

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

30 SEPTEMBER 2014

### PROPOSED DEVELOPMENT OF THE HEALTH SERVICE OR VARIATION IN PROVISION OF HEALTH SERVICE – EMERGENCY AND URGENT CARE REVIEW AND REDESIGN

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#### Summary

This report advises the Committee of a proposal under consideration by NHS Medway Clinical Commissioning Group (CCG) to reconfigure and recommission emergency and urgent care services. In the view of NHS Medway CCG this is a substantial service reconfiguration.

This Committee will be asked if the changes are substantial from a Medway perspective, Kent County Council HOSC will also be asked the same question. If both agree that the changes are substantial a joint HOSC will need to be established.

#### 1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

## 2. Background

- 2.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers (“responsible persons”) to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 2.2 The terms “substantial development” and “substantial variation” are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
- 2.3 In the previous protocol on health scrutiny agreed between Medway and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial. These are still relevant and are set out below
- *Changes in accessibility of the service. For example, both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.*
  - *Impact of the service on the wider community and other services, including economic impact, transport and regeneration.*
  - *Number of patients/service users affected. Changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.*
  - *Methods of service delivery eg moving a particular service into a community setting from an acute hospital setting.*
- 2.4 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and

Scrutiny Committees on proposed health service reconfigurations (attached as Appendix A). The questionnaire has recently been updated. It asks for information relating to the factors listed in paragraph 2.3 above, seeks assurance that the proposed change meets the Government's four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and also seeks information the Committee may need to demonstrate it has considered in the event of a decision to exercise the right to report a contested service reconfiguration to the Secretary of State for Health.

- 2.5 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, or where the authority considers that the proposal would not be in the interests of the health service in its area.

### **3. Proposed service development or variation**

Medway CCG is committed to undertaking a whole system urgent and emergency care review. This review will include the proposal for a single 24/7 urgent care 'front door' model focusing on triage and navigation to the right urgent care or community services. The review will also include the walk in centre and out of hours services provision in Medway. The review will inform a new model that will be procured through competitive tender with a phased mobilisation plan.

The scope of the review includes services commissioned by Medway CCG: Dulwich Medical Centre (DMC) Health Care Centre, an element of A&E attendances at Medway NHS Foundation Trust, Medway on Call Care (MedOCC) Service provided by Medway Community Healthcare (MCH) and NHS 111 'Speak to GP' disposition which is part of the 111 service.

The urgent and emergency care review is complex as it covers multiple Providers and multiple CCGs. The CCG considers that the review is a substantial change. In light of this a 12 week public consultation is scheduled into the plan.

The purpose of this report is to inform the Committee of the review and seek agreement on approach as the review spans three CCGs, two of which report to the Kent HOSC. Agreement is therefore required to determine if a joint HOSC will be established rather than reporting to individual Committees.

Please see Appendix A for further detail on the review and redesign.

#### 4. Advice and analysis

- 4.1 Medway CCG does consider that the urgent and emergency care review and redesign will be a substantial service variation.
- 4.2 A business case and service specification will be submitted to each CCG. Further planning work is required but based on an indicative timeline for an outline business case and service specification this is expected to be submitted in March 2015. This will be to reach a decision to proceed to a public consultation on the service redesign model(s). This will also coincide with a briefing paper to the relevant HASC.
- 4.3 Following public consultation, revisions will be made to the business case and service specification (as appropriate) and be submitted for a decision to proceed to procurement with the service redesign, which is expected to be in August 2015. As above this will also coincide with a briefing paper to the relevant HASC.

#### 5. Risk management

- 5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk
The General election and therefore the purdah period could negatively impact on the project timelines.	Public consultation is currently <b>estimated</b> to run from April 2015 for a 12 week period. Clarity is required to identify the impact that this may have on the project.	Further detail is required on this period, and therefore the impact on this phase.

<p>Failure to deliver against the project plan which includes defining a service specification fit for purpose. This will lead to an inadequate service and will not meet the needs of our patients.</p>	<p>Development, action and monitor the project plan to identify work streams/tasks including timelines and accountability.</p> <p>Ensure governance is in place to keep project on track and/or identify additional risks in a timely manner and put in place appropriate mitigation.</p>	<p>Strengthened collaborative working with North Kent CCGs supporting urgent and emergency review and redesign with agreement for shared responsibilities in delivery against the plan and through at North Kent Steering group.</p> <p>Clinical and Patient reference groups established to develop and challenge options development. CCG Clinical lead and external clinical expert key members of these groups.</p> <p>Reporting and escalating concerns in a timely manner through the agreed governance structure to ensure appropriate support.</p>
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<p>Failure to attract interest from appropriately skilled and resourced providers to deliver against service specification. This includes workforce issues (appropriately skilled staff), including succession planning where clinicians leave a post. This will lead to failure in delivering the service and could lead to patients being put at risk.</p>	<p>Engaging interested parties at the market testing event and at the 1:1 follow up commissioner/provider consultation sessions.</p> <p>Providing timely responses to questions raised by future providers.</p>	<p>Ensure good planning and delivery of a successful market testing event.</p> <p>Review of workforce/skill mix to take place with the lead provider of the service following completion of a skills audit.</p>
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## 6. Consultation

Medway CCG, Swale CCG and Dartford, Gravesham and Swanley CCG (North Kent CCGs) are currently undertaking a patient survey to understand the public's experience of using services. The plan is to consult with 1,000 people during a three week period in September 2014 (8 to 28<sup>th</sup>). This will include face to face consultations with 1000 patients in the Emergency Department (ED) at MFT as well as 400 face to face consultations with members of the public in the community at both Sittingbourne and Gillingham town centres to capture their unique experiences.

A patient reference group will be established to review the proposed options developed by the clinical reference group and will be a critical friend to ensure that the patient voice is heard. There will be a clear recruitment process for this group to ensure that the Medway population is represented.

Although the public will be involved in the options development (through the patient reference group) the views of the wider public and those affected by the changes will be sought on the proposals and their impact. A 12 week public consultation, begin preparation for procurement and finalise the business case and service specification. This is expected to commence at the beginning of April 2015.

Please refer to Appendix A for further detail.

## 7. Financial implications

7.1 This work will be undertaken under existing CCG budget

## 8. Legal implications

- 8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area

## **9. Recommendations**

- 9.1 Medway CCG does consider that the urgent and emergency care review and redesign will be a substantial service variation and as a result has already scheduled a 12 week public consultation into the plan and indicative timeline. The Committee is asked to consider whether the proposed variation is substantial for Medway health services as set out in this report and Appendix A along with the consequential arrangements for providing comments to the relevant NHS body or health service provider.

### **Background papers**

Appendix A: SV Questionnaire – Emergency and urgent review and redesign

### **Lead officer contact**

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