

North Central London Start Well programme: proposed next steps

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North Central London
Health and Care
Integrated Care System

1. Context and purpose of this paper

This paper has been written by North Central London (NCL) Integrated Care Board (ICB) on behalf of the Integrated Care System and NHS England (London) Specialised Commissioning. NCL ICB covers the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington and is responsible for commissioning health and care services and making sure these services meet the needs of local people. Since November 2021, first NCL CCG and then its successor organisation, NCL ICB, has been leading a programme of work looking at maternity, neonatal and children's services through the Start Well Programme.

This paper is being published alongside two other documents:

- North Central London Start Well programme: consultation methodology, activity and reach report
- North Central London Start Well programme: interim feedback report (produced by Opinion Research Services (ORS))

The North Central London (NCL) Start Well programme was set up to ensure that children and young people's maternity and neonatal services deliver outstanding, safe, and timely care for local people. A public consultation was conducted from 11 December 2023 – 17 March 2024 by the NHS North Central London Integrated Care Board (ICB) and NHS England (London) Specialised Commissioning. The consultation included proposals in three areas:

- **Maternity and Neonatal Care:** proposed the reduction of consultant-led maternity and neonatal units from five to four, with two options being consulted on:
 - Option A proposed services no longer being provided at Royal Free Hospital (preferred option)
 - Option B proposed services no longer being provided at Whittington Hospital
 - Both options proposed retaining consultant-led maternity units at Barnet Hospital, North Middlesex Hospital and University College Hospital
- **Birthing suites at Edgware Birth Centre:** proposed the closure of the birthing suites while retaining ante and post-natal care at the site
- **Children's Surgery:** proposed creating a centre of expertise for emergency and planned inpatient surgery at Great Ormond Street Hospital (GOSH) and day case surgery at University College London Hospital (UCLH)

As is outlined in the consultation methodology, activity and reach report, significant efforts were made to conduct a comprehensive consultation, obtaining feedback from a broad range of residents, staff and stakeholders. This feedback is being independently reported on by an organisation called Opinion Research Services (ORS) and the full report will be considered by decision makers in advance of them considering a decision-making business case (DMBC) to make a decision whether to proceed with and, if so, implementation of the proposals.

ORS have provided the ICB with an interim report on their findings, which we are publishing alongside this paper and the consultation methodology, activity and reach report. We are also mindful of the initial feedback and recommendations from the Mayor of London through the Six Tests. We will be incorporating this feedback into the next phase of work.

The purpose of this paper is to outline the proposed next steps that the programme will be taking to respond to and incorporate the interim feedback themes.

ORS will be producing a full evaluation report and further themes or areas of work identified by this will be taken into consideration. In addition to this, we will also consider formal feedback from the NCL Joint Health Overview and Scrutiny Committee (JHOSC).

2. Maternity and neonatal services

The consultation methodology, activity and reach report demonstrates the range of activities undertaken to obtain a wide range of views on proposed changes to maternity and neonatal services. We will now use the interim feedback to inform our approach to next steps and will be taking forward several actions over the coming months, subject to ICB Board approval.

Before agreeing how to proceed, the consultation feedback must be taken into account. This assessment will include evaluating any alternative options put forward, exploring if there is feedback that materially changes the proposals consulted on and understanding if any of the feedback changes the preference for option A, which was indicated at the pre-consultation stage.

Once we have decided how to proceed and made any changes to the care model in light of consultation feedback, we will then conduct further work to determine the approach to implementation that will inform the DMBC.

Based on the interim feedback themes, we have identified that additional work is needed in the following areas:

- Maternal medicine pathways
- Interventional radiology pathways
- Antenatal and postnatal pathways
- Reviewing the patient flow modelling to ensure the assumptions are sufficiently robust and include the most recent data that is available
- Further exploring the impact on gynaecology services for the site that is proposed to no longer support intrapartum care
- Impact of any changes on out-of-hospital maternity care and community pathways

Once we have decided how to proceed further work will also need to be carried out on an updated integrated impact assessment. This will build on the work undertaken at pre-consultation stage:

- Updated modelling to confirm the potentially impacted population
- Confirming the potential impact on these populations taking into account feedback from during the consultation
- Working with a range of stakeholders (including service users and residents) to finalise potential mitigation strategies to be put in place during implementation of changes (if they are agreed)

The above activities will respond to the feedback about potentially impacted groups highlighted by ORS's report, as well as potential impacts identified (e.g., additional travel time). This would include the Orthodox Jewish Community (option A) or potentially vulnerable impacted populations in North Islington and Haringey (option B).

