

Joint Health Overview & Scrutiny Committee

Draft Minutes

Thursday 18 March 2021

PRESENT

Members Present:

Councillor Mel Collins (Chair)	London Borough of Hounslow
Councillor Max Chauhan	Royal Borough of Kensington & Chelsea
Councillor Daniel Crawford	London Borough of Ealing
Councillor Lorraine Dean	City of Westminster
Councillor Marwan Elnaghi	Royal Borough of Kensington & Chelsea
Councillor Lucy Richardson	London Borough of Hammersmith & Fulham
Councillor Monica Saunders	London Borough of Richmond
Councillor Rekah Shah	London Borough of Harrow
Councillor Ketan Sheth	London Borough of Brent

NHS Representatives Present:

Stephen Bloomer, Chief Financial Officer, North West London Collaboration of CCGs; Rory Hegarty, Director of Communications and Engagement, North West London Collaborative of CCGs; Pippa Nightingale, Chief Nurse Chelsea and Westminster NHS Foundation Trust and NWL Vaccine Lead; Jo Ohlson, Accountable Officer, North West London Collaboration of CCGs; Dr Mohini Parmar, Long-Term Plan Clinical Director and Chair of Ealing CCG and Lesley Watts, NWL ICS Chief Executive and Chief Executive of Chelsea and Westminster NHS Foundation Trust.

1. WELCOME AND INTRODUCTIONS

Councillor Marwan Elnaghi, as the representative member of the host borough, RB Kensington and Chelsea, welcomed members and officers to the meeting.

2. APOLOGIES FOR ABSENCE

None.

3. DECLARATIONS OF INTEREST

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

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 14 January were agreed as a correct record of proceedings.

5. NORTH WEST LONDON HEALTH AND CARE PARTNERSHIP FINANCIAL STRATEGY

- 5.1 Stephen Bloomer briefly introduced this item. He explained the NHS were given an allocation of £3.5 billion in NWL, and they had managed to remain within that allocation. This covered routine healthcare and pressures that came with Covid-19. They had also invested around £350 million on capital, which included new buildings, maintaining assets, fire safety, IT, and medical equipment. He noted that in the second half of the year, funding would reduce, and some previous pressures would return.
- 5.2 On visions and priorities, Stephen Bloomer noted that a key aim was to look at addressing any inequalities surrounding funding and service provision. They had also began working to improve efficiency in all pathways and providers. An overall strategy was to focus on costs while focusing less on transactional work and looking at how to make the system more seamless. With regards to primary care, work was focused on ensuring referrals went into the correct pathways. For acute providers, the aim was to ensure people were using benchmarks. It was important to create an environment that reduced length and stay and treated patients closer to home with faster discharges. There were increased investments in mental health and work on cost and efficiency. The aim was to try and create an overall strategy that would improve costs, give greater access to patients, and reduce areas where patients may have had different access across NWL.
- 5.3 Councillor Daniel Crawford (LB Ealing) requested further information on the positive outcomes from the pandemic and how they may be developed. He also queried if there was a financial reason that some processes were being advanced over others. Lesley Watts responded that through pandemic, patient care had been improved by both the use of remote monitoring of patients in their own homes and the ability to hold outpatients virtually. Through this, elderly patients did not have to travel, and they were able to be more consistent in addressing pathways for patients.
- 5.4 Dr Mohini Parmar added that GP surgeries were able to provide care through telephone and video consultations. There were also face to face consultations for those who for example could not access digital means of communication. She noted that the workforce was being used more appropriately, and Covid-19 hubs were able to look after patients remotely. Stephen Bloomer added that they were looking and evaluating what worked best in which areas in terms of quality and on a financial basis.

