

# THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

## HEALTH, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE – 16 MARCH 2011

### CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND ENVIRONMENTAL HEALTH

#### CABINET MEMBER REPORT ON CURRENT ISSUES

The purpose of this report is to inform Members of recent policy and practice developments, which are likely to impact on the future work of the Business Group and to update Members on progress of important current projects.

**FOR INFORMATION**

## HEALTH

### 1. Health and Social Care Bill<sup>1</sup>

1.1 The Health and Social Care Bill was introduced into Parliament on 19 January. This Bill is the primary legislation required to implement the Government's vision for the NHS, set out in the White Paper Liberating the NHS (July 2010) and Liberating the NHS: Legislative framework and next steps (December 2010). The Bill proposes to create an independent NHS Board, promote patient choice, and to reduce NHS administration costs. Key areas:

- establishes an independent NHS Board to allocate resources and provide commissioning guidance
- increases GPs' powers to commission services on behalf of their patients
- strengthens the role of the Care Quality Commission
- develops Monitor, the body that currently regulates NHS foundation trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- cuts the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities
- creates a legislative framework for the establishment of the public health service, as set out in the public health White Paper Healthy Lives, Healthy People (November 2010).

### 2. GP consortia pathfinders

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<sup>1</sup> The full text of the Health and Social Care Bill is available at:  
<http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.i-v.html>

2.1 Kensington & Chelsea GP Commissioning Consortium, Victoria Commissioning Consortium (Westminster) and Central London Healthcare (Westminster) were three of the second wave of GP consortia pathfinders selected in January 2011. The pathfinder groups will work together to manage their local budgets and purchase services for patients direct with other NHS colleagues and local authorities.

<b>Kensington &amp; Chelsea GP Commissioning Consortium</b> Geographical area: Royal Borough of Kensington & Chelsea Number of practices: 42 Population size: 185,000
<b>Central London Healthcare (Westminster)</b> Geographical area: London Borough of Westminster (not entire borough) Number of practices: 23 Population size: 133,947
<b>Victoria Commissioning Consortium (Westminster)</b> Geographical area: London Borough of Westminster (not entire borough) Number of practices: 8 (+ 1 associate) Population size: 48,182

### 3. **David Cameron and Andrew Lansley visit St Charles**<sup>2</sup>

3.1 Prime Minister David Cameron joined the Health Secretary Andrew Lansley at the St Charles' Centre for Health and Wellbeing in North Kensington on 31 January 2011. They met members of the Kensington and Chelsea Practice Based Commissioning group and questioned local GPs charged with driving forward his Government's NHS reforms.

3.2 Among the questions Mr Cameron posed to the group were how they planned to work collaboratively with secondary care. The group's chairman Dr Mark Sweeney said their consortium was fortunate enough to have a constructive relationship with their hospital colleagues. "I don't think there's any animosity", he said. "We work together rather than against each other."

3.3 Mr Cameron also asked the GPs how they planned to make use of the voluntary and private sector in the newly competitive marketplace. Consortium member Dr Fiona Butler said the reforms provided "a really good opportunity" to look at different providers.

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<sup>2</sup> Pulse: Cameron meets GP pathfinders to discuss reforms  
<http://www.pulsetoday.co.uk/story.asp?sectioncode=35&storycode=4128380&c=2>

#### 4. **North West London Strategic Commissioning and QIPP Plan 2014/15**

- 4.1 The NHS in North West London need to close a projected £1,014m funding gap between available resources and "doing nothing" by 2014/15.<sup>3</sup>
- 4.2 "£0.7bn of the funding gap should be realised from real terms cuts in prices paid to providers (e.g. national tariff), leaving £0.3bn to be found through Commissioners managing demand and commissioning different care pathways. NHS Kensington & Chelsea's share of this funding gap is £14m (in 2011-12)."<sup>4</sup>
- 4.3 The Guardian (31 January) reported a spokesman for North West London saying no measures to close hospitals were contemplated "right now".<sup>5</sup>
- 4.4 NHS Kensington and Chelsea have a Quality, Innovation, Productivity and Prevention (QIPP)<sup>6</sup> plan 2011/12 which sets out ways to improve the quality of care while making efficiency savings.

