Evidence Table for the referral to the Secretary of State for Health

The Joint Health Overview & Scrutiny Committee (JHOSC) was established by the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark and Kent County Council to consider and respond to the proposals and consultation outlined in the NHS document entitled 'A Picture of Health for Outer South East London'.

The JHOSC met on 11 occasions between 17 September 2007 and 27 October 2008 and considered issues relating to:

- the case for the reconfiguration of services in outer South East London
- the consultation process
- the views of the public, public organisations, Royal Colleges, National organisations and others
- the development of the options presented in the consultation documents
- impact of the decision taken

The JHOSC considers that the health needs and populations of 'inner' South East London – the area covered by Greenwich, Lambeth, Lewisham and Southwark Councils is different to those of 'outer' South East London – the area covered by Bexley and Bromley Councils and Kent County (specifically West Kent).

The table below outlines the basis on which the JHOSC considers, in recognition of the impact and effect of the proposals on the residents of Outer South East London, that the decision taken for the geographical areas covered by Bexley and Bromley Councils are not in the interests of the health service in Outer South East London.

JHOSC Ref:	Evidence Source	Extracts from relevant Legislation/Guidance	Views expressed by the JHOSC	Likely Impact
A – Integrated Impact Assessment	JHOSC Meeting	**Local Authority Regulations 2002 Statutory Instrument 2002 No.3048 – Paragraph 5 (1):** 'subject to paragraph (3) it shall be the duty of the local NHS body to provide an Overview and Scrutiny Committee with such information about the planning, provision and operation of health services in the area of that committee's local authority as the committee may reasonably require in order to discharge its functions'	The JHOSC consistently requested that the Integrated Impact Assessment be made available for the public during the consultation period so as to ensure the public was able to make an informed judgement on the options presented by the NHS in the consultation document. The JHOSC requested that the Integrated Impact Assessment was made available for the JHOSC to consider ahead of submitting its final report for the JCPCT. The JHOSC further requested that this was made available in sufficient time so as to allow members adequate time to consider the content and potential implications of the assessments completed. This request was not met. The proposals do not stipulate how the new	Consultees were asked to make judgements on the options presented without access to the full range of information available. The JHOSC was unable to adequately scrutinise the contents of the Integrated Impact Assessment.

			arrangements will address health inequalities. The failure to complete an Integrated Impact Assessment for the geographical area covered by Lambeth and Southwark Councils means that a decision has been taken without an adequate assessment of the full implications and impact (good and bad) on all affected residents in South East London. It is the position of the JHOSC that the involvement of the Academic Health Science Centre (AHSC) necessitates a full Integrated Impact Assessment of for Lambeth and Southwark as part of the implementation of these proposals	Consultees were asked to make judgements on the options presented without access to the full range of information available and potential implications.

B. Consultation		**<u>Pre-Consultation Process</u>** Department of Health Guidance July 03, **Chapter 10, Duties placed on NHS bodies, Paragraph 10.1.2:** 'At this point there should also be a discussion about how consultation will be undertaken. This latter discussion should include agreement about the length of time consultation will last and methods to be used taking into account local needs. **Cabinet Office Code of Practice on Consultation, Criterion 1, Paragraph 1.2:** ' It is important to identify proactively relevant interested parties and those whom the policy will be likely to affect. These groups should be contacted and engaged in discussion as early as possible in the policy development process'.	The JCPCT did not consult with the JHOSC on the content of the consultation document. Best practice indicates that JHOSC's can make a meaningful contribution to consultation materials. The JHOSC is not convinced that all relevant and interested parties were involved in the development of the options consulted on and the materials used to support the consultation process.	Lack of involvement has meant that members of the JHOSC have had to spend much of the consultation period seeking to understand and explain the proposals and their implications to constituents. This has prevented effective scrutiny input prior to the formal launch of the consultation. The JHOSC could have explained and evidenced the need for a much simpler