- 5.5 In response to queries surrounding the low complexity and high-volume hubs, Lesly Watts noted it was difficult to keep elective surgery going in the pandemic and this led to centralising certain pathways, mainly surgical. High volumes of patients that required low complexity intervention were centralised in different hospitals. She noted they were learning and looking at how to protect elected pathways in the future.
- 5.6 Councillor Lucy Richardson (LB H&F) queried if there was more detail surrounding the allocation of the £330 million capital investment. She also asked about the gap in funding and queried the timescale for the post pandemic cost base, and how the strategy would be informed by local allocations. Finally, she questioned the engagement strategy to facilitate more local conversations and how it could be managed in different governance structures.
- 5.7 In response to Councillor Richardson's first question, Stephen Bloomer explained that capital was given as an ICS resource and there was a process involved that looked at the biggest areas of risk. He noted that he would circulate a breakdown of costs to the Committee. In the current year, there was work on new buildings and theatres, as well as the maintenance of existing assets and fire safety was largely on the Hillingdon site. He added that the IMT was split across all the sites and between maintaining infrastructure. The process was done across the ICS and the aim was to ensure all the large risk areas were covered as well as any key developments. Councillor Richardson commented that it would be useful to have further detail on how need was formulated. Stephen Bloomer responded that it was based on the provider rather than the areas and the capital was funded through a depreciation of assets for each of the providers, most of which, was self-funded.
- 5.8 Lesley Watts added that for IT, there were commitments in acute units to use the same digital systems so records could be shared for patients across different trusts. Further information on this could be provided to the Committee. In response to Councillor Richardson's second question, Lesley Watts explained that currently they did not have the financial settlement but did accept the first half of the year would likely look similar to the second half that had just passed. They were beginning to look at gaps of £200 million in the worst case during the second upcoming half. There was time to put efficiencies and schemes in place to prepare, which would involve a mixture of traditional cost improvement schemes and more transformational schemes. Teams in individual trusts were also working through their responses to this they expected to be in a good position in some weeks to outline how they would bridge those gaps. Lesley Watts noted it was important for some of the practice in place to make sure all schemes were quality checked, and it would be continued to make sure there were not any unintended consequences. Some work had begun but currently the focus was on the cost of provision rather than transactional factors.
- 5.9 In response to Councillor Richardson's final question, Rory Hegarty noted engagement was developing. There were more meetings with members of

the public and working with local communities. Some councils were also involved in tackling vaccine inequity and looking at inequalities. It was important to listen to communities and build relationships. The changes proposed involved developing a set of principles around service change, as well as an Involvement Charter, which could be shared with the Committee once agreed. They would also look at having public representation early on in decision making. Councillor Richardson expressed concern surrounding the enlargement of the CCG, Rory Hegarty responded that there was representation at each level of engagement and staff would continue to work in their areas and boroughs.

- 5.10 Councillor Ketan Sheth (LB Brent) questioned the Covid-19 allocation in NWL to deal with any extra pressures and the general state of finances for the wider trust. He also asked about the current state of deficit and surplus of the 8 CCGs and queried how they would assist in filling the financial gap. Stephen Bloomer responded that the Covid-19 allocation for the second half of the financial year was around £170 million to NWL, the first half was allocated on a retrospective basis and was just below £200 million. This did not include certain factors such as PPE, but covered costs factors including extra staff in areas like critical care. With regards to possible ongoing costs and they expected 15% loss of productivity. On the current state of the CCGs, they would balance and have their control targets and would finish on a break-even position. They were aware of some pressures going into the new municipal year and were working on alleviating them. Overall, they were in balance and expected to carry that into the next year.
- 5.11 Councillor Sheth further questioned the impact of reducing clinical variation on healthcare services going forward, and whether there would be a shift in resources to deal with health inequalities. Stephen Bloomer responded that CCGs had made a commitment to put further funding of around £20 million in several areas over a 4-year period, this would begin going into those areas in the next year. On clinical variation, it was important to use the right pathways to get patients to the right places. There were some issues surrounding this and work was ongoing to ensure the most appropriate placement was done in the first instance, this would create space clinically which could be reprofiled in acute units to other interventions. Stephen Bloomer further explained that they would be working towards this across the ICS as well as in primary care, to ensure everyone was working towards similar pathways. Lesley Watts added that they were determined to address the inequalities that had been exacerbated by the pandemic and asked for the Committee's support in this. Councillor Sheth further queried if there would be any shifts in resources to deal with these issues and Lesley Watts confirmed over time there would be.
- 5.12 Councillor Elnaghi (RBKC) questioned what support was available to staff training in changes to technology. He also queried if there were any contingency plans to address any gaps that may emerge. Lesley Watts noted there was a strategy outlining this that could be shared with the Committee. There was a need for rest, recuperation and building resilience. A key aim was to look at how to help repair from the negative impacts of Covid-19, as well as helping to build on the inspiration garnered from the training received