#### 5. **Planned Procedures with a Threshold**<sup>7</sup>

- 5.1 The NHS in North West London have developed a NWL-wide policy for applying thresholds for procedures. There was extensive clinical engagement with NW London clinicians. Criteria and thresholds for individual treatments are included, where appropriate.
- 5.2 This policy is to aid patients receiving only the most clinically optimal treatments and interventions are more equitable across NWL. The policy should also ensure more efficient use of resources. There will be savings through decommissioning of cosmetic and limited benefit procedures. Initial analysis carried out on the top 10 high expenditure

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<sup>3</sup> This scenario, that uses assumptions reflecting local circumstances, is on page 37 of "North West London Strategic Commissioning and QIPP Plan 2014/15 (15 December 2010)"

[http://hillingdonlink.org.uk/wp-content/uploads/2010/12/NWL-Approved-Strategic-Commissioning-and-QIPP-Plan-2011\\_14-Main-Document-20101215-FINAL.pdf](http://hillingdonlink.org.uk/wp-content/uploads/2010/12/NWL-Approved-Strategic-Commissioning-and-QIPP-Plan-2011_14-Main-Document-20101215-FINAL.pdf)

<sup>4</sup> NHS Kensington and Chelsea's Draft QIPP plan 2011/12

<http://www.kensingtonandchelsea.nhs.uk/media/78327/2.1-qipp-plan2011-12.pdf>

<sup>5</sup> Guardian article: Paper warns reforms mean £1bn gap in £3.5bn local health budget

<http://www.guardian.co.uk/politics/2011/jan/31/paper-reforms-local-health-budget>

<sup>6</sup> More information on QIPP is available at the DH website:

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm>

<sup>7</sup> The paper "Planned Procedures with a Threshold" was ratified by the NHS Kensington and Chelsea Board on 25 January

<http://www.kensingtonandchelsea.nhs.uk/media/84758/2.3-ppwt-policy.pdf>

procedures shows there is a potential saving in NWL of £5.3-7.7million.

5.3 The total number of procedures recommended for inclusion in the new policy is 84. Examples from the policy:

- funding just one cycle of IVF when the national guidance is for three cycles<sup>8</sup>.
- presence of co-morbidities should determine speed at which a patient is referred for bariatric surgery, not just Body Mass Index.
- reduction in procedures on varicose veins (potential saving to NWL of £2.3million).
- homeopathy not funded.
- cataract surgery was offered for a symptomatic cataract now to be considered for patients with a best corrected visual acuity of 6/9 or worse in either the first or second eye.
- tighter criteria for male circumcision and to non-core gender dysphoria interventions.

5.4 The NWL-wide list of interventions thresholds was approved by NWL Joint Committee of PCTs in December 2010. NHS Kensington and Chelsea Board on 25 January 2011 ratified the NHS NWL "Planned Procedures with a Threshold Policy".

## 6. **'No health without mental health': A cross-Government mental health outcomes strategy for people of all ages**<sup>9</sup>

6.1 The "No health without mental health" strategy outlines how a new emphasis on early intervention and prevention will help tackle the underlying causes of mental ill-health. It sets out how the Government will work with the NHS, local government and the third sector to help people recover and challenge stigma. A briefing paper on the mental health strategy has been circulated to Members of this committee.

## 7. **Improving Outcomes - A Strategy for Cancer**<sup>10</sup>

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<sup>8</sup> Letter from David Flory dated 11th January 2011 updating PCT commissioners on the Coalition Government's position on the provision of infertility treatment

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_123404](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_123404)

<sup>9</sup> "No health without mental health" strategy documents and accompanying resources are on the Internet at:

<http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm>

<sup>10</sup> Department of Health: Improving outcomes: a strategy for cancer  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123371](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371)

