

	<p align="center"><b>Barnet Health Overview and Scrutiny Committee</b></p> <p align="center"><b>13 October 2015</b></p>
<p align="center"><b>Title</b></p>	<p>North West London, Barnet &amp; Brent Wheelchairs Service Redesign</p>
<p align="center"><b>Report of</b></p>	<p>Lizzy Bovill                  Programme Director                  NHS West London Clinical Commissioning Group                  15 Marylebone Road                  London NW1 5JD                  07500 815339</p>
<p align="center"><b>Wards</b></p>	<p><b>All</b></p>
<p align="center"><b>Status</b></p>	<p>Public</p>
<p align="center"><b>Urgent</b></p>	<p>No</p>
<p align="center"><b>Key</b></p>	<p>No</p>
<p align="center"><b>Enclosures</b></p>	<p>None</p>
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## Summary

West London, Central London, Hammersmith & Fulham, Brent, Barnet, Ealing and Hounslow NHS Clinical Commissioning Groups (CCGs) are nearing the completion of a re-design programme for community wheelchair services for people of all ages who have a long-term need for mobility assistance. The aim will be to procure a new service from February 2016 which will go live 1<sup>st</sup> July. West London CCG is hosting the re-design and procurement programme.

## Recommendations

That the Committee note the contents of the report, the proposed direction of travel in relation to the re-design of the programme, and the required timescales for the project.

### 1. WHY THIS REPORT IS NEEDED

1.1 In November 2014 Central London, West London, Hammersmith & Fulham, Brent, Barnet, Ealing and Hounslow NHS Clinical Commissioning Groups (CCGs) agreed to undertake a full service redesign of community wheelchair services for people of all ages who have a long-term need for mobility assistance. The priority was to ensure those with complex, long term conditions, are able to access the right wheelchair, quickly, and with appropriate support. The full service redesign of all wheelchair services covered:

- Assessment and prescribing of powered and non-powered wheelchairs
- Rehabilitation engineering facilities (RE)
- Special seating
- Wheelchair cushions and accessories
- Service and maintenance packages (AR)

### 1.2 Current delivery of wheelchair services

Wheelchair Services in North West London are commissioned collaboratively by the 7 NHS CCGs. The services are provided by four separate NHS Trusts and one private sector provider:

- **Wheelchair services:**

The Wheelchair Services provide the clinical mobility, postural assessment and special seating services to child and adult clients who have a long term condition affecting their mobility. Once provision of service is established, the Wheelchair Service will continue to support and reassess clients. Central London Community Healthcare NHS Trust (CLCH), London North West Hospitals NHS Trust (LNWH) and Hounslow & Richmond Community Healthcare NHS Trust (HRCH) provide these services.

- **Rehabilitation engineering**

The rehabilitation engineer (RE) service provides information and advice on adaptations and modifications and technical advice on the use and maintenance of equipment. It monitors and assists in the quality management of the repair refurbishment service and ensures that technical and safety standards of the work are of a good quality. The service provides information and advice to health professionals and the on the range of

available wheelchairs, special seating and associated items the technical specifications and suitability, it also advises on the procurement of service equipment. Kings College Hospital NHS Foundation Trust provides Rehabilitation Engineering services.

○ **Approved repairer:**

The approved repairer is responsible for the procurement, storage, delivery, collection, refurbishment, decontamination, repair and maintenance of manual and powered wheelchairs, cushions, accessories and spares. NRS Healthcare provides the approved repairer service.

### **1.3 Rationale for new service**

In April 2014 Healthwatch undertook two key user engagement exercises; Healthwatch Central West London was commissioned by Hammersmith and Fulham Clinical Commissioning Group (H&FCCG), West London Clinical Commissioning Group (WLCCG) and Central London Clinical Commissioning Group (CLCCG) to produce a piece of patient engagement around local service users experiences of the wheelchair hardware and repair service and how they would like the service improved. Healthwatch Ealing undertook the same process on behalf of Ealing CCG (ECCG). Three key themes arose as outcomes from both engagements:

- i. Service users would like a more personalised service that reflects their needs and allows for choice.
- ii. Service users would like a fast and reliable service.
- iii. Service users would like excellent customer service from the hardware and repair service.

