NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on Monday, 9 March 2020.

PRESENT: Councillor Mel Collins (Chair), Councillor Daniel Crawford (Vice-Chair), Councillor Monica Saunders and Councillor Ketan Sheth

11. WELCOME AND INTRODUCTIONS

The Chair invited Councillor Saunders as the representative member of the host borough to welcome members and officers to the meeting.

12. APOLOGIES FOR ABSENCE

Apologies were received from

- Councillor Richardson (London Borough of Hammersmith and Fulham)
- Councillor Shah (London Borough of Harrow)
- Councillor Freeman (Royal Borough of Kensington and Chelsea)
- Councillor Michael Borio (London Borough of Harrow)

It was noted that City of Westminster did not currently have a JHOSC member.

13. DECLARATIONS OF INTEREST

Councillor Sheth (London Borough of Brent) declared that he was the Lead Governor at Central & North West London NHS Foundation Trust (CNWL).

14. MINUTES OF THE LAST MEETING AND MATTERS ARISING

The meeting was not quorate so the minutes of the meeting on Monday 27 January were deferred for consideration at the next JHOSC meeting.

The Chair went through the matters arising.

The briefing on palliative care was appended to the minutes.

The health inequality assessment on palliative care was available.

The NHS Estates Strategy would be considered as part of the work programming for the forthcoming municipal year.

15. PATIENT TRANSPORT

The Director of Delivery and Performance presented the report.

The move towards a single CCG had enabled a more holistic approach to be taken. The patient transport programme would look to improve the service offer through standardisation across North West London. Key Performance Indicators (KPI)s had been established to understand the patient experience of the service. They had been collected for 18 months. There had been improvements across all the domains and had met the requirements of the Care Quality Commission (CQC).

Patients would be eligible for the service based on an equitable assessment of their needs. There was an assessment process and an appeals process. There had been few registered complaints. Patients can eat on the transport and can being food with them. If a patient was not eligible for the patient transport service they would be offered information on public transport provision.

Drivers were not aware of patient specific information such as dietary requirements due to confidentiality. Patients can make the driver aware of any concerns.

Whether patients would take a companion to their appointment would depend on the appropriate site. There are patient transport lounges where porters would collect the patient and take them to their appointment.

An Equalities Impact Assessment had been undertaken on the new assessment criteria to ensure that no groups with protected characteristics were being excluded.

Work had been undertaken with GPs so that they knew the system.

Patients were assessed on financial need. 5% of patients would lose out from the proposals.

Patients would be assessed once for their eligibility if they had a long-term condition. Those with conditions in which their symptoms could be variable would not be reassessed.

Being home before lunch of out of hospital in the morning was not a transport target. This would be a clinical decision.

There were different providers across North West London. Their service was commissioned by the host hospital. There were agreed standards and clear KPIs to ensure that standards were being met. If there was a problem with a provider this would be investigated by the Trust.

Members of patient panels were involved in the commissioning and quality assurance of the service.

There was not the capacity to commission a provider across North West London, hence commissioning was done at a more local level.

Healthwatch said that there were concerns about patient transport. Officers said there had been improvements since the beginning of the year. The patient experience was used to hold the service to account. Trusts also undertake patient surveys. PALS had not noted a rise in complaints relating

to patient transport.

It was noted that in outer London public transport tended to be not as good as in inner London.

It was agreed that a further paper on patient transport should be brought to the JHOSC in the new municipal year. This should include the following information

- A list of providers and on-going contracts
- Engagement including with harder to reach groups
- Bedding in period
- Information on what is communicated to Heathwatch.
- Healthwatch patient experience information

ACTION: Although the meeting was not quorate, the report was noted by those members present subject to the action point discussed.

16. PATIENT AND PUBLIC ENGAGEMENT REFRESH (INCLUDING CITIZENS' PANEL AND EPIC)

The Director of Communications and Engagement presented the report.

The NHS in North West London had launched a new patient engagement programme known as the EPIC programme (Engage Participate Involve Collaborate) ahead of the development of an Integrated Care System (ICS) and a single CCG. It would be undertaken in collaboration with Healthwatch.

There would be a co-production approach with patients. This would investigate what had gone well and not so well. It would be a 12 – 15 month programme. Engagement would be with as many residents as possible. It would include a citizens' panel. It would look to engage with many different groups of residents. There was an engagement event scheduled for April 1 and 80-90 attendees were expected.

The role of Healthwatch would be to challenge the CCG. It would also ensure that there was wider engagement with groups such as young Health watch and Black and Minority Ethnic forums. There would also be engagement with the Youth Council and Youth Parliament.

It was noted that North West London was a diverse region and that getting representation from all sections of the community could be difficult. Best practice methods from other local authorities on engaging with the wider community would be used. The JHOSC wanted to ensure that harder to reach communities were engaged with and there was demographic representation of its communities. The engagement of residents with protected characteristics would be analysed through a gap analysis, and in particular, patients with disabilities should be considered.

Questions would be asked on the patient experience and would be a standardised set of questions.

Each borough had local engagement staff. This would be brought together. It can be difficult to engage with residents whose primary language is not English. Engagement would try and ensure that those who had not previously been involved would be reached. Consultees would also be recruited by an external company.

Patient experiences would be collated. The Health and Wellbeing Boards of the participant local authorities would play a wider governance role in the programme.

ACTION: Although the meeting was not quorate, the report was noted by those members present subject to the action point discussed.

17. DEMONSTRATION OF WHOLE SYSTEMS INTEGRATED CARE DASHBOARD

The Chair of Brent CCG and Deputy Director of Business Intelligence and Data Management presented the report.

A suite of dashboards had been built to understand the patient population in North West London. There would be a focus on long term conditions. It would enable medical practitioners to be proactive rather than reactive and enable quicker integration.

There would be anonymised datasets that would enable better communication and information sharing and reduce duplication. The dashboards would enable improvement of the health and wellbeing of the general population and reduce attendance at Accident & Emergency. A co-ordinated action plan would look at the drivers of ill health and would be used as a tool to plan around local populations.

The dashboard would also enable Public Health teams in all the boroughs to look at variations in health outcomes amongst their respective population and address them.

There would be joint work with Public Health teams on areas such as air pollution. There would be analysis of where the major hotspots were, and measures implemented to look to address the issue.

ACTION: Although the meeting was not quorate, the report was noted by those members present.

18. WORK PLANNING PROGRAMME AND ANNUAL REVIEW

A work planning meeting would take place before the next municipal year. Patient transport would be revisited as part of the work programme for the forthcoming year.

The answers to the questions sent in from Councillor Richardson would be appended to the minutes.

19. ANY OTHER BUSINESS

The Chair said that as it was the end of the municipal year he would like to thank members and officers. Thanks were extended to members of the public who had sent in written questions and engaged with the Chair.

The Chair and vice-Chair also passed on their thanks to the Accountable Officer Mr Easton and gave him their best wishes. Mr Easton thanked the members of JHOSC for their contributions during his time in the post.

Vice-Chair thanked the Chair for another year of his service to the JHOSC.

20. NEXT MEETING

To be confirmed.

21. CLOSE

The Chair closed the meeting.

CHAIRMAN

The meeting, which started at 2.08pm, ended at 4.06pm.