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Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Tony Burles
Councillor Reeta Chamdal
Councillor Alan Chapman
Councillor June Nelson (Opposition Lead)
Councillor Barry Nelson-West

Date: **THURSDAY, 26 JANUARY 2023**

Time: **6.30 PM**

Venue: **COMMITTEE ROOM 5 - CIVIC CENTRE**

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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This Agenda is available online at:
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Terms of Reference

Health & Social Care Select Committee

To undertake the overview and scrutiny role in relation to the following Cabinet Member portfolio(s) and service areas:

Cabinet Member Portfolios	• Cabinet Member for Health & Social Care
Relevant service areas	1. Adult Social Work 2. Adult Safeguarding 3. Provider & Commissioned Care 4. Public Health 5. Health integration / Voluntary Sector

Statutory Healthy Scrutiny

This Committee will also undertake the powers of health scrutiny conferred by the Local Authority
(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

- Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.
- Respond to any relevant NHS consultations.

Duty of partners to attend and provide information

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information. Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.

Cross-cutting topics

This Committee will also act as lead select committee on the monitoring and review of the following cross-cutting topics:

- Domestic Abuse services and support

Agenda

IMPROVING PLANNED ORTHOPAEDIC INPATIENT SURGERY IN NORTH WEST LONDON

Committee name	Health and Social Care Select Committee
Officer reporting	The Hillingdon Hospitals NHS Foundation Trust
Papers with report	None
Ward	n/a

HEADLINES

To update the Committee on the progress of the review of planned orthopaedic inpatient surgery in North West London.

RECOMMENDATION:

That the Health and Social Care Select Committee notes the update on the review of planned orthopaedic inpatient surgery in North West London.

1. Introduction

This report to the Hillingdon Health and Social Care Select Committee from The Hillingdon Hospitals NHS Foundation Trust ('the Trust') sets out the proposal from the four acute NHS trusts in North West London to bring together most of their routine, inpatient orthopaedic surgery - primarily hip and knee replacements - completely separated from emergency care services.

The response to the Covid-19 pandemic showed what can be achieved when our four trusts work more collaboratively, joining up our care and making the best possible use of our combined expertise and resources.

One of the ways we were able to maintain more planned care during the later phases of the pandemic was by establishing 'fast track surgical hubs'. These were facilities within our hospitals that focused on specific, routine operations, separated as far as possible from urgent and emergency care. This meant that operations were less likely to be put on hold when there was pressure on our emergency services.

As we come out of the pandemic with long waiting lists and many other challenges, we want to draw on best practice and go further with our improvements. We want to bring together much of the routine, inpatient orthopaedic surgery for the population of North West London in a purpose-designed centre of excellence, completely separated from emergency care.

Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.

Clinicians and managers from across the four acute trusts have worked with GPs and other colleagues, as well as with patients and lay partners, to develop a detailed proposal for an 'elective orthopaedic centre' – orthopaedic services have some of the longest waiting times in

North West London. We are sharing this proposal with as many patients, local residents and staff as possible, to hear their views and ideas so that we can continue to improve health and healthcare with – and for – our local communities.

This report is based on the contents of the full consultation booklet and pre-consultation business case which can be read by visiting the online consultation area at nwl-acute-provider-collaborative.nhs.uk/eoc.

2. What is planned inpatient orthopaedic surgery?

Orthopaedic surgery treats damage to bones, joints, ligaments, tendons, muscles and nerves (the musculoskeletal system). Patients may be referred to an orthopaedic surgeon for a long-term condition that has developed over many years, such as osteoarthritis.

Hip and knee replacements are the most common type of orthopaedic surgery offered in the NHS. However, other types of surgery of the hips, knees, shoulders, elbows, feet, ankles and hands are also types of orthopaedic surgery.

Planned surgery is when patients have their operation booked in advance. It is generally arranged after a referral to hospital by a GP or community service followed by an assessment by hospital specialists in an outpatient clinic. It is sometimes called ‘elective’ or ‘non-emergency’ care.

Inpatient care describes when a patient stays in hospital while receiving medical care or treatment.

3. Our ambition

We want to bring together much of the routine, inpatient orthopaedic surgery for the population of North West London in a purpose-designed centre of excellence at Central Middlesex Hospital, Park Royal, completely separated from emergency care services.

This means that:

- Patients will have faster and fairer access to surgery and would be much less likely to have their operation postponed due to emergency care pressures.
- Care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures.
- The centre would be extremely efficient, enabling more patients to be treated at a lower cost per operation.
- Patients will have better outcomes, experience and follow-up.

