



Report Title	Launch of the North Central London public consultation on Adult Elective Orthopaedic Services	Date of report	30 December 2019	Agenda Item	
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Name of Authorising Finance Lead	Simon Goodwin, Chief Finance Officer North Central London CCGs	<p>Summary of Financial Implications</p> <p>The Clinical Delivery Model approved at the 2 May 2019 Joint Commissioning Committee (JCC) defined high-level financial principles to support reconfiguration of adult elective orthopaedic services in north central London.</p> <p>An initial financial assessment was made alongside the options appraisal process in July 2019, which demonstrated that the two options that had been submitted should have, at least, a net neutral financial impact on the health economy.</p> <p>Over the summer and early autumn of 2019, further work has been jointly undertaken by commissioners and providers to develop the financial modelling, including a detailed counterfactual and a memorandum of understanding setting out financial principles between collaborating organisations. This work has shown that the original conclusion of net neutrality remains. There is likely to be one year (2020-21) when there will be cost pressures to the providers during implementation and, thereafter, gains and losses across providers until 2023-24. The memorandum of understanding sets out the trusts' commitment to work together to offset these gains and losses within each provider partnership.</p> <p>The detail of the financial arrangements would be set out as part of any Decision-Making Business Case, following the outcome of the proposed consultation.</p>			

Report Summary

Background

The NCL Joint Commissioning Committee meeting on 1 February 2018 approved the recommendation to establish a review of adult elective orthopaedic services. Following that initial discussion, there have been a number of briefings to this Committee which is well-sighted on the progress of the review and proposed timelines.

Papers went to the 6 December 2018 meeting setting out the independent evaluation of the pre-consultation engagement and the output from a series of clinical design workshops.

At the Joint Commissioning Committee meeting on 3 January 2019, the Committee approved a paper which covered a number of areas, including revised governance arrangements for the second stage of the review and indicative timelines up to the proposed public consultation planned for the autumn of 2019. At this meeting the JCC took a decision that the services under the newly configured clinical delivery model would remain within the NHS by way of variations to existing annual contracts, for the reasons set out in the JCC paper.

A subsequent paper that set out the 2019/20 budget for the review was presented and approved at the 4 April 2019 JCC meeting.

The options appraisal process and clinical delivery model were agreed at the 2 May 2019 JCC meeting, with final drafting reflecting both the discussion at the committee meeting and changes to the financial assessment, reserved for the chair under authority delegated at the meeting.

Documents to support decision-making

To inform the Committee's decision on 9 January 2020, there are a series of reports attached to this paper. These are:

The London Clinical Senate Report which reviewed the proposals for changes to adult elective orthopaedic services in September 2019, and confirmed that there is a "clear case for change, based on national best practice and consideration of the local issues". The Senate also provided recommendations and feedback, the responses to which have been included with in the pre-consultation business case at Appendix G.

The Pre-Consultation Business Case (PCBC) was finalised in December 2019. It was reviewed in draft form by the London Clinical Senate, NCL CCGs Joint Commissioning Committee and Programme Board for the adult elective orthopaedic services review. It was presented to the NHS England & Improvement Regional Assurance Committee on 13 November 2019.

The PCBC sets out in detail the proposals to reconfigure adult elective orthopaedic services in north central London and informs the process of public consultation which would be followed by a decision-making business case (DMBC) for the proposed changes. In addition, the document:

- Makes the case for change for the proposed model of care that is a single adult elective orthopaedic service for patients and staff across the whole of NCL, overseen by a clinical network – the 'preferred option'
- Describes the clinically developed model of care or clinical delivery model
- Details the process undertaken to engage the public, staff, residents and other stakeholders in the pre-consultation phase and demonstrate how their feedback has shaped the development of the preferred option being put forward for consultation

- Sets out how the development of the preferred option is compliant with the Secretary of State for Health and Social Care’s four tests of service reconfiguration, NHS England’s test to evaluate the impact of any proposal on bed numbers, and the Mayor of London’s six tests for reconfiguration.

The Consultation Mandate is a clear statement of intent to undertake a public consultation and it sets out the proposals being consulted on. This is not a legal document but it constitutes best practice.

