

# **NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MINUTES**

## **14 OCTOBER 2015**

### **Chairman:**

Councillor Mel Collins (Hounslow)

### **Councillors:**

Councillor Rekha Shah (Harrow)

Councillor Mrs Vina Mithani

Councillor Mrs Christine RobsonCouncillor Rory Vaughan (Hammersmith and Fulham)

Councillor John Coombs (Richmond)

Councillor Dan Filson (Brent)

Councillor Barbara Arzymanow (Westminster)

Councillor Charles Williams (Kensington and Chelsea)

Councillor Sharon Holder (Hammersmith and Fulham)

### **1. Welcome and Introduction**

Councillor Rekha Shah welcomed members to the London Borough of Harrow.

### **2. Apologies for Absence**

Apologies for absence were received from Councillor David Harvey (Westminster), Dr Sheila D'Souza (Westminster), Councillor Will Pascal (Kensington & Chelsea), Councillor Theresa Mullins (Ealing), Councillor Myra Savin (Hounslow).

### 3. **Declarations of Interest**

#### Agenda Item 6 – Shaping a Healthier Future Update

Councillor Mel Collins declared a non-pecuniary interest in that he was involved with the Willesden Centre for Health and Care.

### 4. **Minutes**

The Assistant Director of Communications, CCG commented that the minutes from the meeting held on 16 June 2015 had indicated that a wide ranging consultation would be taking place with communities, patients and local authorities on the development of Charing Cross and Ealing Hospitals into Local Hospitals. He commented that this had not been stated at the meeting.

The Committee were advised that the business case for the proposal was required to go through internal governance processes before a workshop event was conducted with partners, stakeholders etc.

The Committee believed that the minutes were a correct record but the clarification provided was noted.

**RESOLVED:** That the minutes of the previous meeting of the Committee held on 16 June 2015 be taken as read and signed as a correct record.

### 5. **London Ambulance Service Update**

A presentation was conducted for the Committee by representatives from the London Ambulance Service NHS Trust (LAS). They made a number of points as follows:

- London had been divided into 7 sections for the operation of the LAS;
- The LAS had undergone a service transformation which had included a management restructure. A new Chief Executive of the service had also been appointed;
- A new set of purposes and values had been adopted by the LAS to modernise the Trust;
- Demand for the LAS increased year on year. In 2014/15 over 1.7 million requests were received;
- The operating budget for the LAS was £316 million;
- The LAS had about 5,000 staff. Approximately 71% of these staff operated on frontline services;
- There were 70 Ambulance stations across London;

- Retention of staff had been a big challenge for the LAS. Opportunities for paramedics outside the NHS had increased dramatically;
- The LAS were focusing on national and international recruitment drives;
- The contract for the LAS included 9 Commissioning for Quality and Innovation schemes (CQUIN). These were a contractual requirement for NHS providers and offered financial incentives to the innovative development of services;
- The LAS produced a suite of reports as a requirement of the commissioning contract;
- The LAS and the NHS faced a number of financial challenges. The LAS income was dependent of demand and performance. Money was being spent on private ambulances and overtime payments but the LAS were striving for value for money;
- There were three major challenges for the LAS which related to staffing, demand and culture;
- There was an increased emphasis from the LAS to make it a better place to work. This involved the launch of a LAS academy, filling all front line vacancies, creating 500 band six senior paramedics and continuing with VIP awards;
- The LAS were not achieving the 75% target response rate. However reports and reviews undertaken had demonstrated that a safe service was being provided;
- A detailed improvement programme had been developed. Some of the actions identified were the reduction of absences from front line staff relating to sickness and reducing the out of service hours relating to people and vehicles;
- In relation to front line recruitment of staff, processes had been redesigned to include revised training and supervision to allow staff to work on the front line as safely and quickly as possible. University places had increased and a media campaign had been launched;
- There was closer work being undertaken with Emergency Department leads to improve Hospital handover processes;
- There was greater work being done on standardising referral pathways.