In addition, capacity created in other North West London hospitals by bringing together routine surgery in the elective orthopaedic centre would be able to be used for surgical patients who have more complex needs and for other specialties.

4. Why are we suggesting changes to orthopaedic surgery?

4.1 We need to reduce our waiting times

The Covid-19 pandemic has had a big impact on waiting times for planned care across the entire NHS, particularly for orthopaedic care, which accounts for more than a quarter of all

surgery nationally.

In August 2022, more than 15,000 people were waiting for orthopaedic care in north-west London hospitals. Just under 3,700 of these people had had their initial assessment and were waiting for an operation. The proportion of people waiting more than 52 weeks for orthopaedic care has increased by more than a quarter during the pandemic.

Even though procedures like hip or knee replacements are not usually considered to be time critical, waiting for treatment can badly affect your quality of life and many conditions can worsen over time, making treatment and recovery harder.

4.2 We need all our care to be consistently of the highest quality

Performance against national indicators for clinical outcomes and patient experience in northwest London is amongst the best, for some measures in some trusts. But there is much room for improvement in all trusts and a lot of unnecessary variance between trusts. But there is much room for improvement in all trusts and a lot of unnecessary variance between trusts. North West London hospitals are in the bottom half for many quality measures when ranked against all NHS trusts in England.

Hospitals in North West London also perform relatively poorly in terms of cancellation rates for orthopaedic operations. This is related to the impact of urgent and emergency care pressure at hospitals that provide planned, urgent, and emergency care. And there is also wide variation across our trusts in terms of how well our operating theatres are used, including how much unnecessary ‘down time’ there is between operations.

4.3 We need to make our care more patient-focused

Though we generally get positive feedback from patients that our staff are caring, kind and helpful, they are much less positive about their experience of navigating the healthcare system. Patients have reported frustration with long waiting times between their initial assessment and surgery or while attending their appointments, having to chase up their follow-up appointments or feeling worried due to re-scheduling or cancellations.

Elderly or disabled patients often say travel to appointments is a problem. Patients also highlight communication problems, such as lack of coordination between GPs and hospital services or confusing information. Patients say they want more control over their care and they want us to organise our care system so that it is as clear, consistent and straight forward as possible.

4.4 We need to help improve health and reduce health inequalities

Musculoskeletal (MSK) disorders are the third leading contributor to the burden of disease in Greater London. MSK conditions are one of the most common long-term health conditions for the most deprived 20 per cent of the population. While many of the ways to prevent and limit the impact of MSK disorders sit outside the control of acute hospitals and even the wider NHS, improving orthopaedic surgery would particularly help older patients and patients from more deprived backgrounds.

4.5 We need to be prepared for the future

If we do nothing, our waiting lists will continue to grow faster than our capacity to provide care.

By 2030 we expect the number of people waiting for orthopaedic surgery in North West London will increase by almost a fifth if we continue as we are now.

We also want to make sure we make the most of digital and other technological advances, without leaving anyone behind.

And it's really important that we continue to attract and retain great staff who love their jobs, and to continue to build their skills and expertise.

5. How would services change?

5.1 Current orthopaedic surgery

Current provision of planned orthopaedic surgical care in North West London:

All or some elements of planned orthopaedic surgical care are currently provided in nine hospitals in North West London. There are many differences between the hospitals. Some have

emergency departments and intensive care units and special types of operating theatres and so are suitable for more complex types of surgery and for operations on patients with more complex needs. These hospitals are also more affected by urgent and emergency care pressures. Other hospitals have more dedicated day-case surgery facilities, suitable for less complex surgery.

Currently, where you go if you need orthopaedic surgery depends to a large degree on where you live and whether you have any preferences. But the complexity of your needs and the surgery you require also have an impact. For example, if you have a number of other health problems which means you are at more risk from surgery, you will need to have your operation at a hospital with more intensive after-care services.

5.2 Our proposal

Proposed provision of planned orthopaedic surgical care in North West London:

The proposed elective orthopaedic centre would bring together most 'routine' orthopaedic inpatient surgery for patients who are otherwise generally well – an example of what is known

as ‘low complexity, high volume’ surgery. There are around 4,000 operations of this type in North West London each year. Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.

Outpatient care (including pre-operative assessment and post-operative rehabilitation and follow up) would continue to be provided as and where it is now. And day case and complex surgery would continue in the hospitals where they are provided currently.