- 7.1 The coalition government published a new cancer strategy in January 2011 which it believes could save up to 5,000 lives a year. "Improving Outcomes - A Strategy for Cancer" is backed by more than £750 million over four years and includes plans for earlier diagnosis of cancer, improving awareness of the signs and symptoms of cancer, and extending the NHS screening programmes. The government also wants to improve access to treatment, care and support and is investing in extra diagnostic tests and increased access to radiotherapy.
- 7.2 Healthcare for London published "Cancer Services - Case for Change"<sup>11</sup> in March 2010. The overarching theme was that the lack of progress in implementing coordinated cancer services across London meant services may be excellent in some instances, but often provide patients with fragmented care. The document said there was a need to learn from the best performing trusts in London and those nationally. At the centre of change will need to be the integrated commissioning of all cancer services, given most services are highly dependent on each other.
- 7.3 A new Ambulatory Care Centre<sup>12</sup> at The Royal Marsden was opened in November 2010<sup>13</sup>. It is one of the only facilities in the UK providing this care service for cancer patients in a dedicated unit. Built in the heart of their hospital in Chelsea, this new high-tech centre will have a major impact on how patients experience their oncology treatment.

## **ADULT SOCIAL CARE**

### **8. Update on Taxicard Scheme**

- 8.1 The Taxicard scheme is run on our behalf by London Councils. In 2010 London Councils put forward a number of proposals to reduce the increasing spend on the taxicard scheme. It was decided to adopt the following proposals:

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<sup>11</sup> Healthcare for London's "Cancer Services - Case for Change" is available on the Internet at:

[http://www.healthcareforlondon.nhs.uk/assets/Cancer/HealthcareforLondon\\_Cancer-services-case-for-change.pdf](http://www.healthcareforlondon.nhs.uk/assets/Cancer/HealthcareforLondon_Cancer-services-case-for-change.pdf)

Also, a "Case of Change - in Brief" is available at:

[http://www.healthcareforlondon.nhs.uk/assets/Cancer/HealthcareforLondon\\_Cancer-services-case-for-change\\_In-brief.pdf](http://www.healthcareforlondon.nhs.uk/assets/Cancer/HealthcareforLondon_Cancer-services-case-for-change_In-brief.pdf)

<sup>12</sup> Ambulatory care is any medical care delivered on an outpatient basis.

<sup>13</sup> Press release: New state-of-the-art Ambulatory Care Centre opens

<http://www.royalmarsden.nhs.uk/news-events/news/20101103>

1. An increased member contribution from £1.50 to £2.50
  2. A decreased subsidy in each trip, so the subsidy covers a reduced length of trip
  3. Membership suspended till end of March 2011.
- 8.2 The Accessible Transport Service (ATS) has continued to process new membership applications, forwarding them to London Councils, and advising that membership is frozen until the end of March. However, LC has indicated they will process any backlog from 1<sup>st</sup> April 2011.
- 8.3 London Councils wrote to all Taxicard members to advise them of the detailed reductions to the scheme. Anticipating considerable concern and contact from members, the Council set up a helpline number to answer queries and monitor calls. Since the start of the year, there have been approximately 200 calls from the public with one complaint received. These calls have been directed through the Access and Advice Contact Centre in Customer Services. The main reason residents have called is to clarify what the changes will mean for them and for an explanation of what extra charges they will be paying. There has been little or no comment regarding the reason for the increases.

## 9. **National Drug Strategy 2010**

- 9.1 The Drug Strategy 2010 was published following a consultation with stakeholders. It is different to strategies produced by the previous Government in part due to the different perspective current Ministers have of the role of Government from their predecessors. There is a strong sense that target driven approaches need to be abandoned in favour of localisation.
- 9.2 The overarching aims of the strategy are to reduce illicit and other harmful drug use and increase the numbers recovering from their dependence. The work of the strategy is structured around three themes:
1. Reducing demand
  2. Restricting supply
  3. Building recovery in community
- 9.3 In terms of reducing demand and building recovery in communities, the local DAAT is already meeting many of the objectives set out. These include:
- Providing young people with access to specialist workers within the youth services and schools to support the information and advice offered;

- Targeted services based in the youth services and a specialist prevention and diversion services and a specific youth justice initiative is in place;
- Multi agency packages of care for young people and offer transitional arrangements into adult services. The DAAT is delivering this through specifically commissioned services and joint working between child protection and the specialist substance use services;
- Developing a drug and alcohol management plan with key housing providers;
- Working alongside mental health to enhance the diversion services;
- Starting to progress the procurement of a joint DIP service across two boroughs.

