Public Document Pack

Healthier Communities Select Committee
Supplementary Agenda

Wednesday, 4 September 2013
7.00 pm, Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Salena Mulhere (Tel: 0208 314 3380)

Part 1

Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 4 September 2013.

Barry Quirk, Chief Executive
Thursday, 29 August 2013

Councillor John Muldoon (Chair) Councillor Stella Jeffrey (Vice-Chair) Councillor Pauline Beck Councillor Peggy Fitzsimmons Councillor Helen Gibson Councillor Carl Handley Councillor Ami Ibitson Councillor Chris Maines Councillor Jacq Paschoud Councillor Alan Till Councillor Alan Hall (ex-Officio) Councillor Kevin Bonavia (ex-Officio)	

Healthier Communities Select Committee			
Title	Health Scrutiny Protocol (Revised)	**Item No**	7
Contributors	Overview and Scrutiny Manager		
Class	Part 1	**Date**	4 September 2013

1. Purpose of paper

1.1 To invite members to consider and agree a revised Health and Social Care Scrutiny Protocol in light of the introduction of the Health and Social Care Act 2012.

2. Recommendations

2.1 The Committee is recommended to:

- note the revisions made to the Health Scrutiny Protocol in light of the Health and Social Care Act 2012.
- agree the adoption of the revised Health and Social Care Scrutiny Protocol.

3. Health and Social Care Act (2012)

3.1 The Health and Social Care Act 2012 (the Act) has redefined the roles of, and relationships between, different sections of the health infrastructure. At a local level this includes the introduction of the Health and Wellbeing Board and changes to the local organisations for commissioning services, changes in public health and changes to structures for public involvement and engagement, and advice and advocacy.

3.2 The changes brought about by the Act result in the abolition of a number of organisations, the creation of a number of new organisations and bodies and a change of responsibilities for some existing organisations. These changes to organisations and responsibilities have a direct impact on a number of organisations in Lewisham.

4. Health and Social Care Scrutiny Protocol

4.1 In 2008, the Healthier Communities Select Committee (HCSC) developed and agreed a protocol with local commissioners and providers as to how the various bodies would interact with the Committee as it exercised its statutory duties. The protocol included specific agreement about regular and routine interaction, how potential services variations would be dealt with and how interaction with the Lewisham Involvement Network (LINk) would also be maintained, in part through the attendance of two LINk members at every HCSC meeting.

4.2 The protocol has led to closer working relationships with local provider trusts and commissioners over the last 4 years and much earlier engagement with proposed service developments, as well as collective agreement on an agreed template for assessing whether a proposed variation might be considered substantial by the Committee. Regular attendance at the Committee meetings and routine engagement with the Chair has benefitted both the Committee and the local organisations by the

effective communication it supports, enabling interaction to be targeted and appropriate.

4.3 With the changes brought in by the Health and Social Care Act 2012 being implemented from April 2013, it was recommended that the Committee's Health and Social Care Scrutiny Protocol be updated in light of these changes to ensure ongoing effective relationships with local commissioners and providers and Lewisham Healthwatch.

4.4 At the Committee's 16 April 2013 meeting, it was agreed that the Protocol be revised, in discussion and agreement with the appropriate local organisations.

4.5 A draft revised Health and Social Care Scrutiny Protocol is attached at Appendix A.

5. Further implications

5.1 There are no legal, financial, equalities or crime & disorder implications resulting from the implementation of the recommendation in this report.

Lewisham Health and Social Care Scrutiny Protocol

1. Purpose of protocol

1.1 Local Authorities have an important statutory role in monitoring the performance and the development of health services in their area through Overview and Scrutiny. The Overview and Scrutiny process should also help to develop a positive working relationship between the Council and the wider health community.

1.2 The Health and Social Care Act 2012 has made some changes to the process of the scrutiny of health services. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, and 2004, are revoked and replaced by The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The local authority retains the role of scrutinising and reviewing any matter relating to the planning, provision and operation of the health service in its area. The local authority holds the statutory power of health scrutiny and determines how those functions are discharged, which is consistent with the principles of localism. While they may choose to retain a Health Overview and Scrutiny Committee arrangement, there will be no obligation to do so and the authority may choose to undertake health scrutiny through another committee or other suitable arrangement. In Lewisham the health scrutiny responsibilities have been devolved to the Healthier Communities Select Committee (HCSC).

1.3 This protocol seeks to set out how the Healthier Communities Select Committee (hereafter "the Committee") will fulfil this role and should be read in conjunction with the Committee's Terms of Reference, the Council's Constitution and Member Code of Conduct.

1.4 This protocol will provide detailed guidance as to how the Committee will discharge its responsibilities, and how the Committee will interact with local NHS bodies, the Local CCG and Lewisham Healthwatch when they are discharging those of their responsibilities that require interaction between the Committee and those bodies. It further outlines what is expected of local NHS bodies within those interactions.