1.3.1 A number of engagement activities were carried in Barnet, including a survey went out on Barnet CCG and Council websites, and a paper was presented at the PSI board to solicit their views on this programme. Also the Patient Reference Group and Healthwatch Barnet promoted engagement events for this programme by publicising information on their website and sending out to their database of members.

1.3.2 Since the Healthwatch reports, 3 further wheelchair service user events took place across North West London, inclusive of one young service user and carer event in Brent (between September - March 2015). These endorsed the three key themes above, but also served to advocate for revised consideration of an integrated wheelchairs service across the 7 CCGs. They have expressed the need for the procurement to be combined with assessment and prescription services in order for services to be robust and seamless. Service user feedback suggested that by procuring an integrated service, delays between the assessment and the issue of wheelchairs could be resolved as would the inconsistent communication between the assessment and maintenance services. Users particularly cited the need for improving the waiting times for repairs.

The service redesign and procurement has also taken into account changes in national guidance in terms of tariff and healthcare standard, specific to wheelchair services. We also want to improve quality and efficiency of the service. Two critical areas are:

#### **1.3.2.1 Changes in classification**

New guidance is to impact definitions of levels of complexity of our service users: low, medium, high, complex. Once more, classifications will be required to be altered within the specification to represent the new definitions. Changes in disease categories over the next 10 years means our trajectory of service users that have static and progressive conditions is on the increase. It is likely that we will need to increase the amount of provision to account for these changes.

### **1.3.2.2 Alignment to new models of care**

A critical aim of the service redesign of wheelchair provision has been to ensure the new services are adaptable to changing need and new initiatives such as the models of care developed under the Better Care Fund and Whole Systems Integrated Care. These schemes will have a significant interface and impact on the future provision of wheelchair services within the next 5 years.

## **1.4 The Wheelchair Alliance**

Commissioners have also met Baroness Tanni Grey Thompson who leads the Wheelchair Leadership Alliance and sought to ensure that proposals reflect the ambitions of the organisation which was set up to help transform the quality and effectiveness of services for wheelchair users. The organisation has published a charter of principles for wheelchair services which includes the following principles.

- a. A person centred service that works in partnership with service users and their carers and make the user/carer voice central to any design, innovation and service change
- b. Equality of access and provision for all, irrespective of age or postcode and including essential user-skills training as standard
- c. Entry to the service via referral from an appropriately skilled profession. The time from referral to delivery will be at least within the constitutional right of 18 weeks with substantial improvements for urgent referrals immediately and by 2016/17 for everyone using the service
- d. Assessment for all wheelchair and associated postural support within nationally mandated timescales and priorities taking into account all aspects of individual needs including those of carers
- e. Establishing regular reviews with the user/carer according to their individual needs
- f. Prescriptions which take into account the current and future needs for all adults including those of carers
- g. Delivery, maintenance and emergency backup providing to nationally mandated timescales
- h. Innovative and flexible budgeting working with key partnerships to strengthen integration across health, social care, work and education, enabling the accommodation of individual needs, independence health and wellbeing
- i. Recruitment of qualified staff in respect of numbers and skills, with support for on-going development and training
- j. Supporting clinicians, manufacturers and independent organisations working together to develop innovating, affordable products and solutions.

These principles underpin the new service specification. Baroness Grey Thompson is due to visit Barnet CCG in November to discuss existing services for wheelchair users in the borough and plans for future developments.

## **1.5 Current update on service redesign to September 2015**

### **Governance**

NWL CCGs, Barnet and Brent CCGs are committed to ensuring that service users and other stakeholders are involved in all stages of the service redesign including, planning, development and consideration of proposals for changes. To this end we invited a cross section of current service users from across the relevant geographical areas to be members of the following groups:

- Service redesign wheelchairs group
- Wheelchairs finance task and finish group
- NWL, Brent and Barnet wheelchair strategy board

The service user members who attend the above groups have also agreed to be members of a virtual user group that assist WL CCG in scrutinising documents to ensure they are fit for purpose.

