

# Joint Health Overview & Scrutiny Committee (JHOSC)

## Agenda

Tuesday 3 September 2013  
10.30 am

Royal Borough of Kensington & Chelsea, Committee Room 3

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**Members of the public are welcome to attend.**

Date Issued: 22 August 2013

# Joint Health Overview & Scrutiny Committee (JHOSC) Agenda

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<u>Item</u>		<u>Pages</u>
1.	<b>WELCOME AND INTRODUCTIONS</b>	
2.	<b>APOLOGIES FOR ABSENCE</b>	
3.	<b>MINUTES OF THE PREVIOUS MEETING</b> To approve the minutes of the meeting held on 21 November 2012.	1 - 4
4.	<b>DECLARATIONS OF INTEREST</b>	
5.	<b>SHAPING A HEALTHIER FUTURE PROGRAMME AND JHOSC RECOMMENDATIONS UPDATE</b> The report provides the initial response of NHS North West London to the JHOSC's response to the proposals set out in the formal consultation document 'Shaping a Healthier Future'.  North West London Clinical Commissioning Groups will provide an oral update on the Shaping a Healthier Future Programme and the JHOSC recommendations. To support the update, two reports will follow:  (i) A general overview in presentation format.  (ii) A report on Accident & Emergency and Out of Hospital Services and prospects for the coming winter.	5 - 8
6.	<b>JHOSC: CONTINUING SCRUTINY OF THE DEVELOPMENT OF PROPOSALS</b> To consider recommendation nine of the JHOSC's response to the proposals set out in the formal consultation document 'Shaping a Healthier Future':  <i>'That the JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation.'</i>  A report on the views of North West London Commissioning Groups on the future of the JHOSC will follow.	9 - 10
7.	<b>WORK PROGRAMME</b> To recommend items and witnesses to be invited to future meetings.	
8.	<b>DATES OF FUTURE MEETINGS</b> To be agreed.	



City of Westminster

## Minutes

Minutes of the the **NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (NWL JHOSC)** held at 18:30 on Wednesday 21st November 2012 at Council House, Old Marylebone Town Hall

Members Present: Cllr Lucy Ivimy (H&F), Cllr Patricia Harrison (Brent), Cllr Sandra Kabir (Brent), Cllr Rory Vaughan (H&F), Cllr Mary Weale (RBKC), Cllr Dr Sheila D'Souza (Westminster), Cllr Pam Fisher (Hounslow), Cllr Abdullah Gulaid (Ealing), Cllr Krishna James (Harrow), Cllr Vina Mithani (Harrow)

NHS Present: Dr Mark Spencer (Medical Director, NHS North West London), Daniel Elkeles (Director of Strategy, NHS North West London), Lisa Anderton (Service Reconfiguration Director, NHS North West London), Don Neame (Programme Communications Lead)

Apologies: Cllr Anita Kapoor (Ealing), Cllr Sandra McDermott (Wandsworth), Cllr Sarah Richardson (Westminster), Cllr Charles Williams (RBKC)

### **1. MEMBERSHIP & DECLARATIONS OF INTEREST**

1.1 Apologies are noted above. There were no further declarations of interest.

### **2. MINUTES**

2.1 Members identified some errors in the minutes of the meeting of the 26<sup>th</sup> September:

2.2 Committee resolved to amend 'he' to 'she' (para 2, page 6)

2.3 Committee resolved to amend 'he' to 'she' (para 4, page 7)

2.4 Committee resolved to amend 'psychotherapy' to 'psychiatry' (para 2, page 8)

2.5 Committee resolved to amend 'Central Middlesex Hospital' to 'Northwick Park Hospital' (para 2, page 9)

2.6 Members identified some areas of concern in the minutes of the reconvened meeting of the 26th September 1st October:

2.7 Committee resolved to add the apologies of Cllr Vina Mithani (Harrow), Cllr Pam Fisher (Hounslow) and Cllr Mel Collins (Hounslow) (para 1, page 12)

2.8 Committee resolved to change "The JHOSC supported the case for change..." to "The majority of the JHOSC supported the case for change, but there was dissent..."