2. Effective Scrutiny

2.1 The Centre for Public Scrutiny (CfPS) Good Scrutiny Guide defines four principles of effective public scrutiny.

These propose that good scrutiny:

- provides "critical friend" challenge to executive policy makers and decision makers
- enables the voice and concerns of the public and its communities
- is carried out by "independent minded governors" who lead and own the scrutiny process
- drives improvement in public services

These are the principles that will underpin the work of the Committee.

2.2 The CfPS also provides a useful set of questions to help prioritise items for a scrutiny work programme:

- is there a clear objective for scrutinising this topic – what do we hope to achieve?
- does the topic have a potential impact for one or more section(s) of the population?
- is the issue strategic and significant?
- is there evidence to support the need for scrutiny?
- what are the likely benefits to the council and its customers?
- are you likely to achieve a desired outcome?
- what are the potential risks?
- are there adequate resources available to carry out the scrutiny well?
- is the scrutiny activity timely?

2.3 The Committee will have consideration for these questions and the Lewisham scrutiny prioritisation process when selecting topics for scrutiny. They will also consider whether reviewing a topic would:

- Address health inequalities
- Offer the potential for involving local people and organisations
- duplicate the work of the many performance assessment and management bodies covering the work of local NHS bodies

2.4 Once a topic has been selected for scrutiny, in line with these principles and after consideration of these questions, the reasons for the scrutiny and the details required from the relevant officers will be clearly outlined to the Council department and/or NHS trust being required to provide a report/evidence.

3. Legal Responsibilities

3.1 The Committee has clear Terms of Reference (TOR), as outlined in the Constitution by which it:

> "fulfils all Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers given to the Council's Overview and Scrutiny Committee by the Health and Social Care Act 2001 and regulations made under it and any other legislation in force from time to time"[1]

[1] The Constitution of the London Borough of Lewisham

3.2 Under Section 7 of the Health and Social Care Act 2001, a duty was placed on local NHS organisations to consult overview and scrutiny on any proposal for a substantial development or substantial variation in the provision of services.

3.3 In 2010, the Secretary set out four key tests against which NHS service reconfigurations (significant changes to services) have to be assessed. These tests were set out in the Revision to the Operating Framework for the NHS in England 2010/112[2]. This requires reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

3.4 Neither the legislation nor the guidance defines what constitutes a substantial development or variation in service. NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account:

a) changes in accessibility
b) the impact of the proposal on the wider community
c) patients affected
d) methods of service delivery

3.5 The final decision as to what constitutes a substantial variation sits with the body exercising the Overview and Scrutiny functions, in this instance the Committee.

3.6 Confidential or exempt information will be treated in accordance with the Local Government Act 1972 (as amended), and the requirements of the Data Protection Act, Freedom of Information Act and the Health and Social Care Act 2001.

3.7 <u>Report to the Secretary of State</u>

Lewisham Full Council has the power to report to the Secretary of State where it believes that:

- a consultation has been inadequate in relation to the content or time allowed
- the reasons given for not consulting, in cases where there is a perceived risk to the safety or welfare of patients or staff, are inadequate
- the proposals are not in the interests of the health service in the area

3.8 When a responsible health authority has under consideration any proposal for a substantial development , or substantial variation in the provision of the health service in the area of the local authority, the local authority, in Lewisham through the Healthier Communities Select Committee, must be

consulted; the proposed date for making the decision provided, and the date by which the responsible health authority requires a response from the Committee.

3.9 If there are any changes to these dates, which are published, the Committee must be informed.

3.10 The Committee can comment, or make a recommendation, on the proposals.

3.11 Following the consultation exercise the health authority shall consider the outcome and notify the Committee of its decision on the proposal.

3.12 Where a recommendation is made, and there is a disagreement between the Committee and the relevant health authority over that recommendation, both the Committee and the health authority must take such steps as are reasonably practicable to try and reach agreement in relation to the subject of the recommendation.

3.13 Only if this requirement is disregarded by the health authority, or is not possible within a reasonable amount of time, is the Committee able to recommend to Full Council that it make a report to the Secretary of State.

4. Conduct of Meetings

- Meetings of the Committee will be open to the public except where confidential information may be disclosed.
- Reports will be presented as appropriate. Officers from the NHS Trusts, the local Clinical Commissioning Group, Health and Wellbeing Board and the Council will be expected to answer the questions of the Committee.
- Different approaches and locations may be used for some meetings depending on the circumstances of the matters on the agenda
- Agendas will be circulated as public documents five clear working days before meetings in line with the Council's Constitution and legal requirements. Copies will be sent to all local NHS Trusts, the local Clinical Commissioning Group, Health and Wellbeing Board and Lewisham Healthwatch.
- As with all Scrutiny Committees in Lewisham, the Committee will produce an annual work programme that is discussed and shared with local health bodies and Lewisham Healthwatch. The plan will identify priority issues for the year and also build in capacity for the Committee to respond to consultations on service reconfigurations.
- The outcome of scrutiny exercises will be passed directly to relevant health organisations and such organisations will be expected to consider any recommendations and report back the outcome of such consideration.