If a patient can have their operation at the elective orthopaedic centre, their end-to-end care would remain under the surgical team based at their ‘home’ orthopaedic hospital. Their ‘home’ surgical team would travel with them to undertake the surgery, supported by the centre’s permanent clinical support team and an electronic patient record system that is shared by all the hospitals in North West London. This would help provide joined up care and make sure that expertise continues to be developed across the surgical teams in North West London.

We calculate around 4,000 inpatient operations per year could be provided at an elective orthopaedic centre at Central Middlesex Hospital following a systematised ‘high volume, low complexity’ approach. This would enable the centre to provide routine surgery for all patients with low complexity needs who currently have these operations in North West London hospitals (see table).

Low complexity inpatient orthopaedic operations in North West London hospitals by borough of patients (2019):

Borough	**Number of operations**
Brent	687
Ealing	714
Hammersmith and Fulham	333
Harrow	430
Hillingdon	**665**
Hounslow	381
Kensington and Chelsea	235
Westminster	244
Boroughs outside of North West London	532
Total	4,221

The elective orthopaedic centre would offer only low complexity, planned inpatient surgery. Complex inpatient surgery would be out of scope, as would joint revisions (for when a hip or knee replacement needs to be repaired or replaced again) and spinal surgery. Spinal surgery in North West London is provided through a separate centralised service run by Imperial College Healthcare’s neurosurgical service made up of neurosurgeons as well as orthopaedic surgeons. Children’s orthopaedic surgery is also out of scope.

Day case surgery has been excluded currently on the basis that there is greater benefit from shorter travel distances on the day of surgery. Day case surgery and some complex surgery

provided by London North West University Healthcare would continue at Central Middlesex Hospital as that is also one of their 'home' orthopaedic hospitals.

Key case study

South West London elective orthopaedic centre

Since 2004, planned orthopaedic surgery across South West London has been consolidated at SWLEOC (South West Elective Orthopaedic Centre), a centre of excellence for orthopaedic surgery. SWLEOC is a partnership between four acute trusts and is the largest hip and knee replacement centre in the UK, providing elective orthopaedic surgery services for 1.5 million people across the region with around 5,200 procedures a year. The facility is located on the Epsom Hospital site but is self-contained with 71 beds and a high dependency unit. The Care Quality Commission has rated the service as outstanding – its highest rating.

6. How was Central Middlesex Hospital selected as the proposed location and what would it mean for patients?

We assessed all of the NHS acute hospital sites in North West London (excluding the specialist Western Eye and Queen Charlotte's and Chelsea hospitals), as well as the possibility of using non-NHS sites.
A single elective orthopaedic centre at Central Middlesex Hospital was found to be the best option as:

- It is a modern and high-quality estate which, with some limited expansion and remodelling, could offer a 41-bed facility tailored to systematised surgery
- It is one of only two hospitals in North West London that does not provide urgent and emergency care, so is much less impacted by urgent and emergency care pressures
- None of the existing services would need to be moved as there is plenty of room for expansion.

We undertook detailed analysis of the average time to travel to each of our hospitals from all parts of North West London.

We found that Central Middlesex Hospital has:

- The shortest median (midpoint) travel time by car at 22 minutes
- The second shortest median (midpoint) travel time by public transport at 45 minutes.

We estimate it would cost around £9.4 million to expand capacity and make the building changes at Central Middlesex Hospital. This includes the cost of building two additional laminar flow operating theatres, creating a larger recovery unit and remodelling some parts of the existing estate.

7. Benefits and challenges

7.1 Care and quality benefits

The development of an elective orthopaedic centre for North West London would help clinical teams to provide orthopaedic surgical care:

- that consistently meets national best practice standards by having greater specialisation in specific operations
- that is more efficient by taking a more systematised approach, drawing on national best

practice
- that separates planned orthopaedic surgery from urgent and emergency services, in line with guidance and policy from NHS England, Royal College of Surgeons and the National Clinical Advisory Team
- that makes best use of the facilities and skills of the four acute trusts that supports surgical skills training and new role development as well as better and more flexible ways of working
- that supports continuous improvement and innovation.

7.2 Patient experience benefits

As well as improved quality of care, the proposed changes in planned orthopaedic inpatient surgery would:

- support faster and fairer access for patients who need orthopaedic surgery across northwest London
- prevent conditions from getting worse when waiting a long time for surgery
- mean fewer postponed operations due to urgent and emergency care pressures
- help care to be more joined up across the whole of the musculoskeletal care pathway
- support more focus on care before and after surgery to help reduce the risks of surgery and enable faster recovery.