2.9 Cllr Gulaid stated that the London Borough of Ealing were unable to accept the points raised in Section Three (page 13, 14)

2.10 Cllr Rory Vaughan stated that he did not support the Case for Change.

### 3. NHS NORTH WEST LONDON: MAJOR HOSPITAL RECONFIGURATION

- 3.1 Dr Mark Spencer (Medical Director) introduced the response of NHS North West London to the recommendations of the Joint Health Overview and Scrutiny Committee and directed Members to the written response provided by officers.
- 3.2 Cllr Ivimy initiated discussions by stating that the responses to recommendations in terms of reconfiguration of the accident and emergency centres were the tip of the iceberg. What is giving rise to many concerns are the wider consequences of the A&E closures. Cllr Ivimy considered that concerns would come with what was under the iceberg, because the response was not comprehensive at this stage. Cllr Ivimy asked NHS NWL for guidance on the timeline of expected decisions and responses to the recommendations. Cllr Fisher asked for a timeline of when the JHOSC could meet to scrutinise the stages before decision-making. Cllr Gulaid stated that the responses should be tailored to different councils, showing the different impact in different Boroughs.
- 3.3 Dr Mark Spencer said that there had been positive responses even where impacts would be felt more heavily. He gave an indication of the expected movement between the publication of the consultation response and the decision-making in February. The **CCG Commissioning Intentions** would be published before the end of the calendar year and these would feed into the JCPCT. Cllr Ivimy interjected to ask if there would be clarity on the responses to recommendations before a decision was made. Dr Spencer responded that there would be clarity provided in January.
- 3.4 Cllr Weale reported that the third paragraph of the response to the recommendations was very 'waffly' and vague. Cllr Weale recommended that a matrix could be provided to document milestones and measurement. Dr Spencer agreed with Cllr Weale and said that it was not precise, as it stood. More detail was to be provided to the JHOSC. Cllr Weale asked for this response to stay on the Agenda.
- 3.5 Cllr Ivimy stated that the response to the JHOSC's recommendations was effectively a 'holding response' and not a 'serious response' due to its brevity. Dr Spencer agreed with Cllr Ivimy's assertion and agreed to bring a more comprehensive response back to the Committee.
- 3.6 Cllr Kabir asked how NHS North West London would keep a flow of information to Boroughs and the JHOSC given the end of the consultation period. Cllr Kabir recommended that Members should telephone each other, to support one another on the developments in the post-consultation phase. Cllr Ivimy said that Members could do this and asked Members to send details to her to collate.
- 3.7 Dr Spencer said that CCG Chairs would attend the next meeting. Cllr Ivimy reported that hospitals should also be present, as they do not communicate well enough.
- 3.8 Dr Spencer said that NHS North West London would undertake an intense programme of work, including: communicating the results of the consultation via the website, sending emails to Committees and making people aware of the latest position. In terms of correspondence with local authorities, NHS North West London would engage with Borough HOSCs, alongside providers and CCGs, and provide updates and continue the multi-agency discussions.
- 3.9 Don Neame (Programme Communications Lead) stated that the report on the consultation would be produced in the next few weeks. Whilst there were headline

details which could be shared, he indicated a note of caution on the interpretation at this early stage. He reported that 70,000 consultation documents and 400,000 summary documents were circulated across North West London. Further to this, 800 roadshows and events took place, alongside 5,000 'conversations' with groups and organisations. Mr Neame reported that Focus Groups took place in each Borough alongside meetings with hard-to-reach groups (covering 2000 people across 59 groups). The Ipsos MORI report would be published on the 28<sup>th</sup> November, to document what NHS NWL had heard and a summary of the responses received.