## **1.6 Stakeholder engagement to date**

As stated above, there were 3 service user events since October 2014. One was based in Westminster, one in Ealing and Brent and one young people's event in Brent. These events were advertised on the CCG websites. A service user survey is in circulation to all service users via our providers to gain feedback on their views of current provision. This is in the public domain for 6 weeks.

One provider event took place and 2 process-mapping events (with a range of stakeholders, including service users) which have provided a wealth of information regarding current pathways management. These events have enabled commissioners to identify areas of good practice and gaps in the current system.

WLCCG appointed 2 external clinical leads to support the engagement process. The GP Lead developed GP surveys to understand the level of primary care input into wheelchair provision.

The other clinical lead supported the service redesign by undertaking clinical audits of the current services across the 7 CCGs. She is a senior manager with specialist clinical background in NHS wheelchair provision.

## **1.7 What we have learnt so far**

- We have benchmarked with other areas who have commissioned innovative services i.e. the Torbay Local Authority and partner's social enterprise model and the Northern Ireland integrative model. Engagement has informed us of the need.

- For a better understanding of the relationship between wheelchair services, effectiveness evidence, service user perspectives and policy intentions.
- Current NWL, Barnet and Brent wheelchair services have not been commissioned to take into account all factors influencing wheelchair mobility, including the user's physical, social and environmental needs.

We need to take into account the increasing number and proportion of older people living in their own homes with limitations in mobility, dexterity and mental capacity. This has been reflected in the draft service specification.

## **2. REASONS FOR RECOMMENDATIONS**

The service redesign and procurement has also taken into account changes in national guidance in terms of tariff and healthcare standard, specific to wheelchair services and also reflects the strong desire to improve quality and efficiency of the service. The Committee are being asked to consider and note the report so that they have the opportunity to scrutinise provision of this health related projected.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

There is one alternative option that has been considered:

**Alternative option 1:** Continue service as currently provided. This option would not be feasible as the existing contract for the approved repairer expires on the 30th March 2016 (although will be extended until 30<sup>th</sup> June 2016).

## **4. POST DECISION IMPLEMENTATION**

The Business Case will be signed off through the most appropriate governance mechanisms at each CCG during November. The procurement is due to commence from January 2016 with service inception commencing on 1<sup>st</sup> July 2016.

Following the consideration of this report, the Health Overview and Scrutiny can determine if they wish to receive any future reports on this matter.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

## 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications arising as a result of this report.

5.2.2 A Business Case to be signed through the most appropriate governance mechanisms at each CCG during November, will comprise details of financial modelling and required investment.

5.2.3 The benefits of this procurement are generated through 7 CCG's joining together to procure a wheelchairs service:

- Facilitate economies of scale, redirecting current monies to facilitate benefits
- Address equality issues between CCG's, providing that all CCG's follow the same model
- The new contract will look for Value for Money (VFM) and sustainability in the short and long term.

## 5.3 Legal and Constitutional References

5.3.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.3.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.3.3 The Health Overview and Scrutiny (Responsibility for Functions, Council's Constitution) has the following responsibilities:

- To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, HealthWatch and/or other health bodies.

## 5.4 Risk Management

West London CCG is hosting the re-design and procurement programme and maintains the programme risk log, under the aegis of the Collaborative Performance Committee for NWL CCGs and Brent and Barnet Governing Bodies. The Senior Responsible Officer is Lizzy Bovill, Director of Programmes for the NWL Collaborative of CCGs.

In the instance that a significant change is required of the programme, this will need to be approved by each CCG as an individual sovereign entity. The Collaborative Performance Committee will make a recommendation to the Governing Bodies.

## 5.5 Equalities and Diversity

An Equality Impact Assessment will be undertaken as a necessary part of the service redesign/ business case.

The development of a wheelchairs service would ensure that services are accessible to all who need them on a fair basis.

And ensure compliance with the public sector equality duty in s149 Equality Act 2010 to have due regard to the need to

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics are:

age;  
disability;  
gender reassignment;  
pregnancy and maternity;  
race;  
religion or belief;  
sex;  
sexual orientation  
and

No human rights or privacy issues have been identified.

## 5.6 Consultation and Engagement

5.7.1 Significant engagement has taken place to date outlined under section one.

## 5.8 Insight

5.8.1 As above.

## 6. BACKGROUND PAPERS