5. The Committee will:

- maintain a positive style of questioning and treat witnesses with courtesy.
- familiarise itself with the subject under review prior to calling witnesses. Members will be prepared to undertake training if it is deemed necessary.
- ensure scrutiny of service changes and wider topics takes account of the national policy and government directives driving the service changes, yet

focus on the local implementation of the national policy/directive and the areas of implementation to which the Committee can have a positive impact for local people.

- maximise public accessibility to the scrutiny process.
- hold regular agenda planning meetings with Council officers and nominated officers from all local NHS trusts and the CCG to discuss and agree the items to be scrutinised and the requirements of the Committee in terms of reports and consultation.
- provide details of dates and venues for all agenda planning meetings throughout the municipal year to all local NHS trusts and the local CCG at the start of each municipal year or as soon as available.
- carry out its responsibilities in line with members obligations in the Members Code of Conduct.
- provide all local NHS Trusts, the local CCG, Health and Wellbeing Board and Lewisham Healthwatch with the proposed dates of all Committee meetings at the beginning of the municipal year.
- ask Lewisham Healthwatch for their views on items they are considering, allowing enough time for responses to be pulled together.
- provide an acknowledgement of Lewisham Healthwatch referrals within five working days of receipt, advising the Lewisham Healthwatch of the date of the Committee meeting that the matter will be discussed at and inviting Lewisham Healthwatch to make representations at that meeting.
- provide a formal response to Lewisham Healthwatch referrals, outlining the action the Committee will take, and the reason for that action, within seven working days of the Committee meeting at which the referral was considered.
- invite local NHS Trusts and the local CCG to propose topics for inclusion in the annual work programme.
- ensure that when making a written report to an NHS body (other than responses to consultation on proposed substantial variations/developments in NHS services), the report shall include:

    an explanation of the matter reviewed or scrutinised

    a summary of the evidence considered

    a list of the participants involved in the review or scrutiny

    any recommendations on the matter reviewed or scrutinised.
- circulate final reports and recommendations to Mayor and Cabinet, other Council committees and relevant organisations as the Committee determines relevant.

6. Local NHS Trusts and the local Clinical Commissioning Group will:

- ensure a designated senior officer attends every Committee meeting
- where the CCG is either leading on or has an interest in an agenda item a relevant member of the governing body (including GP commissioners) will attend the committee meeting to give evidence and answer questions

- regularly attend agenda planning meetings with the Chair to:
  - provide early notification of any upcoming service developments
  - provide completed Impact Assessments for consideration
- discuss the items planned on the work programme to be scrutinised at the upcoming meeting and ensure a clear understanding of the Committee's requirements of the Trust/CCG in terms of information required
- produce reports as requested by the Committee that address the area of concern as outlined at agenda planning
- ensure all reports include information regarding Equalities Impact Assessments carried out where relevant
- ensure all reports clearly advise the Committee of what patient and public involvement has been carried out in relation to the area being scrutinised
- provide reports to the Committee's scrutiny manager at least six working days before the Committee meeting at which the item is to be scrutinised
- maintain a positive and objective style of discussion and answer questions honestly and openly
- use jargon-free language as far as possible
- respond within a period of 4 weeks to reports and recommendations received from the Committee.

7. Lewisham Healthwatch will:

- nominate 2 members to attend Committee meetings
- share its work programme with the Committee annually
- share the contents of its annual report, for information, with the Committee, prior to it being made public and submitted to the Secretary of State
- provide formal referrals to the Chair of the Committee and the Committees Scrutiny Manager 8 working days in advance of the next scheduled Committee meeting
- set up a process that allows it to represent participants' views to the Committee

8. Substantial variations or developments to services

8.1 In reaching the agreement outlined in this protocol as to how substantial variations will be dealt with locally, the Committee, local NHS Trusts and the local CCG undertake to:

- Ensure that this is a clear and transparent agreement, easily understood by all the parties.
- Maintain a common threshold of what determines a substantial variation or substantial development and to enable that threshold to be reviewed on a periodic basis.

- Simplify the process of assessment and consultation.
- Ensure the involvement of patients and the public in the process through the appropriate patient groups and Lewisham Healthwatch

The parties accordingly agree the following:

8.2 Principles governing Consultation and Assessment

8.2.1 The CCG and/or NHS bodies shall notify the Committee and the relevant Patient group and Lewisham Healthwatch at a formative stage of any proposals for service change. The purpose being to provide early notice of possible changes and to obtain any preliminary views on whether the proposal is likely to amount to a significant change or variation.

8.2.2 The NHS bodies will follow Cabinet Office guidelines on good practice for consultation in all consultation exercises, and will follow Department of Health "Changing for the Better" guidance when undertaking major changes to NHS services, unless otherwise agreed by the parties. NHS bodies will make the Committee aware of any government guidance issued superseding these documents.

8.2.3 The Committee and local NHS bodies and the CCG all note the duty to consult and involve patients and the public (including relevant user/carer/patient or voluntary groups) conferred on NHS bodies by Section 242 of the National Health Service Act 2006. Furthermore the parties acknowledge that focusing consultation solely with the Committee would not constitute good practice.