The Consultation Communication and Engagement Plan which sets out the plans for public consultation on the proposed reconfiguration of adult elective orthopaedic services.

The Assurance Letter from NHS England & Improvement’s Regional Assurance Committee which contains assurance that the proposals can “proceed to consultation, subject to your Clinical Commissioning Groups (CCGs) governance and statutory responsibilities.”

The Adult Elective Orthopaedic Review Programme has worked closely **with the Consultation Institute (tCI)** during the last six months to ensure quality assurance and this oversight of our communications, consultation and engagement will continue during the public consultation.

An **Integrated Health Inequalities and Health Equalities Impact Assessment (HIEIA)** has been carried out to support the review. To ensure the five North Central London CCGs have fully considered the potential impacts on the nine characteristics protected under the Equality Act 2010, s149 – Public Sector Equality Duty (PSED) and equality impacts¹, a three-stage assessment process to develop an integrated health inequalities and equality impact assessment (HIEIA) to support decision making is under way. This process will ensure that any decisions made would advance equality and ensure fairness by removing barriers, engaging patients and community – and deliver high quality care.

- *Stage 1* (complete) – A rapid scoping report which identified potentially impacted groups and informed pre-engagement activities in summer/autumn 2018. The findings from this assessment have been made publicly-available²
- *Stage 2* (attached as part of these papers) – Looking explicitly at the impact of the proposed model of care and proposed sites. This would be using the stage 1 report as a building block, rather than repeating the existing analysis
- *Stage 3* (to be delivered post-consultation) – A revised and final integrated HIEIA, updated to reflect the results of the public consultation.

Governance

The north central London Joint Commissioning Committee has clinical and lay members from the five CCGs in north central London, as well as representatives from the local authorities, and Healthwatch. Its role is to commission jointly a number of services that are most effectively commissioned collaboratively across NCL; these include all acute services including core contracts and other out of sector acute commissioning, and both elective and emergency orthopaedic services. The five NCL CCGs will merge by April 2020 into one NCL CCG. Once established, the NCL CCG will take forward decision-making and

¹ [Equality Act \(2010\)](#)

² Verve Communications: Initial equalities assessment: desk top analysis (2018)

	<p>support any required implementation plans as part of its support to a north central London integrated care system.</p> <p>A small number of patients access these services from a much wider area than NCL. In order to ensure effective consultation and decision-making it has been necessary to agree which CCGs are material to the decision. We applied a 5% threshold (by value and number of episodes) which excluded all but the NCL CCGs.</p> <p>In reaching this decision the following was taken into consideration:</p> <ul style="list-style-type: none"> • The CCGs outside of NCL that commission the most activity (Herts Valley CCG and East and North Hertfordshire CCG) are low users of North Middlesex and UCLH hospitals and therefore their residents are less impacted by the proposed changes • The neighbouring commissioners in NEL, NWL and Hertfordshire have been kept closely informed of progress and have not indicated that they wished to be a part of the decision making process. <p>Neighbouring commissioners will have an opportunity to respond to the consultation.</p> <p>Relevant policy and guidance</p> <p>When major changes to NHS services are proposed, communications and engagement should be central at all stages of the process of developing proposals, considering options and making decisions.</p> <p><u>NHS change legislative framework</u></p> <ul style="list-style-type: none"> • NHS Act 2006 (as amended by the Health and Social Care Act 2012) – s14Z2 (CCGs), s13Q (NHS E) • Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the 2013 Regulations”) made under s.244 NHS Act 2006. This is in addition to the duties on commissioners and providers for involvement and consultation set out above and it is a local authority which could trigger a referral to the Secretary of State and the Independent Reconfiguration Panel. <p><u>Consultation best practice</u></p> <ul style="list-style-type: none"> • The Consultation Institute (tCI): The Consultation Charter – The Seven Best Practice Principles • For commissioner-led processes there are statutory requirements and best practice guidance was published by NHS England in 2018 in Planning, assuring and delivering service change for patients (NHS England) which sets out responsibilities and the process, and separate guidance on equality and health inequalities legal duties was published in 2015.
<p>Recommendation</p>	<ul style="list-style-type: none"> • To NOTE the London Clinical Senate Report and Recommendations • To APPROVE the Consultation Mandate • To NOTE the Consultation, Communications and Engagement Plan • To NOTE the letter summarising the outcome from the NHS England and Improvement Regional Assurance Committee • To NOTE the Integrated Health Inequalities and Health Equalities Impact Assessment (stage two report)

