



**Joint Health Overview & Scrutiny Committee (JHOSC)**

**MINUTES**

**Friday 14 October 2016 – 11:00am – Council Chamber, Ealing Town Hall**

**Chairman:**

Councillor Mel Collins (LB Hounslow)

**Councillors:**

Councillor Barbara Arzymanow (Westminster CC)

Councillor John Coombs (LB Richmond)

Councillor Daniel Crawford (LB Ealing)

Councillor Sharon Holder (LB Hammersmith & Fulham)

Councillor Liz Jaeger (LB Richmond)

Councillor Shaida Mehrban (LB Hounslow)

Councillor Theresa Mullins (LB Ealing)

Councillor Ketan Sheth (LB Brent)

**1. Welcome and Introductions**

(Agenda Item 1)

The Chair invited Councillor Crawford to welcome attendees to Ealing Town Hall.

Following introductions the Chair expressed the disappointment of the JHOSC at the late presentation of the North West London Sustainability and Transformation Plan, given that it was due to be presented to NHS England on 21 October 2016.

It was felt that this undermined the work of JHOSC who should be in a position to challenge policy from inception to introduction. It was requested that any future consultation included input from the JHOSC from an early stage, with officers attending meetings from the beginning of the process.

**2. Apologies for Absence**  
(Agenda Item 2)

Apologies were received from Councillors Borio and Mithani (LB Harrow), Councillors Williams and Pascal (RB Kensington & Chelsea), Councillor Cox (Westminster CC) and Councillor Vaughan (LB Hammersmith & Fulham).

**3. Declarations of Interest**  
(Agenda Item 3)

Councillor Sheth noted that he was the lead governor for the Central and North West London NHS Foundation Trust (CNWL).

**4. Minutes of the meeting held on 16 May 2016**  
(Agenda Item 4)

Consideration was given to the minutes of the previous meeting of the Committee which had taken place on 16 May 2016.

Following agreement, the Chair advised Committee Members of matters arising from said minutes. Page 6 of the minutes made reference to a discussion on consultancy fees. Arising from that discussion, the Chair now had further queries to be addressed by Officers in writing:

- What were the complete figures for consultancy spend for 2015/2016 with a component breakdown?
- What was the overall total up until the end of the above year?
- What was the interim figure for 2016/2017 as at 30<sup>th</sup> September 2016?

Discussion had also taken place at the meeting regarding sales of the NHS estate. Arising from that the Chair had further questions:

- Was there now an answer available from the Secretary of State on his involvement?
- Was there an officer in post looking at covenants?
- Using the hub system under the Sustainability and Transformation Plan, how many buildings that were due to be sold to private sector bidders would now be kept for health care purposes?

Officers confirmed that they would answer the above questions in writing.

**Resolved:** That

- (i) the minutes of the previous meeting of the Committee held on 16 May 2016 be agreed as a true and correct record;
- (ii) answers to the questions raised by the Chair regarding consultancy fees be fed back to the Committee in writing; and

- (iii) answers to the questions raised by the Chair regarding NHS estate sales be fed back to the Panel in writing.

## **5. North West London Sustainability and Transformation Plan** (Agenda Item 5)

The Chair invited Dr Mohini Parmar (Chair of Ealing CCG), Carolyn Downs (CEO of London Borough of Brent), Rob Larkman (Chief Officer of Brent, Harrow & Hillingdon CCGs) and Christian Cubitt (Director of Communications, North West London CCGs), to address the Panel on the North West London Sustainability and Transformation Plan (STP).

The Committee was advised that the NHS Five Year Forward View had set out a national requirement for all local health and care systems to be integrated by 2020. In December 2015 it was announced that local areas would need to deliver this through STP's.

There were 44 STP 'areas' across England. A North West London sub-regional group (North West London Collaboration of Clinical Commissioning Groups) had formed from eight CCGs and comprised of: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.

All eight of these Councils had agreed the need to develop improved out of hospital services, though at the present time, London Borough of Ealing and the London Borough of Hammersmith & Fulham did not agree on the proposed changes to hospital services and were therefore unable to fully endorse the STP.