8.2.4 The relevant NHS Trust(s) and/or CCG shall:

- Ensure awareness within their organisation of the need to consult.
- Identify a lead manager or clinician to co-ordinate the process.
- Ensure that patients and the public are involved in the planning, development and operation of services, as required under S.242 of the NHS Act (2006)
- Ensure that any proposals for variations or developments in service include the Impact Assessment detailed below.
- Where the variation or development in service covers more than one NHS Body, ensure that one of those bodies shall lead the assessment process on behalf of the others and only one assessment will be undertaken in that the impact is assessed from the perspective of all affected persons, including patients and carers and the NHS Bodies and local authority.

8.3 Substantial variation or development - Impact Assessment

8.3.1 The determination of what constitutes a substantial variation or substantial development in service will be informed by a scored impact assessment process (scored evaluation matrix template at Appendix A) carried out by the NHS body and applying the criteria set out in section 8.4 and ensuring that the impact is assessed from the perspective of all affected persons, including patient and carers, the NHS bodies and local authorities concerned.

8.3.2 In determining whether or not a proposal amounts to a substantial variation or substantial development all parties will have regard to guidance issued by the Secretary of State and the impact of the change as assessed in accordance with the criteria set out in section 8.4 and as outlined in the completed Impact Assessment

8.4 Assessment Criteria

8.4.1 The Impact assessment will be undertaken having regard to the following criteria;

a) changes in accessibility
b) the impact of the proposal on the wider community
c) patients affected
d) methods of service delivery

8.4.2 Changes in Accessibility includes consideration of:

- Reductions and/or Increases in services on a particular site
- Local provision/accessibility
- Relocation of Services (e.g. moving a ward from one place to another)
- Withdrawal of Service, (e.g. closing a well-established service, in-patient, day patient or diagnostic facilities)

8.4.3. The impact of the proposal on the wider community includes consideration of:

- Transport, e.g. the movements of the public, patients, staff and goods/supplies
- Community Safety, (e.g. on crime (fear of), domestic violence)
- Local Economy, (e.g. such as shops)
- Environment
- Regeneration (e.g. the potential to inhibit and/or contribute to regeneration of the area)

8.4.4 Patients affected includes consideration of:

- Number of Patients/Carers to be affected by the change
- Proportion of Patients/Carers Affected (the magnitude of the patients/carers affected compared to the service overall)
- Equality and Diversity (the impact on issues such as ethnicity, gender, age)
- Social Exclusion (the impact the change will have on access, life expectancy)

- views from the relevant Patients Forums, Healthwatch or other relevant carer/patient/voluntary groups

8.4.5 Methods of Service Delivery includes consideration of:

- Change in Setting, (e.g. moving a service from the hospital setting to the community setting or vice versa)
- Change in technology, (e.g. advances in technology permitting conditions to be treated with drugs instead of surgery)
- Change in Practitioner, (e.g. expanding/extending the role of nurses to provide care previously provided by doctors)
- Change in Care Process, (e.g. moving to one stop clinics from multiple visits to the surgery or hospital)

8.4.6 The financial implications for both the NHS trust and the Local Authority and other organisations should also be considered, as well as the cumulative effect of the proposed changes taken with other variations or developments, (whether or not they were originally viewed as "substantial" in themselves) which have been implemented within the previous 2 years

8.4.7 The parties acknowledge that the scored evaluation matrix shall be used to inform any decision as to substantial variation or change, but shall not necessarily be conclusive, and that the relevant professional advisers of the NHS body, local authorities and HCSC shall use their professional judgement in reaching and advising HCSC on any conclusions and decisions they make as to whether a change is substantial.

8.4.8 For the avoidance of doubt it is acknowledged that this agreement is not intended to apply to minor/routine operational/day to day decisions, or to variations or changes which are of a temporary nature (for example to address short term resource issues) unless early assessment of the proposed changes indicates that there may be a significant impact on one, or more, of the four assessment criteria areas.

8.5 Executing the Impact Assessment

8.5.1 The relevant NHS body shall:

- arrange for the impact assessments to be carried out by or on behalf of both itself and the relevant Patients forum (or user/carer/patient/voluntary group to offer view on its behalf), and/or Lewisham Healthwatch.
- be responsible for consulting with all other agencies (including relevant departments of local authorities) insofar as necessary to address the Assessment Criteria
- Where an impact assessment indicates that the proposed service variation or development could be substantial, refer the proposal for consultation to the Committee together with:

  the NHS Bodies plan or business case for the service development or variation

a copy of the impact assessment and supporting evidence

8.5.2 In the event an NHS body concludes, following an impact assessment, that a proposal does not amount to a substantial change or variation, the NHS Body (while under no statutory duty to do so) shall nonetheless notify the Committee at the earliest opportunity of the proposal and supply a copy of their assessment, (together with any assessment carried out by a relevant user/carer/patient/voluntary group).