Councillor Filson queried what was being done regarding vehicle utilisation which was currently at 85%. This provided very little flexibility for the LAS. Councillor Filson also asked whether vehicle serving and maintenance facilities could be shared with the Fire Services. Councillor Filson also asked whether filling vacancies only up to 95% created extra stress for staff.

Additionally was the level of training being proposed from October 2016 realistic given that proportionally it was small.

The representatives from the LAS responded that the level of current vehicle utilisation was not desired. However it was expected that some of the actions as part of the improvement programme would help to reduce the levels of vehicle utilisation.

There was currently work being done by the Government on collaborative working between the LAS and the Police on equipment and vehicles although it was not believed that vehicle maintenance was one of the issues being addressed.

The recruitment of staff up to 95% was a result of feedback from existing staff who expressed a wish to have the ability to work overtime.

There would be reflection on the issue raised in relation to the training of staff and a separate response would be provided.

Councillor Filson also asked why there was not a greater emphasis on recruiting staff from London. The representatives from the LAS responded that there was a significant amount of time required to qualify fully as a paramedic. Another challenge was that upon qualification there were usually other career opportunities for paramedics given the unique set of skills which they possessed. It was also stated that the 32 CCGS across London all commissioned the LAS services and recruitment and retention of staff was recognised as an issue.

Councillor Mithani asked whether the 500 band six senior paramedics had all been provided with relevant training.

The LAS responded that the 500 band 6 senior paramedics had all received this promotion as a result of the retention programme. Funding had been made available to promote 500 of the most senior and experienced paramedics and they had been provided with tailored training to develop their skills.

Councillor Mithani also asked whether frontline staff were well trained in answering calls and dealing with delays. The representatives from the LAS employed a robust triage process and this operated well.

Councillor Williams asked for some further information regarding the benefits provided to recruitment from overseas and also asked for information regarding the standardised referral pathways across North West London. The representatives from LAS responded that the package offered to overseas recruits was the same as that offered to national recruits.

The referral pathways involved getting all relevant parties together and developing new and efficient pathways. It had been identified that the previous pathways were not as effective as it would have been liked.

Councillor Vaughan asked when response times from the LAS would improve. Councillor Vaughan also asked what factors relating to the cost of living in London were affecting retention rates and whether any further rewards were offered for performance.

The LAS had a trajectory to improve its performance in relation to response times. Whilst its performance was not where it wished for it to be, the trajectory pathway for improvement was being met.

The main issue for the retention of staff appeared to be other career paths which paramedics could embark on due to the skills that they possessed. It was sometimes difficult to compete with these other roles due to their differing natures and salary.

The Chair thanked the representatives from the LAS for their presentation.

**RESOLVED:** That the presentation be noted

## **6. Shaping a Healthier Future Update**

The Committee were advised that there were separate papers for different topics relating to these items.

### Paper 1 – Out of Hospital Update

The Medical Director – Shaping a Healthier Future Programme introduced the report and explained that there was a great deal of hospital activity taking place and a number of common themes across the 8 boroughs. This included the following:

- Extended GP opening hours would be been introduced;
- There was visible progress toward hubs;
- Far less difference between out of hospital and in hospital care;
- Rapid access to service change on assessments;
- Lots of partnership working with other organisations like the London Ambulance Service;
- There was a great amount of work being conducted in moving to a co-ordinated service in and out of hospital.

The Chair – Harrow CCG reported to the Committee that there had been a lot of work taking place on supported living to help promote independent lives.

Councillor Filson stated that the Scrutiny Committee at Brent Council had recently conducted a review into extended GP hours and it was hoped that the recommendations made would be adopted by the relevant CCGs.

Councillor Filson also raised an issue where a community organisation (Brent Bereavement Service) had its rent increased on a property owned by the NHS despite it providing a service to which the NHS signposted residents to. This organisation received no financial assistance yet provided a valuable service to residents. It was queried why this was allowed to happen and whether the CCG had an input into these issues.