It should be noted that at this stage we have not received the full feedback report from ORS or formal feedback from the NCL JHOSC. Once we have the final report, we will review this to understand if there are any feedback themes that need to be addressed in the development of the

decision-making business case. This final feedback report will also be shared with decision makers for their consideration before any final decisions about service change are taken.

3. Edgware Birth Centre

The consultation methodology, activity and reach report demonstrates the range of activities undertaken to obtain a wide range of views on proposed changes to the birthing suites at Edgware Birth Centre. The interim feedback report points to some areas of additional work to be explored before a decision is made on the proposal to close the birthing suites at Edgware Birth Centre.

These are:

- Updated data about the birth numbers at the unit
- Work to describe further the midwifery-led offer at collocated birth centres should a decision be made to close the birthing suites
- Outlining how the space at the Birth Centre could be used to support maternity care for the local community should a decision be made to close the birthing suites
- An updated integrated impact assessment describing the potential impact of the proposal and identifying any additional mitigations that may be needed

If further feedback comes to light in the full evaluation report or from the NCL JHOSC, this will also be fully considered.

4. Children's surgery

A single option that proposed consolidating surgery for young children at two hospital sites was included in the consultation:

- Great Ormond Street Hospital (GOSH) was proposed to be the Centre of Expertise for emergency and planned inpatient surgery for children under the age of three (under the age of five for urology and general surgery). This proposes the creation of a surgical assessment centre at the site to facilitate emergency access to the site
- University College London Hospital was proposed to be the Centre of Expertise for day case surgery for children under the age of three

The consultation methodology, activity and reach report demonstrates the range of activities undertaken to obtain a wide range of views on proposed changes children's surgery. The interim feedback report highlights a considerable amount of support for the proposal from residents and stakeholders. However, it is also important to recognise and give further consideration to the deliverability of the emergency and planned inpatient aspect of the model given the organisational feedback from GOSH.

In terms of next steps, we will:

- Start the work that would be needed to write a decision making case around the day case element of the proposal. This would need to include an understanding of any potential interdependencies between the day case and emergency and planned inpatient aspects of the model. This work will be undertaken by the children's surgery clinical reference group
- Subsequent to this we would consider the next steps in relation to the emergency and planned inpatient activity, taking into account the range of feedback received and any alternative options proposed

If further feedback comes to light in the full evaluation report or from the NCL JHOSC, this will be fully considered.

5. How the further work will inform the proposals

The outputs of the additional work will be drafted into a decision making business case(s). This will involve:

- Agreeing preferred option following feedback from consultation:
 - Review feedback from the consultation and finalise the clinical model
 - Review and update anticipated benefits and update financial modelling
 - Update options appraisal (if required) and use this to agree a preferred option
- Detailed implementation planning for preferred options:
 - Timeline with milestones and interdependencies and a plan for maintaining quality during the transition and following implementation
 - Programme management structure and resources for implementation, prioritised risk register with mitigations and identified risk owners
 - Plans for how benefits will be monitored and realised and for how patients and the public will be engaged and communicated with during implementation
- Draft a decision making business case (DMBC) and update integrated impact assessments:
 - Write DMBC – including response to consultation feedback – e.g., ‘you said, we did’
 - Update integrated impact assessment and finalise mitigations to support implementation plan

6. Next steps

A number of next steps have been identified (subject to ICB Board approval):

- Additional work will commence, including both relating to the consultation feedback and initial recommendations from the Mayor of London’s Six Tests, and governance groups to support this work will be reestablished
- ORS will continue to analyse feedback gathered and produce a full consultation evaluation report
- The programme will consider any new feedback themes that are outlined in the full consultation evaluation report and any feedback from the JHOSC
- Based on the progress and results of this additional work, we plan to develop and present business case(s) to decision-makers by late 2024 or early 2025. The exact date of this public meeting will be publicised well in advance