8.6 Responding to Impact Assessments and proposed variations

8.6.1 Upon receipt and consideration of an impact assessment the Committee (either itself or through the authorised member at agenda planning) shall (without prejudice to its rights under Regulations 2(1) and 4(7)) determine the following;

- whether or not it considers all relevant issues have been properly addressed
- if not, what further matters should be considered or considered further
- whether or not it agrees with the conclusion of the impact assessment
- if not, where it disagrees, and
- the nature and extent of consultation to be undertaken

8.6.2 For the avoidance of doubt, where the Committee, upon receipt of an impact assessment, and contrary to the views of the NHS body, forms a view that the proposal amounts to a substantial variation or development, the NHS body shall;

- carry out the consultation required under Regulation 4 in respect of that proposal, and
- defer any action on the implementation of the proposal pending the conclusion of the said consultation and the proper consideration of its outcome.

8.6.3 The Committee has authorised the Chair, in consultation with the Vice-Chair and any relevant non-voting advisory members, to express a view on the above matters on behalf of the Committee, at agenda planning meetings. Such discussions will be supported by the relevant Scrutiny Manager (and legal officer as appropriate) and will be reported to the next meeting of the Committee.

8.6.4 In all circumstances where it is agreed that a proposed service variation/development is substantial, the NHS body/bodies will allow sufficient time for the Committee to be convened and for the members of the Committee to have adequate time in which to construct a response. The consultation period will normally be three months unless otherwise agreed between the NHS body and the Committee.

8.6.5 The Committee shall:

- ensure that effective supporting arrangements are in place to deal with referrals from NHS Bodies.
- Ensure that any necessary Joint Committee arrangements are in place following notification of an issue which requires a joint committee to be established
- Identify a lead officer and member of the Committee to co-ordinate the process.
- Respond to referrals within 31 calendar days with an indication of whether or not the NHS body's conclusion is agreed and the further action (if any) it proposes
- Respond to NHS consultation within the stipulated timescale, and if it does not support the proposals, it will provide reasons and evidence for its view
- Sign off the service variation if it is satisfied with the information it has received from the NHS body and no additional information is required.
- Request additional information/request the length of the consultation period to be extended if necessary to fully understand the potential implications of the proposed changes
- Refer the matter to the Secretary of State, should the Committee be minded to, based on the legal reasons set out at section 3.7. The relevant NHS body will be given the opportunity to respond to the Committee's comments and an effort at local resolution will be made.

Appendix A

Impact Assessment – scored evaluation matrix template

Appropriateness and exceptions

The impact assessment is a tool which should be used to demonstrate that due consideration has been given to service development. Its intended use is in circumstances where clarity is required to demonstrate whether a change requires or does not require public consultation and could be considered a substantial variation.

The impact assessment should not be used in cases where there is to be -

- No impact on services
- Re-provision of the same services on same site or equally accessible site
- Incontestable improvement to services and is in line with local and national NHS policy
- Temporary service relocation due to environmental or health and safety grounds.

Changes which occur as a result of the above will be notified to the Committee on a meeting by meeting basis.

The impact assessment should be used in cases of

- Uncertainty whether a change is “substantial” or not
- Where the service move has an impact on accessibility
- Where a temporary relocation becomes a permanent change of location

This Impact Assessment forms a significant part of the process used by the NHS and the Committee to help decide whether changes proposed constitute a “substantial variation” of service.

If a decision is made that the changes do constitute a “substantial variation” of service, formal consultation with the Committee (and with service users/the wider public) is necessary.

The Impact Assessment needs to be completed at an **early and formative** stage in the development of the proposals or discussion around service change - not at a stage when it is too late to make changes to the process.

The NHS Trust or CCG needs to score the form below to support the Impact Assessment - there is also an opportunity to comment on the issues this creates.

A score is also required from a group of people affected by the changes (eg patients, users or carers) before it can be submitted. The NHS Trust will need to identify and agree who will do this - for example it may be the local user group they are working with on the proposed changes, an involved voluntary group or the Healthwatch.

This is to demonstrate that the views of some of those affected by the change are incorporated in this part of the process. This is consistent with the NHS legal responsibility to involve and consult people who use services in the planning, operation and delivery of services.

This form and the Impact Assessment scores will be forwarded to the Committee for consideration.

Impact Assessment Form

1. Impact Assessment Details:	
Lewisham Healthcare NHS Trust / South London and Maudsley NHS Trust / Lewisham Clinical Commissioning Group	
Name of proposal or service development:	
Name of person completing the form:	
Name of Patient Forum, Healthwatch or other patient/user/carer/voluntary group completing supporting Impact assessment:	
Date Impact Assessment scores completed:	
2. Please briefly describe the scope of the proposal or service development:	
3. Comments from the Service Provider on the Impact Assessment scores:	
4. Comments from the Healthwatch, patient/user/carer/Patient Forum or voluntary group on the Impact Assessment scores:	
Submitting NHS contact point for the Committees support officer: **Tel no -** **E Mail -**	
Date Impact Assessment forms submitted to the Committee:	

The scoring shall be undertaken on a seven point scale, ranging from major negative impact (-3) to major positive impact (+3),using the matrix set out below.