	<ul style="list-style-type: none"> To APPROVE the Pre-Consultation Business Case To APPROVE proceeding to launch public consultation
Identified Risks and Risk Management Actions	<p>The Review Group has considered risks in the programme and the two most significant risks that have been identified are:</p> <ul style="list-style-type: none"> Public objections lead to delays Stakeholder objections lead to delays. <p>These risks are to be expected on a programme of this size and complexity. They are being managed through extensive stakeholder communication, co-creation of the clinical model with clinicians, and patient representatives, and very early engagement.</p>
Conflicts of Interest	<p>Legal advice has been sought about how to manage any potential conflict of interest in the second stage of the review. All members of the Programme Board, Programme Executive and Clinical Network have been asked to complete Declarations of Interest and this register will be regularly reviewed and updated to actively manage any conflicts.</p>
Resource Implications	<p>Section 5.6.6 of the pre-consultation business case sets out the resource implications for the preferred option which is being put forward for public consultation.</p>
Engagement	<p>Stage one of the review included a comprehensive pre-consultation engagement process, which was reported to the JCC at its December 2018 meeting. The second stage of the review has included further stakeholder and resident engagement through two workshops to discuss the clinical delivery model and options appraisal process. Two patient representatives sit as full members of the Programme Board and on the newly developed NCL clinical orthopaedic network. Patients and residents made up just under half of the options appraisal panel and are represented on the consultation planning group.</p>
Equality Impact Analysis	<p>Stage two the Integrated Health Inequalities and Health Equalities Impact Assessment is attached to the committee papers for members to review alongside the PCBC. This will be updated in a third and final stage following the public consultation.</p>
Report History and Key Decisions	<ul style="list-style-type: none"> A report went to the 1 February 2018 meeting of the JCC which formally approved the mandate for the Review including the governance and overarching timetable. Updates were taken to the 5 July 2018 seminar and 2 August 2018 meetings of the JCC. Papers went to the 6 December 2018 meeting setting out the independent evaluation of the pre-consultation engagement and the output from a series of clinical design workshops. A paper went to the 3 January 2019 JCC meeting, setting out a revised governance structure, timeline and a recommendation around contract form. An update paper on the timeline, process and engagement activities was shared at the 7 March 2019 seminar. The 2019/20 budget for the review was presented and agreed at the 4 April 2019 Joint Commissioning Committee Meeting. The options appraisal process and clinical delivery model were agreed at the 2 May 2019 JCC meeting, with final drafting reflecting both the discussion at the committee meeting and changes to the financial

	<p>assessment, reserved for the chair under authority delegated at the meeting.</p> <ul style="list-style-type: none"> • The JCC was verbally updated on the outcome of the options appraisal process at its August 2019 seminar. • A draft of the pre-consultation business case was shared with the JCC at its seminar on 7 November 2019.
Next Steps	<p>Subject to a positive outcome of the Joint Commissioning Committee decisions, the following steps will be undertaken:</p> <ul style="list-style-type: none"> • The Consultation, Communications and Engagement Plan has been shared with the north central London Joint Health Overview and Scrutiny Committee (JHOSC) as an update to the discussion at its meeting on 27 September 2019. The JHOSC will also be notified of the Joint Commissioning Committee's decision-making after its meeting on 9 January 2020 • The consultation would launch on 13 January 2020 for a 12 week period, engaging with patients, carers, staff, residents, and strategic stakeholders such as local authorities, community networks and Healthwatch.
Appendices	<p>Supporting Documents</p> <ul style="list-style-type: none"> • Adult Elective Orthopaedic Services Pre Consultation Business Case (Appendix 1) • Adult Elective Orthopaedic Services Clinical Senate Review (Appendix 2) • NHS England and Improvement Regional Assurance Committee letter (Appendix 3) • Consultation Plan for Public and Patients, including Consultation Mandate (Appendix 4) • Integrated Health Inequalities and Health Equalities Impact Assessment (stage two report) (Appendix 5)
What CCG does this relate to	Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, Islington CCG