7.3 Staff benefits

While the development of an elective orthopaedic centre would require change for many staff working in this specialty, it would:

- support the development of both planned and urgent and emergency surgical skills across all the North West London teams
- allow greater specialisation in skills for staff based permanently in the centre
- support more focus on research, education and innovation
- facilitate the development of new roles and ways of working.

7.4 Challenges

We know that with any change there may be some disadvantages for some people. We think the key challenges for this proposal would be:

- some patients would have to travel further to get to and from Central Middlesex Hospital to have their operation
- some visitors would also have to travel further
- some staff would have to work in a different hospital to the one they work in now and may need to work on different sites on different days
- people with additional needs (such as those with a learning disability or dementia) could find it confusing to have their inpatient surgery in a different, possibly unfamiliar, hospital.

We are developing plans to minimise these challenges, looking at how other centres have developed solutions. For example, the South West London Elective Orthopaedic Centre, established in 2004, has a contract in place with a local taxi firm to provide transport for patients who would otherwise struggle to get there and back home. We are also very keen to get your ideas through the consultation events and survey.

We also heard concerns in our earlier discussions with patients and local communities that a greater use of digital services and apps could leave some patients behind. We are exploring

potential dedicated roles for digital coaches and care co-ordinators as part of the further detailed planning for the proposed elective orthopaedic centre.

8. How the proposals could affect different communities in North West London

When the NHS proposes changes to services, we need to make sure we take into account the needs of everyone who uses or will use these services in future.

As part of our work in developing the proposal we have carried out an equalities and health impact assessment (EHIA) and a travel analysis and we have compiled feedback to date from patients and local communities. This includes the outcome of conversations with just over 70 people this summer about bone and joint care in North West London and some early feedback on the possibility of a dedicated centre for planned orthopaedic surgery.

<u>What some community members told us so far</u>
People understand the need to reduce waiting times and support work to enable this to happen as quickly as possible, even if it means travelling further to be seen faster.

- A dedicated centre for routine orthopaedic surgery was seen as a good idea, particularly as a way of maximising staff time and developing clinical expertise.
- Our patients generally praised acute care and most of the concerns raised were in relation to pathways into hospital care. We have shared these insights widely with lead clinicians and partners within the North West London healthcare system to inform how the implementation of issues, as well as informing improvement and transformation projects, such as a project to improve and standardise the provision of community musculoskeletal services.
- Some concerns were raised about ease of travel into Central Middlesex Hospital, particularly for those with further to travel. We are exploring how we can improve accessibility to the site.

We now want to have conversations with as many people as possible who may be affected by the proposed change. We would like to hear from a diverse mix of the population who would be served by the proposed elective orthopaedic centre, particularly those identified as being most at risk of barriers to access or poorer health outcomes, and including those belonging to disadvantaged groups or sharing one or more protected characteristic.

- People in the 45+ age group who are already on our waiting lists and their families/carers – this group makes up most of the target population for the elective orthopaedic centre. Our involvement activities indicate that we need to focus on increasing participation from people most likely to be suitable for routine surgery.
- People with more complex health care needs - who may face specific challenges in accessing orthopaedic services and navigating the healthcare system, such as:
    - people who are disabled or who have hearing impairments, learning disabilities or autism
    - people with a mix of health needs, such as hypertension and diabetes
    - people with mental health related issues.
- Black, Asian and other minoritised groups – people from minoritised ethnic groups (particularly those for whom English is their second language) are more likely to report poorer outcomes. The Covid-19 pandemic has further highlighted structural disadvantages faced by these groups. We need to make sure our plans for the elective orthopaedic centre do not deepen these inequalities.
- LGBTQIA+ groups – high incidences of prejudice experienced by people identifying as

LGBTQIA+, including negative attitudes from healthcare professionals, may prevent individuals from accessing treatment.
- Groups likely to incur longer travel times – while Central Middlesex Hospital site has the shortest average travel time by car and the second shortest average travel time by public transport, there is variation in travel times for residents across the boroughs. We need to ensure we understand views on accessibility from across the sector.
- Residents living in the most deprived areas – deprivation can be a barrier in access to healthcare and our EHIA indicates that over a half of the North West London population are more deprived than the national average, with a particular concentration of high deprivation in the middle of the geographical region.