*A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (i.e. scored -**3**) or where there are two medium impact scores in the same numbered section.*

Scoring chart

Impact Range	-3	Major negative impact
	-2	Medium negative impact
	-1	Minor negative impact
	0	No impact
	+1	Minor positive impact
	+2	Medium positive impact
	+3	Major positive impact

1. Changes in Accessibility

Ref	Aspect	Healthwatch/Patient Perspective	Organisational Perspective	Impact
A	Reduction/Increase on particular site, or opening times			
B	Local Provision Accessibility esp disadvantaged or hard to reach groups			
C	Relocation of Service due to medical development, efficacy or efficiency			
D	Relocation of aspects of specialist care			

2. Impact on the Wider Community

Ref	Aspect	Healthwatch/Patient Perspective	Organisational Perspective	Impact
A	Economic impact			
B	Transport			
C	Regeneration			

3. The Patient Population affected

Ref	Aspect	Healthwatch/Patient Perspective	Organisational Perspective	Impact
A	Does it affect the whole community?			
B	Is it a small group accessing specialist services			
C	Is it a group requiring continual access over significant periods of time?			

4. Method of Service Delivery

Ref	Aspect	Healthwatch/Patient Perspective	Organisational Perspective	Impact
A	Change in Setting – e.g. hospital based to community			

Healthier Communities Select Committee			
Title	Emergency services review: recommendations	Item	9
Contributor	Overview and Scrutiny Manager		
Class	Part 1 (Open)	Date	4 September 2013

1. Purpose of paper

1.1 The Overview and Scrutiny Committee has agreed that its select committees will carry out a review of emergency services in Lewisham. The Healthier Communities Select Committee has been tasked with determining impact of the changes to emergency services in London as they relate to health services in the borough.

1.2 At its meeting in March, the Committee requested that officers provide further information about how it might approach this task. A scoping report was considered by Members at their meeting in April and it was agreed that the Committee would carry out the review over two meetings.

1.3 In May, the Committee heard from the Operations Manager for Lewisham, of the London Ambulance Service, about the provision of services across the borough and also about a London-wide consultation on the future development of the Trust's services.

1.4 In July the Committee heard from the Lewisham Clinical Commissioning Group and Lewisham Healthcare NHS Trust about Hospital Accident and Emergency Provision in Lewisham.

2. Recommendations

The Committee is recommended to:

- discuss and agree any recommendations it wishes to make to the Overview and Scrutiny Committee based on the evidence received.

3. Background

3.1 Significant changes are being implemented, or are planned, to the way in which emergency services are delivered across London. This includes the three local emergency services in Lewisham: Metropolitan Police, London Fire Brigade and the London Ambulance Service; and also the provision of accident and emergency services across South-East London.

3.2 At its meeting on the 11 February 2013 the Overview and Scrutiny Committee considered a scoping report, which set out the terms of reference for a review into emergency services in Lewisham. At the meeting, it was decided that the

review would be co-ordinated across all select committees. Members of the O&S Committee considered the proposed terms of reference and they agreed that the review would aim to:

- clarify the key policy initiatives and financial constraints impacting on emergency services locally
- identify the local implications for services
- consider the potential impact of any service changes

3.3 As part of the review, the Overview and Scrutiny Committee resolved that the Healthier Communities Select Committee would:

- clarify the policy initiatives and financial circumstances impacting on the London Ambulance Service (LAS) and Accident and Emergency (A&E) provision in Lewisham
- identify the related impact on services and performance locally
- consider the potential impact of any service changes

3.4 The Healthier Committee agreed that its contribution to the emergency services review would focus on:

- Perception of the proposed changes
- Response times
- Partnership working
- Travel
- Potential future implications of the proposed changes

3.5 The Committee agreed the following recommendation be put forward for inclusion in the report of the Emergency services review:

- That it is noted that there continues to be huge pressure on the Accident & Emergency Department at Lewisham Hospital.

4. Key lines of enquiry

4.1 The scoping paper considered by the Committee in May suggested that these key questions could be asked as part of the review:

<u>Perception</u>

- How will people be reassured that they will continue to be safely treated at the most appropriate location?
- How will information about potential service changes be effectively communicated to people?
- How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?
- How will perception of proposed changes be effectively dealt with?
- How will the maternity proposals impact on emergency provision in relation to maternity circumstances
- Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care

Response

- Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?
- Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?
- Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?
- Could the proposed changes have a negative impact in relation to maternity services provision across South East London?
- How might increased travelling to A&Es out of the borough impact on the LAS response times ?
- How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?

Partnership

- Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?
- How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?
- Will the "outstanding" safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?
- Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?

Travel

- What might be the travel implications for people travelling to A&E under their own steam?
- What would be the impact on traffic and congestion on the roads with people travelling further for services and to visit relatives?

Future

- How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?
- Has future population growth been factored into service planning for the future?
- How might the current proposed changes influence the future sustainability of healthcare services at the hospital site and in the borough?

5. The completion of the review

5.1 The 4th of September meeting is due to be the last session of the emergency services review.

5.2 In order to meet the timescales for the report by the Overview and Scrutiny Committee, Members are asked to consider the summary of evidence gathered to date (appendix 1) and agree recommendations to be submitted to the Overview and Scrutiny Committee.

