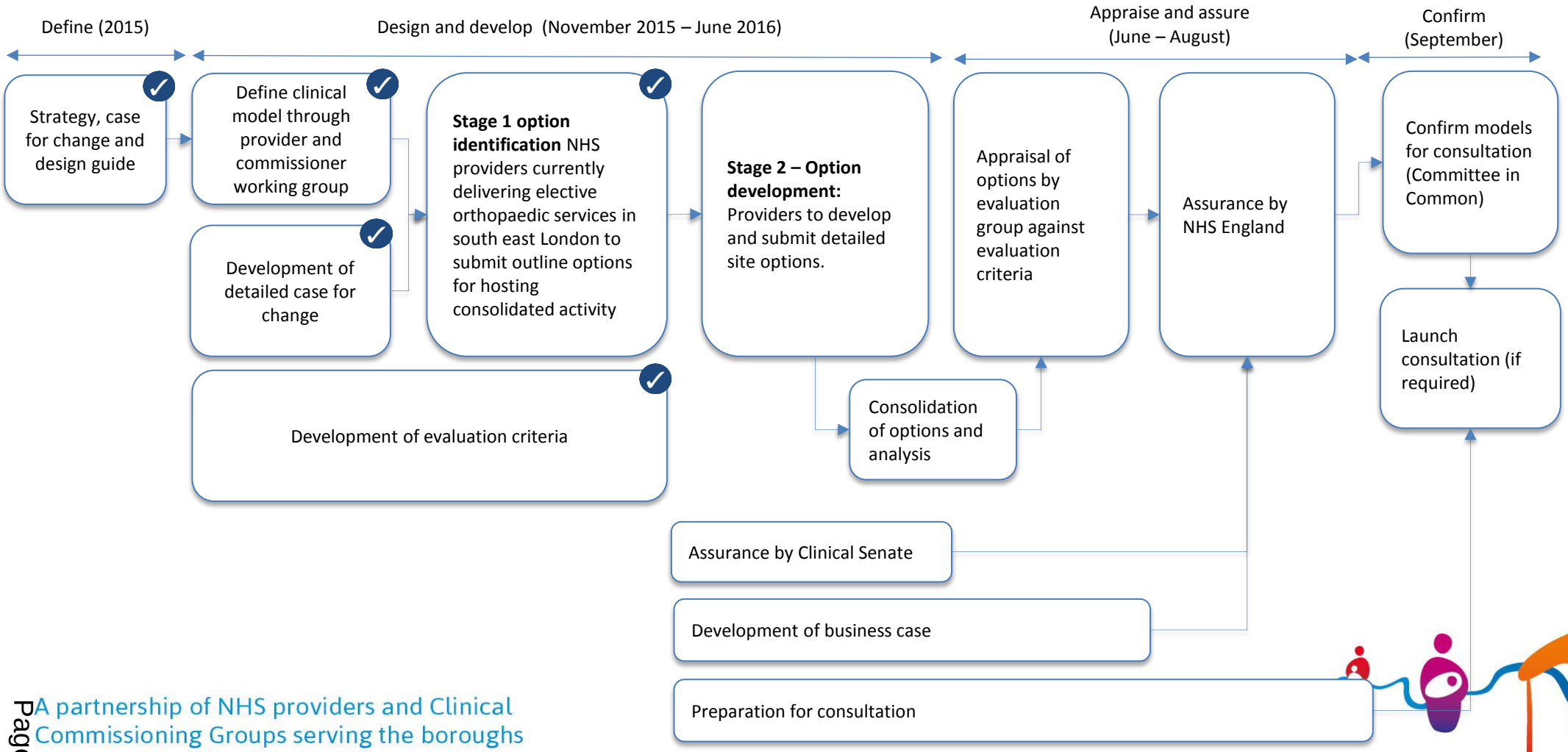
The current phase also has a number of important steps and includes the development and appraisal of options



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A number of groups will support the development of the clinical model

Group	Role	Membership	Frequency
Working group (clinical model and option development)	Develop the clinical model and business case: • Develop alternative clinical model • Build on clinical standards identified through workshop • Consider benefits and weaknesses of proposed clinical model • Confirm preferred clinical model to inform site option development	• Planned care delivery group Senior Responsible Officer (SRO), Director of Commissioning (DOC) and Director of Finance (DOF) • 2 Representatives from each acute trusts (via EOC network) • Supported by programme team	Fortnightly
Planned Care Stakeholder Reference Group	• Bring together stakeholders to consider and input into aspects of the programme • Suggested that this group meets 3 times throughout the process	• Equality groups/organisations most impacted • Healthwatch • Council for voluntary services or equivalent umbrella organisation • Current planned care service users	At key points in programme
Evaluation group	• Evaluates options against evaluation criteria based on additional analysis of options	• Commissioners – GP Leads and Directors • Patient and Public Voices • Local Authority representative • Clinical expert	3 times through process
Committee in Common	• Final decisions will be taken by the committee in common following recommendations form the evaluation group and other programme governance committees	• 3 members of each CCG (voting) • Lay members (non-voting)	As scheduled

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Planned Care Reference Group

As part of our public engagement work we established a reference group of interested members of the public to test our early thinking on the development of the new model. We have had two meetings with the group in January and March 2016.

Membership includes groups who are likely to be impacted by changes to planned orthopaedic services, such as older people, recent service users, Healthwatch, carers and people with a disability, campaign groups and voluntary and community group representatives.

Key feedback

- Overall, participants have said that their experiences matched the challenges facing local planned care services and reviewed the data/evidence behind them
- People would be prepared to travel if there was more certainty (procedures not being cancelled, higher quality services, more confidence in treatment given, better preparation and aftercare)
- When evaluating the options, quality should be prioritised over finances
- Careful consideration should be given to location of sites and transport/access links
- Further work needed to ensure that IT systems are compatible

Agenda Item 11

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

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Cllr Paul Fleming, Southwark reserve member	
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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)	
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Graham Walton (Bromley scrutiny lead)	
Timothy Andrew (Lewisham scrutiny lead)	
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External	
Healthwatch Bexley	2
Healthwatch Bromley	2
Healthwatch Lewisham	2
Healthwatch Lambeth	2
Healthwatch Greenwich	2
Healthwatch Southwark	2
Total:50	
Dated: January 2016	