through the pandemic. A great deal of work went into Health and Wellbeing and that would be shared with the Committee.

- 5.13 Lesley Watts spoke on the White Paper on Integration and Innovation, she explained that the suggestion was that integrated care systems would be placed on a statutory basis. This would bring together the commissioning function with providers of NHS services and in partnership with local authorities. Together, they would have a duty to plan and improve health and care services for the local population. Following discussions with boroughs, place-based partnerships were formed between local organisations, mental health colleagues including the local community, primary care, and local authorities. They were also working as provider collaboratives, which included the 4 acute trusts across NWL. On regulation, the Care Quality Commission would still regulate, and they would also sit under the Department of Health and Social Care, who would look at how the systems functioned together. The aim was to work together and hold each other to account. There was a need to build up Primary Care Networks and work in local neighbourhoods as well as joining up primary community care services. Lesley Watts noted she was happy to return to the Committee to discuss those factors in further detail.
- 5.14 Councillor Monica Saunders (LB Richmond) noted that there were no hospital trusts in Richmond and queried how the ICS would work considering this. Lesley Watts noted that every patient required the best possible care and that it was important to ensure patient pathways were joined up. They were working with Richmond and Kingston Hospital to ensure this and hope that this could be coordinated better through the ICS.
- 5.15 Councillor Saunders further queried what investment in mental health would look like following Covid-19. Stephen Bloomer responded that they were pushing mental health forward, there was additional funding which would involve work in provider teams as collaborative and primary care teams. There was an acceptance that there would be a greater need for mental health services after Covid-19, and there would be a separate national fund of around £1.5 billion, of which NWL would have access to. Dr Mohini Parmar added that mental health services, for patients who did not require acute responses, were largely conducted online because of lockdown measures. She added that the best delivery of mental health provision happened at borough level, and noted it was important to have mental health throughout integrated services. Dr Mohini Parmar finally added that FPs would have additional mental health workers in the coming year and were working with mental health providers in Primary Care Networks.
- 5.16 Pippa Nightingale provided a brief update on vaccinations. She noted 735,000 people had been vaccinated with their first dose in NWL, and they had achieved over 80% in all age groups above 60. As all boroughs were very different, they had devised 8 individual borough plans to deliver vaccines to the different populations in a tailored way. Some vaccination methods were mobile, for example, pop up clinics for local communities. There were also roaming models to go into communities that needed to be vaccinated.

