



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

MINUTES

16 MAY 2016

Chairman:

Councillor Mel Collins (Hounslow)

Councillors:

Councillor Barbara Arzymanow (Westminster)

Councillor John Coombs (Richmond)

Councillor Myra Savin (Hounslow)

Councillor Rory Vaughan (Hammersmith and Fulham)

Councillor Charles Williams (Kensington and Chelsea)

Also in attendance as observer

Councillor Michael Borio (Harrow)

1. Welcome and introduction

Councillor Collins welcomed members to Brent Civic Centre. He paid tribute to the late Councillor Dan Filson who was a member of the committee and Brent Council. Councillor Collins also expressed his sympathies for everyone who had been affected by the accident in Harlesden on 15 May and their friends and families.

2. Apologies for absence

Apologies for absence were received from Councillor Matt Kelcher (Brent), Councillor Antonia Cox (Westminster), Councillor Rekha Shah (Harrow) and Councillor Vina Mithani (Harrow), and Councillor Sharon Holder (Hammersmith & Fulham)

3. Declarations of Interest

No declarations of interest were made.

4. Minutes

RESOLVED: That the minutes of the meeting held on 14 October 2015 were agreed as a correct record.

5. North West London Winter Performance for Accident and Emergency

Dr Mark Spencer, Lead Medical Director for Shaping a Healthier Future, addressed the Committee. His main points included:

- There has been a gradual increase in attendance at Northwick Park Hospital Accident & Emergency (A&E) over the last two years.
- Overall performance in North West London is on track and above that of the London and United Kingdom average although there was a dip in performance during the winter over the last two years.
- A&E performance across all types is consistent.
- However, in type 1, North West London does less well. In 2014 there was a deterioration in type 1 performance across North West London; however, that is now heading back up.
- Northwick Park Hospital was the worst performing A&E in the last three months but it is now improving.
- There were challenges with delayed discharge and transfers with between 15 and 20 beds taken up by delays at any one time.

In addition, he said North West London was part of the National Seven Day Services Programme. The pilot was focusing on key standards including first consultant reviews within 14 hours, increased access to diagnostics, and consultant interventions.

Councillor Collins said the winter had been mild but damp which could cause bronchial problems. He also questioned why there was still a plan to close Charing Cross when the performance of St Mary's was still as low as it was.

Councillor Williams said there were national problems with A&E performance and asked what research had been done to indicate what was happening?

Dr Spencer said there was no one clear reason why A&E attendance had increased but there were a number of contributory factors such as a small increase in the population of older people, a wet winter which increased respiratory ailments, and the flu vaccination was less effective than had been expected.

Councillor Arzymanow questioned whether the efficacy of the flu vaccination was really an issue for the current year's performance as she understood that it had been the previous year's vaccination that had experienced effectiveness issues. Councillor Arzymanow also asked what impacts had the junior doctors' industrial action on performance.

Dr Spencer said A&E performance had been poor across the country. The strike action had not affected the figures, but the impact on morale would have a serious effect on services going forward.

Councillor Vaughan said he was disappointed the A&E targets had not been met. He said the different trusts should have plans to improve performance. He observed that Northwick Park continues to be an outlier which has been something of a concern for some time. He noted that the figures for Hillingdon hospital had also deteriorated.

Sarah Mansuralli, Chief Operating Officer at Brent Clinical Commissioning Group, said that for Northwick Park Hospital a lot of work had been done in 2015/16 to address performance. The flow in the emergency department had been looked at and Brent Council was reducing the number of delayed transfers thanks in part to seven-day social care services. She said there was a robust action plan to move patients through the system faster and to do more joint working. At Hillingdon Hospital there had been a small increase in attendance with a deterioration in performance.

Clare Parker, Chief Financial Officer at CWHH Collaboration of Clinical Commissioning Groups, said they were streamlining referral forms to a single process and a single point of contact, which would facilitate discharge.

Councillor Vaughan asked what happens when patients from outside the eight boroughs were admitted. He added that in Hammersmith and Fulham they had worked to encourage the uptake of the flu vaccine for two to five year olds and had seen improvements in three year olds being vaccinated.