- 3.10 Mr Neame reported that the consultation had received 17,000 responses, 9,500 of which were supporting Chelsea and Westminster Hospital specifically. Where postcodes were given (3,500 responses), most responses came from Ealing (1,700) and Hounslow (890).
- 3.11 Cllr Fisher said that from 230,000 residents in Hounslow, 890 responses was 'not great,' given that the consultation responses showed that Hounslow was the second biggest 'responder.' Cllr Fisher stated that NHS NWL should not be complacent. Cllr Gulaid questioned why the consultation only registered 17,000 responses when petitions included over 60,000 people. Mr Neame responded that it was because responses to the consultation which were included in the '17,000' number had answered at least some questions posed in the consultation.
- 3.12 Cllr James said that a number of residents had been asking questions about the brochures and the reported £7 million spent on the consultation. Daniel Elkeles (Director of Strategy, NHS North West London) reported that the consultation represented a substantial communication and there had been a lot of information to share in the public domain and even more communication needed to respond to the concerns raised by the public. He reported that it was impossible to distil information into a shorter format.
- 3.13 Cllr Ivimy stated that there were some important dates to highlight. Firstly the Ipsos MORI report would be published on the 28<sup>th</sup> November at the presentation at the Hilton Metropole. Secondly, in January, it would be important to reconvene to discuss an anticipated full response on the JHOSC submission to NHS North West London. Lisa Anderton (Service Reconfiguration Director, NHS North West London) proposed to share the key dates in the forthcoming weeks, including the proposed JCPCT meetings. The Equalities Impact Assessment document was due to be published in December and could be communicated with the JHOSC electronically. If the JHOSC were to hold a meeting in January, NHS NWL could provide a substantial response to the recommendations. The Committee decided to arrange a meeting for **Thursday 17 January, 6.30pm at Kensington Town Hall** with the CCGs to be invited to be in attendance.
- 3.14 Daniel Elkeles reported that the JCPCT decision was due on the 19<sup>th</sup> February and a meeting before this would also be salient. The Committee decided to arrange a further meeting on **Thursday 7 February, 6.30pm at Hounslow Civic Centre**.

#### **4. AOB**

- 4.1 Cllr D'Souza raised a HSJ article which referred to West Middlesex Hospital needing a merger partner in order to be viable. Daniel Elkeles reported that when the merger happens, it would ensure that West Middlesex would be financially viable in the future. Mr Elkeles reported that at the current time the Trust required a short term partner and was actively seeking one out. There would be no conclusion on this until February. Cllr Ivimy questioned whether this situation had been factored in to the

decision-making timetable, and Mr Elkeles responded that it had been a theme in the modelling, and there would be no organisational transaction during the decision-making process. Cllr Ivimy asked whether NHS NWL had taken into account the *financial viability* of Trusts throughout the reconfiguration consultation. Mr Elkeles responded that it was always the case that some Hospital Trusts did not make money and this, in part, drove some of the need for reconfiguration (if financial and clinical improvements could be found).

4.2 Cllr Ivimy wished the Committee Members a happy Christmas and closed the meeting.

## **5. CLOSE OF MEETING**

5.1 7:53pm

## ***Shaping a healthier future***

### **Response to Joint Health Overview and Scrutiny Committee**

05 November 2012

#### **Introduction**

This report is NHS North West London's reply to the formal consultation response on 'Shaping a healthier future' from the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

We welcome the positive support noted for the case for change and the vision for the future of healthcare services in North West London. This includes your acceptance of the evaluation process followed to reach the consultation options.

We acknowledge the areas of concern noted, some of which are addressed with each of the recommendations set out below. Some of these will be more fully addressed at a later stage in the process; as implementation plans are developed or during decision making.

#### **Recommendations**

- 1. Proposals for out of hospital care are developed further, with the direct involvement of non-NHS partners, to arrive at agreed resource models for each borough. Action: Health and Well-being Boards.*

High level implementation plans were developed for the Pre-Consultation Business Case (PCBC) and we agree that plans need to be developed further. These are now being worked up in more detail and will be included with the Decision-Making Business Case (DMBC). This detail will include borough-level plans for implementing out-of-hospital proposals, which will align to 2013/14 commissioning intentions. As with the earlier plans, Clinical Commissioning Groups (CCGs) will be discussing these with Health and Well-being Boards. CCGs are also progressing implementation of the integrated care model of local health and social care, working with local authorities.