9.4 Transitional funding may be available to build capacity within the voluntary and community groups and social enterprises to support them in becoming future service providers. The local services users drug reference group (SUDRG) is aiming to become a social enterprise which is already helping individuals in recovery and starting their recovery journey through the peer led initiatives already established to build on the skills and employability focus.

## 10. **Update on the proposal to close the EPICS Day Centre**

10.1 Since 6 January 2011 the Council has been consulting widely on a proposal to close the EPICS Day Centre. The closure was proposed as a result of reduced demand on day centre places, the availability of places in other centres and the high cost of running EPICS in a very large building at a time when the Council has reduced budgets.

10.2 As well as a range of public meetings, every person with an assessed need for care services who attends EPICS has had an individual review. This has given people a chance to express their views and to explain what sort of alternative service they would need. Comments have also been received from voluntary sector organisations, NHS professionals and people who use EPICS as a drop-in facility.

10.3 A report about the consultation came to the Scrutiny Committee on 27<sup>th</sup> January so that the Committee had an early opportunity to comment on this proposal, the process of consultation and related issues.

10.4 If the centre were to close the Council would make alternative arrangements for around 50 people who need varying degrees of support. There is a wider group of people who are not eligible for adult social care funding but who nevertheless benefit from the

services provided via the drop-in. The Council is in discussion with local voluntary and community groups to see how alternative services could be arranged in the local area.

10.5 Discussions are underway with alternative providers of day centre places and it is clear that the majority of people with high support needs could be offered an equivalent level of service.

10.6 This is a Cabinet Member decision and the Key Decision Report will include a full account of the issues raised during the period of consultation and the steps the Council can take to address these. A "frequently asked questions" leaflet is being produced and will be distributed to all those who have taken part in the consultation.

10.7 Some of the points raised so far include:

- Many older people can be isolated and find it difficult to use other facilities in the community.
- People who attend have a sense of community, appreciate the building as a local facility and would be concerned at its loss.
- Some valued local community groups use rooms in the building and they would need to find an alternative.
- People value a day centre that can provide a range of activities, some health services, a hairdressing facility and a hot meal.
- People who have high support needs must be supported by skilled staff who have a positive and caring attitude.
- Family carers who depend on the service to support them to continue caring, were concerned that alternative centres would not be able to offer the equivalent level of care or were too far away.

10.8 If a decision is made to close the centre there would need to be transition period to give sufficient notice to staff and to enable individual planning with people who use the service and the alternative providers.

## **11 Update on the Joint Strategic Needs Assessment (JSNA)**

11.1 The Local Government and Public Involvement in Health Act 2007 requires PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The Royal Borough of Kensington and Chelsea and NHS Kensington and Chelsea produced the first JSNA in May 2009. A 'refresh' of the JSNA was carried out in 2011 to ensure the data was as up to date as possible.

11.2 The result is two reports and an updated set of factsheets:

- *Progress Update - response to the 2009 JSNA*. This report looks at the key issues highlighted in the previous JSNA and describes the progress that has been made as a result.
- *The JSNA 2011 - predicting the borough's health and wellbeing*. This report is arranged similarly to the previous JSNA and provides a narrative overview of the health and wellbeing needs of the borough. It uses the most up to date data from both national data sources and local research to identify key trends.
- Accompanying the reports are a large number of data fact sheets on different health, social care and demographic themes. There are also links to relevant Council strategy papers and national research papers on the JSNA web pages.

11.3 The updated data fact sheets can be found on the Council's website: <http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna.aspx>. The full refreshed JSNA report and the update report will be available online shortly. A full update to Scrutiny Committee will be produced for the next meeting.

## **FOR INFORMATION**

### **Councillor Julie Mills**

Cabinet Member for Adult Social Care, Public Health and Environmental Health

Background Papers used in the Preparation of this Report: None

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