9. How would our staff be affected by this proposal?

We have engaged with staff and partners to develop the detail of care pathways, staffing models and training and support plans for the proposed elective orthopaedic centre.

Based on what we know works well in other centres, we envision a staffing model where some staff – such as ward, theatre and administrative staff – would be based permanently at Central Middlesex Hospital. Then other staff – primarily surgeons – would move with 'their' patients from their 'home' orthopaedic care to the elective orthopaedic centre to undertake the surgery.

If the proposal is taken forward, we would undertake a formal consultation with the staff who are affected. Other types of planned orthopaedic care will continue at all hospitals that currently provide planned orthopaedic care and so we would continue to need orthopaedic staff in these hospitals.

10. Public consultation

A public consultation ran from Wednesday 19 October 2022 and Friday 20 January 2023.

The four acute NHS trusts in North West London – Chelsea and Westminster NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust – work in partnership as the North West London Acute Provider Collaborative.

We have gathered ideas and views from patients and community groups that have helped inform this proposal for an elective orthopaedic centre. We have carried out a formal 14-week public consultation programme to inform a decision on whether the proposal should be progressed and how it could be improved.

We have gathered views on:
- Whether we have developed the best possible solution to the current challenges in providing planned orthopaedic surgery in North West London
- Would it ensure that services are of the best quality
- Are we doing the right things to ensure everyone who needs care can access it in a timely way
- Whether there are more things we could do to make services responsive and tailor them for those with specific needs

The feedback is being evaluated by Verve Communications, an independent company who have been engaged to receive and evaluate feedback regardless of how it is submitted.

The channels used were:

- Through the collaborative website nwl-acute-provider-collaborative@nhs.uk
- Through the Trust website thh.nhs.uk
- By completing a questionnaire – online survey or a hard copy
- Telephone – on 020 3311 7733
- At one of our events – community meetings and drop-in sessions in each borough, and sector-wide online events
- Regular and varied communications tools including a weekly stakeholder electronic newsletter
- 2,447 text messages were sent to current and former patients

Poster promoting public consultation events in Hillingdon:

Events in Hillingdon were:

Community meeting

Thursday 10 November 12:30 - 15:30
Hayes and Harlington Community Centre, UB3 4HR

Community drop-in sessions

Monday 21 November 10:00 – 14:00
Uxbridge Library, UB8 1HD

Thursday 19 January 11:00 – 14:00
Hillingdon Hospital, Education Centre, UB8 3NN

Online public meetings

- Tuesday 15 November 2022, 19.00 – 20.30
- Thursday 12 January 2023, 19.00 – 20.30

11. Next steps after the consultation

The Integrated Care Board in North West London is called NHS North West London. It is the statutory NHS organisation responsible for developing a plan that meets the health needs of the local population, managing the NHS budget and arranging for the provision of health services in North West London. They – and NHS England London – gave the go ahead for this consultation following a review of a 'pre-consultation business case' developed by the North West London Acute Provider Collaborative.

After the North West London Acute Provider Collaborative has considered everyone's views on the proposal, they will produce a consultation outcome report. This will be used to develop a 'decision-making business case'. NHS North West London will then consider the decision-making business case and its recommendations in order to decide whether to implement the proposal, update the proposal or find an alternative solution.

12. What are the timescales?

We have prioritised the development of this proposal in order to tackle the backlog in our waiting lists and improve the quality of orthopaedic care as quickly as possible.

After collating and evaluating the results from the consultation, we would like to take a decision on whether or not to proceed to implementation by early 2023. If the decision is to proceed, a period for contracting and construction would follow, with the elective orthopaedic centre able to open by autumn 2023.

PUBLIC HEALTH INTEGRATED SERVICE CONTRACTS - UPDATE

Committee name	Health and Social Care Select Committee
Officer reporting	Kelly O'Neill, Interim Director of Public Health
Papers with report	None
Ward	n/a

HEADLINES

To provide the Committee with an update in relation to Public Health integrated contracts.

RECOMMENDATION:

That the Health and Social Care Select Committee notes the update on Public Health integrated service contracts.

1. **Introduction:**

In April 2022 the Committee was informed of a planned 18-month programme of work that would commence following Cabinet agreement in July 2022 to extend all the public health funded integrated contracts that were due to end.

The Committee received an update in December 2022, and have requested an explanation of that process, and plans for transforming services. Procurement refers to the activities involved in obtaining services at the best value for the defined delivery, performance and quality outcomes and the process is covered by the Contracts Award Regulations (2015). These regulations are aligned to the EU law public procurement obligations which continue to apply even though the UK has left the EU and the transition period has ended.