6. Legal implications

The committee is responsible for fulfilling all the Council's Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people. These functions shall include all powers in relation to health matters given to the Council's Overview and Scrutiny Committee by any legislation but in particular the Health and Social Care Act 2001, the NHS Act 2006 as amended, the Health and Social Care Act 2012 and regulations made under that legislation, and any other legislation in force from time to time.

7. Equalities implications

7.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2 The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

7.3 The Council's Comprehensive Equality Scheme (CES) for 2012-16 provides an overarching framework and focus for the Council's work on equalities and helps to ensure compliance with the Equality Act.

7.4 The Council's equality objectives through the CES are to:

- Improve access to services
- Close the gap in outcomes for citizens
- Increase participation and engagement

8. Financial implications

8.1 There are no financial implications arising from the implementation of the recommendations in this report.

If you have any questions about this report please contact Salena Mulhere (Overview and Scrutiny Manager) on 02083143380

Appendix 1: Emergency services review - summary of evidence

Emergency Services Review –Summary of evidence

Key lines of enquiry:

Perception

- How will people be reassured that they will continue to be safely treated at the most appropriate location?
- How will information about potential service changes be effectively communicated to people?
- How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?
- How will perception of proposed changes be effectively dealt with?
- How will the maternity proposals impact on emergency provision in relation to maternity circumstances
- Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care

Response

- Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?
- Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?
- Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?
- Could the proposed changes have a negative impact in relation to maternity services provision across South East London?
- How might increased travelling to A&Es out of the borough impact on the LAS response times ?
- How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?

Partnership

- Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?
- How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?
- Will the “outstanding” safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?
- Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?

Travel

- What might be the travel implications for people travelling to A&E under their own steam?
- What would be the impact on traffic and congestion on the roads with people travelling further for services and to visit relatives?

Future

- How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?
- Has future population growth been factored into service planning for the future?

- How might the current proposed changes influence the future sustainability of healthcare services at the hospital site and in the borough?

Key line of enquiry	Evidence Source	Theme	Evidence	Recommendation?
How will people be reassured that they will continue to be safely treated at the most appropriate location?	LAS, CCG, LHT	Perception of the changes	Lewisham Healthcare Trust has been running a "Business as Usual" campaign to reassure people that services are continuing whilst the contested elements of the change proposals for Lewisham Hospital are dealt with via the courts. Lewisham Hospital is trying to manage the Triage process more effectively to deliver treatment quicker and signpost patients to other services where necessary. There is a GP triage service at the hospital that is been piloted to attempt to signpost patients to the most appropriate non-acute care, or provide them with immediate treatment, where necessary. Evaluation is currently being carried out of the pilot. This will hopefully help to relieve the pressure on A&E and improve pathways to other appropriate services. The pressure on A&E may be related to the lack of access to GPs, but most evidence points towards people not understanding the holistic range of services that are available to them and choosing to access the correct service.	
How will information about potential service changes be effectively communicated to people?	LAS, CCG, LHT		Lewisham Healthcare Trust has been running a "Business as Usual" campaign to reassure people that services are continuing whilst the contested elements of the change proposals for Lewisham Hospital are dealt with via the courts.	
How is information about the appropriate place to go to for healthcare needs effectively distributed and communicated?	LAS, CCG, LHT		A key improvement on demand in acute emergency care would been seen if the public were better supported to access services more appropriately to their needs, rather than going to A&E/calling an ambulance for a matter that should be treated via primary care or urgent care. Lewisham has taken part in the National "Choose Well"	

			campaign in recent years to encourage people to make appropriate choices in accessing out of hours/emergency care Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E. More public education on Norovirus is needed within the local community so sufferers can self-manage the illness and not come to GP surgeries or A&E and cause additional problems leading to the isolation of beds and/or the closure of wards. There is a triage process in the LAS control room and is very robust and work is underway to try and open up more appropriate care pathway options for LAS staff like calling a community team to provide assistance and assurance – this approach will be further developed as a result of the consultation. A lot of work across health providers and commissioners has gone into advertising and educating people as to when to call an ambulance and when to seek an alternative route to health care, dependent on their needs – however people have different personal views about what is urgent and an emergency, as well as having differing pain thresholds – the key is to continue to educate people about services and appropriate healthcare choices	
How will perception of proposed changes be effectively dealt with?	LAS, CCG, LHT		Lewisham Healthcare Trust has been running a “Business as Usual” campaign to reassure people that services are continuing whilst the contested elements of the change	

			proposals for Lewisham Hospital are dealt with via the courts. Lewisham CCG has a key role in ensuring that appropriate community based urgent care services are available to meet demand to assist in more appropriate healthcare being accessed, as well as working jointly with partners like Lewisham Council on integration between health and social care services to support people on discharge from hospital, More encouragement and information is needed so that the public use the most appropriate services rather than always going to A&E. A lot of work across health providers and commissioners has gone into advertising and educating people as to when to call an ambulance and when to seek an alternative route to health care, dependent on their needs – however people have different personal views about what is urgent and an emergency, as well as having differing pain thresholds – the key is to continue to educate people about services and appropriate healthcare choices.	
How will the maternity proposals impact on emergency provision in relation to maternity circumstances	LAS, CCG, LHT			
Will the emergency maternity changes impact on routine ante natal care and patient choices in relation to ante natal care	LAS, CCG, LHT			
Has modelling been carried out on patient flows and patient numbers across Lewisham A&E and other South East London A&Es to map expected service usage over coming years?	LAS, CCG, LHT	<u>Response times</u>	There are a number of initiatives that can improve the patient experience in A&E that are being developed in Lewisham: • improvement in patient records accessibility. • more senior medical assessment earlier in the triage process • more joined-up working across the hospital and	