Claire Parker said they were in discussion with Richmond, Camden and others about adopting similar processes. The uptake of the flu vaccine was at 53% and for children between 20% and 30%.

Councillor Arzymanow asked what was being done to promote uptake of the flu vaccine with Public Health England. Councillor Vaughan said joint working at a borough level had done much more to promote uptake although it was challenging.

RESOLVED: To note the contents of the report.

6. Shaping A Healthier Future

The committee were provided with an overview of the separate papers presented for different topics under Shaping A Healthier Future.

1. Hospital Changes

Clare Parker said that last summer there was a significant review of maternity services. The Royal College of Midwives was involved and it was also presented to Ealing Council's scrutiny committee. They were now making progress with 100 extra midwives in North West London and now 79% of women were getting continuous antenatal and post-natal care.

Ealing Hospital's governing body will decide on changes to paediatrics on 30 June this year. The new model of care had been introduced first at Central Middlesex and initial data was positive with the amount of time children were spending at the hospital being minimised. There was also a rapid access clinic with appointments in 24 to 48 hours. There was also better recruitment in paediatric nursing.

2. Seven Day Services Update

Clare Parker said the seven-day discharge process was due to go live on 3 May. The Committee were advised that the NHS has co-produced with patients and clinicians, a set of National Clinical Standards designed to improve patient care and patient experience while in hospital every day of the week and that the NHS are focusing on delivering five of these standards, all of which will have a significant impact on care in hospitals by April 2017.

3. Local Services Strategy (out of hospital)

Clare Parker said there were three key projects. The Last Phase of Life project was looking at what happens in the last 12-24 months of life and the care patients are receiving. There was a focus on working with care homes while other projects included seven-day hospital discharge and a review of rapid response services.

The Committee were advised that appendix 3 of the report presented to them had figures on bed use in hospitals. At present, about 30% of beds were taken up by those who do not need to be in an acute setting particularly older people.

Councillor Savin asked what had been done about addressing staffing capacity.

Clare Parker said the workforce was a key challenge and they were trying to address future workforce needs.

Dr Tim Spicer, Programme Medical Director for Shaping A Healthier Future, said sustaining the workforce in London was a key challenge. He said a lot of staff initially wanted to come here, but many do not want to stay and there is a challenge in retaining staff. There were particular difficulties in attracting and retaining to lower grades, for example, home care and care home positions which are often paid the

minimum wage with minimal training and support. Clare Parker said that of those who they take on to train, only 20% were still there after two years.

Councillor Savin asked that if people were underpaid and undertrained were they the best people to provide care. Dr Spicer added that even the very lowest paid can still be very caring; and that it's not accurate to say people are not cared for by these staff.

Councillor Savin commented that she hoped to see that the NHS and local authorities were making progress in terms of working more effectively together and that examples of best practice were being put in place, while Councillor Williams said that hospices were ambitious and providing more services and asked how the NHS was engaging with them strategically.

Dr Spicer said there was a lack of consistency across north-west London; pockets of excellent care but some people were missing out on these standards.

Councillor Coombs said that as Richmond had no acute hospital in its CCG area, 50% of its patients will use North West London Hospitals, particularly West Middlesex University Hospital. He asked how the Collaboration of CCGs dealt with a CCG outside the area with such a large proportion of patients using their hospitals.

Dr Spicer said they were trying to work not in the sense of boundaries, but a set of relationships. He hoped that with delayed discharge work and the end of life project a more common approach will develop.

Returning to staffing matters Councillor Vaughan said the strategy in Hammersmith and Fulham had been to pay the London Living Wage and to improve training opportunities. There was a fluidity between social care and health and they wanted to keep staff in the local health economy. He asked if there was a way that the London NHS could engage with the new Mayor of London to identify more opportunities for housing.

Dr Spencer said that NHS England and NHS London region will be having talks with the Mayor and looking at the housing strategy.