It had been established that the main focus should be how as a system the three main gaps identified in the Five Year Forward View could be closed. These were:

- Health and Wellbeing – Preventing people from getting ill and supporting people to stay as health as possible. This would include encouraging healthy lifestyle choices, addressing the issues around increased social isolation (particularly in the elderly) and combating poor health and wellbeing in children.
- Care and Quality – The need for consistent high quality services, wherever and whenever they are needed. This would include the elimination of unwarranted variations in clinical practice and outcomes, looking at the reduced life expectancies of those with mental health issues and the lack of end of life care available in homes.
- Finances and Efficiency – Making sure that services were run and structured as effectively as possible. This would include addressing the deficits seen in most NHS providers, addressing the increasing financial gap across the health sector and eliminating inefficiencies and duplication.

The Committee was reminded that the plans proposed within the STP were not new, but built upon what was already being delivered by CCGs. Comprising services such as:

- 7 Day GP Services
- Local Services
- Investing in Mental Health Services
- Wheelchair Service
- Supporting Independence at Home
- New Community Services
- Integrated Care
- Improving Premises

It had been considered that North West London's STP was the most coherent available in London and one of the top ten nationally at present. Five key delivery areas had been identified to close the three main gaps identified in the Five Year Forward View, the delivery areas were:

- Delivery Area 1: Radically Upgrading Prevention and Wellbeing – This entailed looking at the wider determinants, helping children to get the best start in life and addressing social isolation.
- Delivery Area 2: Eliminating Unwarranted Variation and Improving Long Term Condition Management – This included improving cancer screening, achieving better outcomes and support for people with common mental health needs and improving self-management and 'patient activation'.
- Delivery Area 3: Achieving Better Outcomes and Experiences for Older People – This involved adopting a whole systems approach to commissioning, implementing accountable care partnerships and new models of integrated care services, adopting a single discharge approach and improving care in the last phases of life.
- Delivery Area 4: Improving Outcomes for Children & Adults with Mental Health Needs – This would include crisis support services and implementing 'Future in Mind' to improve children's mental health and wellbeing.
- Delivery Area 5: Ensuring We Have Safe, High Quality Sustainable Acute Services – This would entail the adoption of specialised commissioning to improve pathways from primary care and support consolidation of specialised services, delivering the seven day services standards and reconfiguring acute services.

It was assured that whilst 21 October 2016 was the date for submission to NHS England, this would not be a 'full stop' date and dynamic pro-active work would continue to take place with partner organisations to develop services.

Governance of the delivery areas would be overseen by the Joint North West London Health and Care Transformation Group. Their first meeting had taken place and would continue to do so, on a monthly basis. The Group would oversee delivery of the STP and the membership contained representation from system leaders across North West London.

The STP communications and engagement policy would be dictated by three core principles:

- Listening – It was considered that a truly successful STP meant listening to what patients and residents had to say, acting upon what they said, and then feeding back appropriately.
- Transparency – North West London was the first of the 44 areas to publish the draft STP and would continue to be as open and transparent as possible.
- Continuous – The STP is a five year plan and as it evolved and developed there would be a continuous engagement with residents and patients.

Public 'Town Hall' style meetings were taking place across all the North West London boroughs. These were considered to be an excellent way to give patients and residents the opportunity to hear first-hand about the STP and ask questions. Outcomes from these meetings would be fed into the final STP submission.

Online engagement had taken place, with a website having been set up which saw 100 people sign up to receive further information. Also 149 people had been interviewed in face to face surveys with over 300 comments being made in total.

To ensure the maximum public outreach, 500 groups had been contacted across North West London. A diverse range had been engaged, such as faith groups, community organisations and charities. Engagement teams had also gone out to events and popular locations to survey members of the public.

Staff engagement had also been considered of the upmost importance and therefore newsletters, emails and e-bulletins, as well as face to face briefings had been utilised to communicate with as many staff as possible.

## **Questions**

The Chair thanked the officers for their introductory presentation and invited Panel Members to comment and ask questions about the STP.