			with social care and primary care. Mental health activity in Lewisham A&E: during the period December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.	
Do neighbouring A&E services have the capacity to take on a potential increased number of patients from Lewisham?	LAS, CCG, LHT		There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital (QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted' ambulances. During December A&E activity increased by 10%, when compared to the same period 2011/12, in addition the impact of "out of borough" patients attending the department and being admitted had risen significantly	
Could the proposed changes have a negative impact on A&E services across South East London, and particularly at neighbouring hospitals?	LAS, CCG, LHT		There have been 1-2 'diverts' from Lewisham Hospital A&E this winter due to capacity issues, there have been significantly more diverts from Queen Elizabeth Hospital(QEH) in Woolwich and Princess Royal University Hospital (PRU) in Farnborough, with Lewisham Hospital A&E receiving some of these 'diverted' ambulances. There were 22 London Ambulance Service (LAS) notified diverts away from other Trusts to Lewisham for the period December 1st 2012 to April 2013 this is well above the average of 3 diverts, for the period, compared to previous years. LAS local intelligence suggests there were/are multiple 'soft/informal' diverts away from South London Trust through December and January, that may have been as a direct result of 86 step-down beds on the Queen Mary's Sidcup site being closed in November. LAS	

			anecdotally report daily queues to offload developing at QEH Emergency Department and subsequently LAS crews are requested to avoid QEH	
Could the proposed changes have a negative impact in relation to maternity services provision across South East London?	LAS, CCG, LHT			
How might increased travelling to A&Es out of the borough impact on the LAS response times ?	LAS, CCG, LHT		The LAS operations manager would estimate that a journey from Beckenham Hill to Woolwich under blue light would take 7-8 minutes and 12-15 minutes in normal traffic The closure of A&Es is a concern for LAS and they ensure they interact with the processes for planned changes and carry out mapping of the potential impact on their services. Mapping work, on the impact of the changes to Lewisham A&E as a result of the TSA recommendations, is ongoing – when crews take patients to hospitals such as Kings and Woolwich they are then out of the borough when they are "green" to take a call again, but travel time back to the next incident from the hospital location has to be taken into account – discussions with commissioners are ongoing LAS has robust divert policies if A&Es are full and unable to take patients.	
How are LAS responding to the proposed changes to Lewisham Hospital A&E in terms of service planning?	LAS, CCG, LHT		Mapping work, on the impact of the changes to Lewisham A&E as a result of the TSA recommendations, is ongoing – when crews take patients to hospitals such as Kings and Woolwich they are then out of the borough when they are "green" to take a call again, but travel time back to the next incident from the hospital location has to be taken into account – discussions with commissioners are ongoing LAS has robust divert policies if A&Es are full and unable to take patients.	

Would there be any impact on effective discharge planning and after care if a greater number of patients are treated outside of the borough in an emergency?	LAS, CCG, LHT	Partnership working		
How will work be undertaken to ensure effective working is developed with a range of hospitals in relation to discharge and ongoing care?	LAS, CCG, LHT		Mental health activity in Lewisham A&E: during the period December 2012 to 31st March 2013 there were 608 patient arrivals who required specialist referral to the Mental Health Team. Of the 608 arrivals 241 breached the four hour performance standard, or 39.64% of patients.	
Will the "outstanding" safeguarding procedures and partnership working currently in place be impacted by changes to the Lewisham hospital A&E?	LAS, CCG, LHT			
Will local commissioners be able to effectively influence service design and delivery in emergency care across a number of trusts in a number of neighbouring boroughs?	LAS, CCG, LHT		Delays in transfer of care for patients requiring continuing and end of life care within the borough of Lewisham remains a challenge which is being jointly addressed on a daily basis via robust networks with Social Care colleagues. A 50 bed nursing home permanently closed in December 2012, and St Christopher's hospice (48 beds) has temporarily closed with reprovision of 14-16 beds at Lewisham Hospital.	
Non emergency travel was covered by the Sustainable Development Select Committee		Travel		
How will the potential future population increases and demographic changes influence emergency service requirements and provision across the borough?	LAS, CCG, LHT	Future implications	The LAS recently received £14.8 million of extra funding, £7.8 million of which is for this year to enable the recruitment of 240 more frontline staff to deal with the increased demand for services. The additional funding has been provided because demand for the service has increased every year for the last 10 years, by 6.4% last year with an increase of 12.2% life threatening	

			(category A) calls.	
Has future population growth been factored into service planning for the future?	LAS, CCG, LHT			