		Paragraph 1.3: 'Informal consultation with these stakeholders should be conducted prior to the written consultation period' **<u>During formal consultation</u>** **Cabinet Office Code of Practice on Written Consultations Criterion 3, Paragraph 3:** 'documents should be clearly focussed. They should be set out in plain language, as free as possible of jargon. Technical detail may be unavoidable, indeed central to the issues; but documents should be as widely understandable as possible. Worked examples may help in examining technical concepts to lay people. A guinea pig audience may be helpful in developing or testing a draft document'	The presentation of the options in pages 13 + 14 of the consultation document was extremely poor and the APOH team had to produce an 'easy to understand' version of the document during the consultation period. The consultation document did not achieve the Crystal Mark for plain English and the questionnaire was produced separately from the consultation document. Consequently the questions listed in the questionnaire did not sit alongside the contents of the consultation document.	presentation of the options. Public discouraged from participating due to the complexity of the document.

		Paragraph 1: 'Respondents may have a great deal many documents to deal with, and lack time from their everyday work to study a comprehensive paper. But their views may be of great value, and everyone should be helped to identify quickly if they are affected, and if so to contribute productively. That is why clarity, and a summary, are important'.	Conducting formal consultation alongside 'Consulting the Capital' for Healthcare for London was ill-advised and the case for doing so was not convincing *or* proven. This is illustrated by the fact that a key decision of the JCPCT is pending the outcome of further work and consultation as part on Healthcare for London. This has resulted in significant concern about the future of local maternity services	Lower response rate to the consultation; confusion around the options and limited understanding of how these issues are inter-related.
			The distribution of the main consultation document was patchy and not every house-hold in the areas affected received a copy.	Limited opportunity to respond to the consultation.
			Consultation with 'hidden' and hard to reach communities was not a full as it should have been and no events were held in Southwark or Lambeth.	No opportunity to comment on the consultation.
		Cabinet Office Code of Practice on Written Consultations Criterion 6, paragraph 4 'it is desirable to keep as full an account as possible of both formal and informal responses to	It was not at all clear when consultation on the proposals ended. The JHOSC is aware that the public consultation ended on 11th	Public perception of bias and unfair advantage.

		consultations; both to ensure everyone's view is fairly considered, but also, in line with the reasoning of the Neill Committee, to help address any allegation of privileged access'**.** **Cabinet Office Code of Practice on Written Consultations Criterion 6, paragraph 6** 'If significant new options emerge from consultation, it may be right to consult again on them (though a shorter consultation period may be justified)'	April and was advised by the APOH team that consultation with others would continue beyond this date. The JHOSC saw little evidence that the APOH team engaged with the AHSC at an early stage. Had this happened it is potentially the case that a different modelling may have evolved for public consultation. The failure to engage early with the AHSC partners and undertake a robust assessment of the implications on those trusts', there is no evidence to suggest that any impact assessment has been undertaken on the implications of change for residents of Lambeth and Southwark. The committee would argue that the population covered by the proposed changes explicitly includes residents of those two boroughs since the anticipated transfer of activity from the two outer	An alternative option which better addresses the health needs of 'outer' South East London might have been identified and consulted on. Southwark and Lambeth residents had very limited opportunities to participate in the consultation.

			London boroughs to the acute and community Trusts in Lambeth/Southwark will affect capacity and reduce access for local residents. Yet the views of Lambeth/Southwark residents were not sought as part of the public consultation	