It was responded that the CCG did not own estates. However the issue raised would be investigated.

Councillor Mithani queried how the 2 walk in centres in Harrow had helped to ease the pressure on the Accident and Emergency Department at Northwick Park Hospital.

It was responded that there had been a change in the attendance at Accident and Emergency as a result of the 2 walk in clinics. It was also being proposed that a walk in clinic be established on the east side of Harrow. It was hoped that this would be operational from 2016 although the exact site was still to be determined.

Councillor Vaughan queried how availability for the out of hours GP service was being communicated and whether the services provided would be consistent across the 8 boroughs. Councillor Vaughan also queried when the business case for the implementation of out of hospital care would be made available

In relation to the extended opening for GP practices, there was a real issue to determine whether the same model should be used across North West London. It was important to assess the patterns that were faced and the size of each facility.

It was also responded that not all out of hospital would be exactly the same. These could be different depending on the building used. Services that could have been offered locally in a hospital can now be offered closer to patients' homes.

Councillor Collins queried whether the proposals for out of hospital services had factored in that it was anticipated that approximately 50,000 new homes were being proposed to be built across the boroughs. Councillor Collins also queried whether relevant section 106 monies earmarked for health services were being utilised by the CCG.

It was responded that proposed increase in population had been taken into account when developing the out of hospital care proposals. Work had taken place with the Greater London Authority (GLA) project future population estimates and this would be kept up to date. This work did not pre-empt the proposed closure of 2 Accident and Emergency departments within North West London as the work conducted was based on a number of different scenarios. It was important to also understand the impact of the increase in population to determine the correct size of the hospital.

In relation to the section 106 monies the amounts were relatively small. However staffs in the estates department were currently investigating this and were looking to use the funds available.

### Paper 2 – NHS 111 / GP Out of Hours Integrated Services

The Accountable Officer – BHH Federation introduced the paper and reported that the 111 service was provided by Care UK and LCW. The contract for the provision of this service in London was due to expire in 2016 and a process had been commenced with the intention of identifying a future provider. These services were subject to a national procurement process by the Department of Health. Communication about the services for 111 needed to be better and it was anticipated that a new provider would be identified by the beginning of 2016.

A vision for urgent care was also being developed based on better understanding of local needs and demands.

### Paper 3 – Implementation Business Case Briefing

The Accountable Officer, CWHHE Collaborative introduced the report and explained that within it contained the current status, timescales, overview of the approvals process and the outline and full business case in primary care settings.

It was reported that the paper also highlighted the success criteria that would be utilised. It was also highlighted that there were huge financial challenges and so value for money was a key component. Inflation of the construction industry was also influencing the costs involved.

There would be consultation and workshops on the Implementation Business Case to which the Committee would be invited.

### Paper 4 – Maternity Update

It was reported that the Ealing CCG Governing Body had agreed to endorse the transition of the Maternity and Neonatal service at Ealing Hospital with effect from 1 July 2015. At the time 969 women were booked to give birth at Ealing Hospital. Out of these 15 women were not able to be offered their first alternative choice of unit.

All staff had been transitioned to their new units. Extra staff were being recruited. Additionally the issue of travelling to Maternity Services would be reviewed in a formal way to understand how women have found their patient experience on this subject.

The report also contained information on the Quality and System Monitoring Dashboard. This only provided the first month of data following transition and so there were a few gaps. This was being monitored on a regular basis to identify if there were any adverse impacts.

Unbooked deliveries, especially at Hillingdon Hospital, had increased. There had also been an increase in post partum haemorrhages although this increase was due to a change in its definition.

#### Paper 5 – Paediatrics Update

The Medical Director – Shaping a Healthier Future Programme introduced the report and advised that the changes centered on more consultant cover over the entire week. The benefit of this would be reflected in outcomes such as lower mortality rates and an increase in patient satisfaction.