4) Moving Care Out of Hospital

Councillor Collins said with quick hospital discharges there was a danger that patients could be pushed into social care too quickly. He also asked about Clayponds Rehabilitation Hospital and if there were any plans for Brentford Lodge. Councillor Collins also asked if the Willesden Centre for Health and Care was being pushed into the private sector.

Dr Spencer said they were trying to get individual care met in the most effective way and not just discharge quicker. An increase in readmissions would not be a good thing.

Sarah Mansuralli said they were doing work around readmissions and in particular around stroke patients and homecare and having an integrated rehabilitation service. Willesden is a PFI building and the majority of services are NHS including community care, mental health and community step-down beds. There were also a

number of voluntary organisations who use the building. The property is managed by NHS property services who had the detail about leases, but Brent CCG is seeking to optimise use Willesden as a hub for community services.

Clare Parker said she did not know the situation with Brentford Lodge but Clayponds would be maintained as a rehabilitation site.

5) The Implementation Business Case

Clare Parker said the business case had taken longer than they had wanted. The challenges were capital requirements for hospital sites and the finances of trusts. However, there were opportunities to work together while recognising there were areas of difference. By working together they can achieve more. They would be ready to share the business case in September or as early as they can. Christian Cubitt, communications lead for the programme said they would be seeking to share information related to the development of the business case with the Committee from June onwards.

Councillor Williams asked about their assumptions for providing care in the community.

Clare Parker said there had been a significant investment in rapid response areas. Any changes would be made on the basis of reduced demand for hospital services and where it was safe to do so.

6) Population Planning

Councillor Vaughan asked what local engagement there will be if the business case is launched in September or October. He also asked about the calculation of population projections.

Clare Parker said they use data from the ONS and GLA which accommodated planned housing developments and local assumptions about population growth.

Christian Cubitt, Director of Communications at NHS North West London Collaboration of CCGs, said there would be communications and engagement starting next month including face-to-face, online and printed newsletters.

Councillor Collins asked why there was no reference to the impact and pressure on hospital services of employment and people's movement.

Clare Parker said they had not looked at employment rates. But in Old Oak Common primary care would be the biggest challenge.

7) Consultancy spend

Councillor Collins asked who made the decision to have a procurement waiver and what percentage of the budget was taken up by consultancy fees.

Clare Parker said they were working to reduce consultancy spend. The amount spent varies – more is needed for strategy and designing but far less in implementation. The money for consultancy was spent on a wide range of services.

The figure for 2015/16 was around £5million, which is a small percentage and not large in the broader context. However, she said they had not been as transparent as they could be and this year they will do an end of year review . She added that the waiver was usually for either work done by an organisation linked to a previous piece of work, or used when something was needed to happen quickly. Ms Parker also advised the Committee that there were also standing officers on an audit committee in each CCG to provide oversight of expenditure.

Councillor Arzymanow said she did not agree that the spend on consultants was a small percentage and that every penny mattered. Councillor Arzymanow also asked if consultants looked into who is responsible for property portfolios and where money went to if a property asset was sold.

Clare Parker said the assumption at the moment was that the proceeds of any sale would come back; only if there were no plans to reinvest this money would it go back to the Department of Health. However, the Department of Health had announced changes as part of the London devolution agreement. As such the CCG Collaboration could not be sure if the old rules will apply or if there is a government expectation that the rules on sales of properties will change.

RESOLVED: To note the contents of the report.

7. Arrangements for next municipal year

Members discussed whether they would like the JHOSC to continue. Councillor Vaughan said Hammersmith and Fulham's intention was to continue to work within JHOSC. Also the business case from the NHS will be known in detail in the autumn.

John Murphy clarified that the next meeting will be the annual general meeting and it would confirm membership and the work programme.

Councillor Williams said JHOSC would be needed to review the business case, and that other issues were also better addressed sub-regionally.

Councillor Collins said that the London Ambulance Service should also be invited to a future meeting.

RESOLVED: That the discussion about JHOSC would be at the next annual meeting at a date to be agreed.

8. Any other business

No other business was discussed. Councillor Collins thanked the members for attending.