C- Travel and Accessibility		**Local Authority Regulations 2002 Statutory Instrument 2002 No.3048 – Paragraph 5 (1):** 'subject to paragraph (3) it shall be the duty of the local NHS body to provide an Overview and Scrutiny Committee with such information about the planning, provision and operation of health services in the area of that committee's local authority as the committee may reasonably require in order to discharge its functions'	The APOH team did not meet this requirement. The JHOSC consistently requested that the Integrated Impact Assessment be made available for the public during the consultation period so as to ensure the public was able to make an informed judgement on the options presented by the NHS in the consultation document. The JHOSC requested that the Integrated Impact Assessment was made available for the JHOSC to consider ahead of submitting its final report for the JCPCT. The JHOSC further requested that this was made available in sufficient time so as to allow members adequate time to consider the content and potential implications of the assessments completed. The APOH decision will mean that residents will need to travel longer distances for core services, impacting on families as well as the patient themselves.	Patients and their families have been given insufficient information on the transport implications and there needs to be further work undertaken to inform residents and ensure that risks are mitigated as far as possible. Patients continue to travel to their nearest acute service as opposed to those

			There will be an increased reliance on public transport to hospital sites from areas not having existing direct links. Parking provision on sites is already costly and inadequate. These issues will not only impact upon patients, but also their families and hospital staff. These factors will make health provision less accessible to residents The Committee expressed a number of concerns on the impact of these proposals on the London Ambulance Service. The Committee remains unconvinced that the London Ambulance Service will be adequately resourced to meet this new role. Additional evidence requested by the committee on A&E performance was contrary to the evidence provided at the meeting. The Alberti review recognised that transport is a key factor to the successful implementation of many of the proposed changes and the Alberti report stressed the importance of close examination of the impact on the London Ambulance Service and public transport.	outlined in the A Picture of Health proposals. Additional pressure of services delivered at St Thomas' and Kings College Hospitals'. Inability to meet the national A&E targets – none of the hospitals in the sector met the 4 hour waiting target in 2007.

D – Financial Modelling			The JHOSC remains concerned that the financial modelling to support the project does not provide sufficient assurance that the proposals will produce the required efficiencies in the region, that they are not driven by financial considerations at the expense of patient care, and that they will not lead to further changes forced by financial circumstances. The financial pressures that exist in South East London are acknowledged on all sides, particularly related to the Private Finance Initiative (PFI) schemes that have funded new hospitals in Bromley (the PRUH) and Greenwich (the QEH), and a new block at Lewisham. The difficulties of changing the long-term PFI contracts associated with these developments means that there is much less scope to reduce or reconfigure services on these sites than at Queen Mary's, Sidcup, the only major acute site in the four boroughs not affected by PFI. The JHOSC remains concerned that major services are being removed from QMS for these reasons, rather than any reasons	Changes are not implemented as consulted upon and agreed; Services are changed in an unplanned manner, without adequate scrutiny

			relating to patient care. These financial pressures have been exacerbated by national policy changes such as payment by results and the move towards providing more care closer to home in community or primary care settings. The JCPCT has always accepted that there was a strong financial case for change, but has stressed that the clinical case for change was indisputable and the principal driver for change. The JHOSC remains concerned that financial considerations had an undue bearing on the initial choice of the three options consulted upon, and on the final option chosen on 21st July 2008. The pre-consultation business case allocated £10.5m for any capital requirements of implementing the proposals. The JHOSC has not seen evidence that this figure is sufficient, or that any detailed costings have been carried out. The potential costs of implementing APOH include –	

			• Re-modelling of existing facilities at the four acute facilities; • Cost of providing Urgent Care Centres at Bromley, Greenwich and Lewisham; • Additional patient flows out of the area (to Kings College, Guys and St Thomas's, Darent Valley and Mayday, Croydon); • Provision of an additional ambulance by London Ambulance Service; • Transition costs associated with the workforce. • Development of out of hospital care and impact on local authority care services. The Financial Analysis to Support JCPCT Decision Making document (Enc 2F in the papers for the meeting on 21st July 2008) sets out the overall assumptions behind the options presented for decision. Conclusions are based on the top-down assessments of costings, and also indicate some areas where savings or capital receipts might be achieved. However, the document admits that further work is needed to asses more detailed bottom-up costings, and while there is some consideration of the impact	