- 5.17 Councillor Mel Collins (LB Hounslow) questioned how many people had received their second dose. He also requested further information on working with communities that may have been wary of the vaccine. Pippa Nightingale responded that 19% of the 735,000 had received their second dose, as they had only begun 2 weeks prior. The whole of April would be focused on administering second doses of the vaccine. She noted it was important to not have a blanket approach, there were diverse communities in the boroughs and a variety of approaches were required. There had been some hesitancy at the start from some religious groups, but this was decreasing. They were taking different approaches to communication and they had been working alongside religious leaders.
- 5.18 Councillor Crawford requested further information on the process behind selecting vaccination sites. Pippa Nightingale responded that decisions were made early regarding vaccination site requirements through a criterion set by NHS England. The criteria involved a lease contract for at least 9 months, but many venues could only commit to 3 or 4 months. The criteria also ruled out many buildings due to factors such as space for social distancing, one-way systems, car parking and travel costs. Local pharmacists all began using pop-up models, which meant people would travel less.
- 5.19 Councillor Richardson spoke of the hesitancy surrounding vaccinations in Hammersmith & Fulham and queried what strategy was in place to deal with this. Pippa Nightingale responded that there were 3 areas, Central, West and H&G where hesitancy and refusal was significant. There was a plan for the 3 boroughs that had been piloted in Central over the past week, which linked local authority staff with primary care staff. This also involved conversations with people that were hesitant about the vaccine, and there was an increase in vaccine take up in the borough as a result. This would now be rolled out across all 3 boroughs. Individuals that were hesitant would receive a phone call to discuss any queries or issues. It was clear that several people were concerned about the effects on their long-term conditions. Councillor Richardson queried how the data on this would be captured. Pippa Nightingale responded that these boroughs had complex populations, with many residents residing outside the borough. Through the phone calls, they were able to document whether those residents were currently living in the borough and that data would be available to each borough.
- 5.20 Councillor Saunders outlined some concerns surrounding the lack of locations available to book the second vaccinations and noted that some people were receiving duplicate notification letters. She also highlighted issues surrounding lack of liaison with high dependency wards. Pippa Nightingale explained that booking second appointments had been challenging but encouraged people to look for more sites closer to the date as they would have the opportunity to change their appointments. She noted there had not been problems in NWL with communications of notification letters. Communications in wards had not been ideal, though communication for patients in intensive care had been good, this was due to family liaison teams. Patients in high dependency or acute wards did not have access to these teams. It was important to have a different approach to communication and in future, ensure liaison teams covered high dependency wards also.

- 5.21 Councillor Elnaghi requested some information of the strategy surrounding pop-ups. Pippa Nightingale explained that there were several styles, some were single roaming models that were going directly into homes to vaccinate. There were also some pop-ups going into GP practices to vaccinate a small number of patients and pop-ups in religious buildings. The pop-ups all ran in a similar fashion, with professional standards, and involved temporary clinics that were shut down at the end of the day
- 5.22 Councillor Chauhan queried if there was a roaming service available. Pippa Nightingale confirmed that there were VaciTaxis, as well as support from local transport teams in taking people to vaccination sites.
- 5.23 Councillor Sheth requested more detail on work surrounding care homes and homelessness. Pippa Nightingale responded that 91% of residents had been vaccinated in care homes, it was an ongoing programme as care homes would receive new residents. On homelessness, GPs were out vaccinating and using that opportunity to carry out health checks. They were working with and supported by charities.
- 5.24 The Committee thanked all officers for their attendance and time. Councillor Collins noted any additional questions could be sent to officers.

ACTIONS:

- Stephen Bloomer to provide a breakdown of costs and spending to the Committee.
- Lesley Watts to provide further information on work and spending surrounding IT.
- Rory Hegarty to share Involvement Charter with the Committee once available.

6. WORK PLANNING PROGRAMME

- 6.1 Councillor Collins noted there were several issues that could be put forward to the work programme. The Committee agreed to decide on a date for a future work planning meeting.

ACTONS:

- To decide a date for a future work planning meeting.

7. ANY OTHER BUSINESS

- 7.1. Councillor Collins spoke of the importance of Hillingdon's membership to the committee. The Committee agreed that Councillor Collins would write to Hillingdon in the new municipal year.
- 7.2. Councillor Crawford thanked Councillor Collins on behalf of the Committee for his leadership as Chair of the Committee.

ACTONS:

- JHOSC to write a letter to Hillingdon in the new municipal year.

Meeting started: 2pm

Meeting ended: 4.43pm

Contact officer: Yasmin Jama
Governance Administrator, RB Kensington and Chelsea