#### Paper 6 – Benefits Tracker

The Accountable Officer – CWHHE Collaborative introduced the paper and reported that the North West London Transformation and Benefits Tracker had been created to track improvements across health and care. This would help to promote greater transparency.

The Tracker would be presented on a single page and pick up key measures. The Tracker would then be supplemented with a further series of dashboards to provide a comprehensive and detailed view on transformation and benefits realisation.

#### Paper 7 – Accident and Emergency (A & E) Data

The Accountable Officer – BHH Federation introduced the report and explained that this represented the performance of A & E departments over the last 12 months. This described the actions being taken to improve performance where appropriate.

North West London was the only sector in London to have achieved the national standard for 3 consecutive months. The report provided information on type 1 performance which was a local measure which described the setting of care.

North West London had more urgent care facilities (10 across 8 CCG catchment areas). Less acute patients were seen and treated in urgent care centres. This meant that the denominator was lower leading to lower type 1 performance. However it was acknowledged performance was not at a standard which was desired.

Members then asked various questions on papers 2 to 7.

Councillor Filson questioned a gap on the Transformation and Benefits Tracker in that it did not identify issues at Northwick Park Hospital in terms of its A & E performance. More information was also required on what the interpretation of the figures referred to.

It was responded that the national standards dictated that 95% of patients attending A & E would be seen within 4 hours. Performance at Northwick Park Hospital was not where it was hoped it would be. More beds were



expected to be installed at Northwick Park Hospital to provide greater capacity to help to address this issue.

Councillor Vaughan asked in relation to the implementation of the Business Case whether early sign off was expected in early 2016 and whether it would be after this that this could be viewed. Councillor Vaughan also commented that there was work required in educating and signposting the public on how to use the NHS in the correct manner. It was also commented that there needed to be a better reflection of the issues facing A & E Departments within the reports presented.

It was acknowledged that greater work was required in educating the public on using the NHS effectively. This would involve greater work between the NHS and their partners to promote this.

It was also acknowledged that there were issues facing the NHS but clinically the best formats for A & E departments were still being devised. It was important to offer a range of clinical services as close to home as possible.

Councillor Collins queried whether the information provided meant that there would be no further closures of A & E Departments. It was responded that consideration would be given to what services were offered from A & E Departments locally before forming an opinion on future provision.

Councillor Filson expressed concern that the basic principle of A & E departments was being diluted by proposals to offer only certain services. He believed that they should offer specialities in all relevant medical areas.

It was responded that a different model of care was required and for those cases which did not require acute care, these could be dealt with at different centres. There would be special consideration given to those who were frail and elderly.

The Chair thanked all of the representatives in attendance.

**RESOLVED:** That the report be noted.

## **7. Scoping Mental Health Item**

The Committee were advised that there had been indications at the last meeting that it consider a more specific item in relation to mental health. The Committee had previously made a commitment to focusing on the 'Shaping a Healthier Future Initiative' so any consideration would be made with this context in mind.

Members of the Committee felt that at this point it would be better focusing on the 'Shaping a Healthier Future' item.

**RESOLVED:** That the Committee does not consider an item on mental health at this stage.

## **8. Health Commission Update**

The Committee were advised that a report of the Healthcare Commission had not yet been published. It was expected that the report would be published towards the end of November 2015 and a briefing session for the Committee would be arranged as soon as possible after that.

**RESOLVED:** That the item be noted.

## **9. Date of Next Meeting**

The Chair advised that at the next meeting of the Committee there would be consideration of a new Chair and Vice Chair. It was also agreed that the next Committee meeting should be arranged after the Implementation Business Case had been published in January / February 2016.

(Note: The meeting, having commenced at 4.30 pm, closed at 6.59 pm).

(Signed) COUNCILLOR MEL COLLINS  
Chairman