High level options for the contracts under the current public contract regulations include:

- Open tendering – through a competitive process. This requires an invitation to tender (ITT) after which prospective providers set out formally how they intend to fulfil the contract within the set price
- Selective tendering – selected providers are invited to submit tenders – this restricts the number of bidders who are known to be qualified
- Direct award process through a Collaboration Agreement – whereby the contract is concluded exclusively between two or more contracting authorities under a duty to cooperate to meet the service objectives.

The information in this report excludes commercially sensitive information and any recommended options for procurement and award processes.

2. **Contracts in Scope:**

The following integrated contracts are public health grant funded and aligned contracts funded by LBH and the local NHS commissioners. The table below details the contracts, commissioner, annual contract costs and funding source.

	Contract Title	Commissioner	Annual cost	Funding Source
1	0-19 Healthy Child Service (Health Visiting and School Nursing)	Social Care	£4,879,726.67	PH Grant
2	Integrated Sexual & Reproductive Health Services	Public Health	£3,398,192.08	PH Grant
3	Clinical and Non-Clinical Community Drug and Alcohol Services	Public Health	£3,025,076	PH Grant
4	Tobacco control - Smoking Cessation Service	Public Health	£135,382	PH Grant
5	Children's Integrated Therapy Service	SEND	£455,163 (LBH) + £2,284,182 (NHS)	LBH/CCG
6	Multi Agency Psychology Service (Children and Young People)	Social Care	£359,906	PH Grant*
7	NHS Health Checks: Provided by 45 individual GP practices	Public Health	£280,000	PH Grant
8	Child Weight Management: Childhood Obesity Programme	Public Health	£5,898.67	PH Grant
9	Lifestyle Weight Management Service for Adults	Public Health	£25,000	PH Grant

**Funded through embedded PH Grant funding in LBH services*

The total annual value of these contracts is £14,848,526.42 and they are funded through:

- Public Health Grant - £12,109,181.42
- LB Hillingdon Council - £455,163
- Hillingdon CCG - £2,284,182

3. Process of Evaluation

This extension period has allowed for a comprehensive review of (public) health contracts through a clear and consistent process to identify whether LBH commissioners have maximised the available resources, and how through a new tender and contract award greater impact, activity, integration and outcomes can be achieved.

Between July and December 2022, a task group of commissioners responsible for each contract has met every 2 weeks. The expectation has been that the process bulleted below is applied to all 9 contracts which then leads to a recommendation for tender process / contract award. The steps taken have been to:

- Undertake a rapid need assessment to determine the needs of the eligible population and how the service contributes to meeting those needs
- Review each contract; the scope, specification and performance and any areas of unmet need determined by the need assessment; and review capacity, capability, performance and quality of the service
- Collate evidence from engagement with stakeholders and service users either carried out in the last 18 months and / or as part of this process
- Identify areas for improvement and any potential for widening the current contract scope in the best interest of the eligible service user cohort
- Consider commissioning and tender options available and recommend the best procurement option, any cost and risk implication to be reviewed

- Agree a procurement timetable for new contracts to start from January 2024

This 6-month initial process has now concluded, and a report has been submitted that sets out the details of each contract, and the options for procurement and award:

- Contract
- Lead officer
- Current service provider
- Annual contract value
- Scope of the contract
- Service Review – what is being achieved?
- Engagement carried out – intelligence and insight
- Forward plan recommendations
    - Recommended changes to contract scope and outcomes – best practice, improving users access, experience and outcomes
    - Known competitive market of providers
    - High level options – including economies of scale options based on current LA regulations
    - Potential risk of challenge
    - Value for Money review – and how LBH can maximise current investment of the PH Grant
    - Potential revised budget – increased demand and operational costs
    - Recommended tender process

Pending the final decision on procurement, which includes a legal review, a procurement timeline and plan for aligning resources for procurement is being developed. Once completed, there will be an 11-month procurement process for each contract which must take account of how services will more effectively meet the needs of service users, and how LBH will optimise the integration opportunities that could also including extending the scope of the contract to benefit our residents, taking account of efficient and cost-effective allocation of resources required for different procurement options.

There will be a significant investment in LBH resources to ensure timely procurement, however this is an opportunity to maximise PH and aligned investment, improve services for residents and reducing difference in health outcomes.

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