We have also commissioned work to explore the impact of the out-of-hospital (OOH) strategies on carers; the outputs of this work will inform the decision-making process and support the detailed planning of each CCG's OOH initiatives over the coming years.

- 2. More information is produced on how patient flows will change in the new system and what will happen to patients borough by borough. Action: NHS NW London.*

Further modelling now being carried out for the development of the DMBC and this information will need to be considered as part of the further work on the Equalities Impact Assessment and travel analysis (see recommendation 8 below).

This will include further sensitivity analysis to understand how new population growth assumptions suggested during consultation could impact potential options.

*3. Milestones for how the Out of Hospital proposals will be implemented, to what standard and what measures will be used to track reductions in acute admissions and the trigger points for the implementation of the “Shaping a Healthier Future” proposals. Actions: Clinical Commissioning Groups and Health and Well-being Boards (HWBs).*

It is important to note that the ‘Shaping a healthier future’ proposals include the out-of-hospital proposals and those for local hospitals – the recommendations aim to improve the whole healthcare system. Therefore we agree that it is essential to ensure that out-of-hospital services are working well. Patient safety is critical and we remain committed to ensuring services remain safe when any changes are made. During proposed implementation we expect some services to be ‘double run’, particularly while capacity in community services is developed.

Whilst a high-level implementation plan was developed for the PCBC, the programme is now undertaking more detailed implementation planning to ascertain the timetable for any transfer of services between proposed local and major hospital sites. The programme is working with proposed local hospital sites and CCGs during decision making to develop the service models for local hospitals and these will feed into the DMBC.

*4. Plans are produced which set out how all parts of the population will be educated in how to use the new models of provision – in particular Urgent Care Centres. Action: Directors of Public Health.*

The Urgent and Emergency Care CIG is working to develop the common Urgent Care Centre (UCC) specification to be used across NWL; this will include quality standards for future contracts to ensure UCC services are safe and consistent across North West London. The CIG will also be defining the expected case mix and activity levels, which will inform the activity modelling to support decision making. This work has included focus groups with user groups to gain better understanding of strengths/weaknesses of current services and patient’s view of how services could be improved.

Whilst we are developing these specifications we will develop communications plans to ensure all residents and other users understand how to make the best of their NHS. We will continue with a programme of stakeholder engagement and, as part of more detailed implementation planning, will include considerations for public education programmes to ensure the public know how and when to access services such as primary care, community services, UCCs and hospital care. This will need to be aligned to ongoing promotion of the NHS 111 service, which goes live across London in April 2013.



*5. Joint commissioning between local authorities and CCGs and between the CCGs themselves should be strengthened to deliver better coordinated care. Action: Health and Well-being Boards and Clinical Commissioning Groups.*

We agree and welcome the involvement of HWBs and a key element of our vision is integrated, more coordinated care. We remain committed to this and recognise the importance of close working with social care colleagues to deliver this.

CCGs presented the OOH strategies to Health and Well-being Boards for discussion and will discuss the more detailed OOH plans and corresponding commissioning intentions as both develop.

*6. Measurable standards and outcome measures are developed. Action: NHS NW London.*

The proposals were developed to deliver clinical benefits and we produced a benefits framework (included in the PCBC) to manage the delivery of these benefits. The benefits framework will be further developed during this next phase to include key performance indicators (KPIs) and reporting mechanisms.

*7. Involvement of staff in the development of the proposals will help to create greater ownership and ensure smooth implementation together with a Workforce Strategy. Action: NHS NW London, provider organisations and Trades Unions.*

We will continue to engage with staff on all sites as proposals are developed. There are plans in place to develop the analysis of workforce requirements to the level required for decision making. Three Clinical Implementation Groups (CIGs) have been established and will define more detailed workforce requirements for their specialties and a strand looking at the out-of-hospital workforce requirements. A Transformational Workforce Strategy is being developed to support this, owned by both commissioners and providers.