			on other acute trusts there is little or no assessment of potential impacts on other interested organisations such as local authorities. The JHOSC is still concerned that financial modelling may not adequately reflect the true costs of implementing the proposals. The JHOSC has challenged the APOH team on whether patient safety and choice really are the key drivers of change, rather than the need to respond to financial crisis. While there have been repeated assurances and statements that although finance has to be taken into account, the principal driver for change is clinical and related to patient care, the JHOSC concludes that concerns about PFI commitments have effectively determined the configuration of services, and that financial modelling has been geared towards this purpose.	
E – Loss of Services and Queen Mary's		Please refer to Enclosure 4 – London Borough of Bexley Local Overview & Scrutiny referral.	The JHOSC supports the commentary that relates to the loss of services at Queen Mary's.	

F – Lack of Integrated Impact Assessment for Lambeth and Southwark			Following a review by the Office of Government Commerce in early July 2007, the focus of APOH was narrowed to address the acute financial and clinical issues facing the four outer South East London boroughs. The governance arrangements for the project were consequently restructured and as a result the process to develop the pre-consultation business case including option appraisal did not directly involve Lambeth and Southwark nor the organisations comprising the AHSC. The pre-consultation business case acknowledged that the three APOH options to reconfigure services in Bexley, Bromley, Greenwich and Lewisham included changes that will increase demands on certain Lambeth and Southwark based services, to an extent in some cases that would require significant extra capacity and new build. However, as late as April 2008 and in its response to the consultation the AHSC highlighted that *'the AHSC partners are very keen to discuss the implications of the options in relation to Princess Royal, Queen Elizabeth and Queen Mary's*	In omitting Lambeth and Southwark residents from the Integrated Impact Assessment the committee does not consider that this issue has been sufficiently evidenced. In the absence of any refined modelling on the Option 2 Plus decision we are still seeking assurance that where NHS trusts anticipate an increase in activity they are able to provide for this without any detriment to current and future Lambeth/Southwark patients.

			hospital.' In particular the AHSC noted that Option 3 was untenable and that to accommodate projected patient flows would have serious implications for bed capacity. In particular we are concerned that the health inequalities assessment undertaken by Matrix did not include reference to Lambeth and Southwark communities. The health inequalities aspect is key as the APOH proposals are predicated on service changes improving the overall quality, safety and access to health services.	

Additional Commentary made by the JHOSC in support of the decision to make a referral to the Secretary of State for Health:

a) The Integrated Impact Assessment did not adequately cover the geographical area covered by Bromley and demonstrated a lack of local knowledge in relation to travel;

b) The JHOSC was not informed about the development of Academic Health Science Centre and the potential inclusion of University Hospital Lewisham;

c) Assurances received from Guys and St Thomas' and Kings College Hospitals' do not sufficiently address the concerns of the JHOSC and should in no way substitute for a completed Integrated Impact Assessment;

d) The JHOSC is of the view that the APOH team should have found appropriate mechanisms to ensure the involvement of clinicians during the identification of sites;

f) The decision making meeting was poorly planned and communicated. The JHOSC finds it unacceptable that the JCPCT proceeded to make a decision at a meeting which provided members of the public and interested stakeholders limited opportunity to attend and ask questions on the actual series of decision taken. The decision papers fill an A4 Arch lever file and the JHOSC does not believe that interested stakeholders were provided adequate and reasonable time to digest the decisions in advance of the meeting. The JHOSC does not accept the rationale for making the decision on 21st July 2008 with only 3 days notice (over a weekend);

g) The recent decision of the Bromley Hospital Trust to relocate Orpington Treatment Centre from Orpington Hospital to Princess Royal is of concern as this decision is contrary to the Business Case considered by the JHOSC, weakens the case for Queen Mary Hospital, undermines the decision of the JCPCT and was not outlined as an option in the consultation document. The JHOSC finds it completely unacceptable that Bromley Hospital Trust has taken a unilateral decision without local consultation.