We are developing implementation plans with providers to detail the timetable of staff migration and then providers will need to put in place workforce plans and appropriate change management policies and plans following any decisions. This will include engagement with Trade Unions.

*8. Detailed equalities impact assessment is developed and also plans for mitigation are developed. Action: NHS NW London, Transport for London and London Ambulance Service.*

The programme commissioned an Equalities Impact Review for the PCBC and this outlined a number of areas for further consideration. We have since commissioned a more detailed Equalities Impact Assessment (EqIA) to ascertain the specific impacts on protected groups to support the development of the DMBC, this work is planned to conclude in December. An Equalities Steering Group has been set up to oversee this

work, and includes patient representatives, Directors of Public Health and equalities leads.

Further travel analysis is being undertaken to address key focus areas and look at any issues raised during consultation, including those raised by the JHOSC. This analysis will provide the necessary detail for the EqlA; which will ascertain specific impacts on protected groups with relation to access on public transport.

We will continue to work closely with Transport for London and the London Ambulance Service, along with other key stakeholders, through the Travel Advisory Group (TAG). This group will review the further analysis and produce recommendations for mitigating actions for any significant impact. This will include any additional information arising for the EqlA.

*9. That the JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation. Action: Local Authorities.*

We welcome the ongoing role that scrutiny provides and will continue to work with you as the proposals develop, so that you are able to consider the further work described above and to keep you informed in advance of your consideration of the planned decision making in February 2013.

## North West London Joint Health Overview & Scrutiny Committee

### Continuing Scrutiny of the Development of Proposals

1. The North West London Joint Health Overview & Scrutiny Committee (JHOSC) was established to respond to the proposals set out by NHS North West (NW) London in the formal consultation document "*Shaping a Healthier Future*".
2. The JHOSC comprises elected members drawn from the boroughs geographically covered by the NHS NW London proposals. The list of original members and co-opted members are at Appendix 1.
3. The JHOSC formally adopted the following terms of reference:
  - i) *To consider the "Shaping a Healthier Future" consultation arrangements including the formulation of options for change, and whether the formal consultation process is inclusive and comprehensive.*
  - ii) *To consider and respond to proposals set out in the "Shaping a Healthier Future" consultation with reference to any related impact and risk assessments or other documents issued by or on behalf of NHS North West London in connection with the consultation.*
4. In its response to the NHS consultation on Shaping a Healthier Future, the JHOSC recommended that a 'JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation.'
5. The London Boroughs of Camden and Wandsworth have advised that they have 'reached the view that the implications of Shaping a Healthier Future are not sufficiently great for Camden and Wandsworth to justify their continued participation in this Joint OSC.'

### RECOMMENDATION:

That members consider:

- (i) the continuation of the JHOSC to provide ongoing scrutiny of the development of proposals and the responsiveness to the JHOSC response and other responses received to the consultation;
- (ii) frequency of meetings; and
- (iii) the duration of the JHOSC.

**Members of the JHOSC**

**Councillors :**

Ivimy (Chairman) LB Hammersmith and Fulham

Kabir (Vice-chairman) LB Brent

Bryant LB Camden

Collins LB Hounslow

D'Souza City of Westminster

Fisher LB Hounslow

Gulaid LB Ealing

Harrison LB Brent

James LB Harrow

Jones LB Richmond upon Thames

Kapoor LB Ealing

McDermott LB Wandsworth

Mithani LB Harrow

Richardson City of Westminster

Vaughan LB Hammersmith and Fulham

Usher LB Wandsworth

Weale RB Kensington and Chelsea

Williams RB Kensington and Chelsea

Ms Maureen Chatterley LB Richmond upon Thames (Co-opted Scrutiny Committee Member)