The Chair opened the questions by raising several points that concerned him:

- With the draft document on the STP having been submitted to NHS England on 30 June 2016, and with no others parties being consulted before said submission, all engagement following this had given the proposals an air of being 'fait accompli'.
- With regards to the £1.299b funding gap savings required. Concern was raised that these had been noted as 'efficiency savings' undermining the

importance of the significant impact upon service delivery that the savings would engender.

- No mention had been made in the documentation of the diversity of services across the eight boroughs. There were a number of services that were co-borough and this had not been addressed.
- It was felt that only 'lip service' had been paid to population growth concerns. Projects such as the Old Oak Common and Southall Gasworks developments in Ealing would deliver many thousands more residents to the area. The work that had been done was too heavily based on estimates drawn from a five year old plan.
- There were serious concerns around a lack of safety being used as justification for removing services from Ealing Hospital. It was suggested that consultants were being dissuaded for applying for posts due to concerns around the long term viability of services at the Hospital.

Councillor Mullins also expressed concern about services at Ealing Hospital. She had been informed anecdotally that residents were being advised by their GPs to use many of the services at neighbouring hospitals due to a perception of better quality. It was felt that local GPs should be looking to help retain services within Ealing and encouraging patients to use the services there.

It was advised that GPs referred patients to the best location for their needs with the informed consent of the patient.

Councillor Mullins felt that staff at Ealing Hospital were being undermined by GPs telling patients that they would receive a better service elsewhere. It was also stated that the outlying hospitals were struggling to absorb the increases seen in patients being referred from the Ealing area.

The CCG restated that no definitive changes would take place at Ealing Hospital until the ability to take the capacity elsewhere was fully in place.

The Chair felt that this was inaccurate and that services had been systematically decreased at Ealing Hospital for several years, with the impact of this, particularly on maternity services, already being seen at West Middlesex and Hillingdon Hospitals.

The Chair stated that the initial plans laid out in 2012 did not indicate a behind the scenes systematic removal of services. There had already been concerns about the pace of the removal of services from Central Middlesex Hospital and now it seemed to be that the same was happening to Ealing Hospital. It was reiterated that the landscape across the West London boroughs had changed significantly since 2012, and with that in mind, a further full consultation should have taken place on the STP plans.

Councillor Crawford stated that Councillors fully appreciated and understood that CCGs were under pressure to identify savings and make difficult decisions to ensure these savings took place, however, this did not reduce the disappointment at the 'direction of travel' being taken. So many additional pressures were being put upon

local services that many were felt to be close to 'breaking point', with the sheer pace and scale of the cuts being difficult for local services to absorb.

Officers stated that the responsibility of the CCG was to ensure that the same level of quality was available across the board. An independent critical review had been undertaken which concurred that the CCGs plans were correct and appropriate to be approved by NHS England. The changes would not be in place without a clear independent critiquing of the plans. It was stated that North West London could not continue to offer some of the best quality services in England if it spread its services too thinly.

Councillor Holder raised several areas of concern, namely:

- How would the closure of acute services in Area 5, Charing Cross Hospital help with the quality of care received by residents of Hammersmith and Fulham? Was there an evidence base in place for this?
- How did the North West London Collaboration of Clinical Commissioning Groups management team manage to submit plans to NHS England without a full consultation having taken place with residents or any test to show how the plans would deliver? Where was the evidence base?
- The Shaping a Healthier Future Implementation Business Case had been promised for several years and had still not materialised. Where was it?
- There was a concern that Hammersmith & Fulham officers were being 'alienated' following the borough's decision not to sign up to the STP plans. There was also a perception that when concerns were raised that the CCG did not agree with, there was a sense that these concerns were ignored.
- Was it just assumed that staff within North West London were in favour of the STP plans? Were their opinions being taken on board and fully respected?

It was advised that the plans around Area 5, Charing Cross Hospital were not new but part of the five year plan which already been set out by the local CCG.

With regards to consultation, it was advised that NW London was one of the few areas in the country with a complete draft plan available to be scrutinised by residents. The STP was considered to be a 'bottom-up' plan, with each borough having gone through its own initial consultations, with common themes arising from each being collated.

The Implementation Business Case had to be revised following the new context brought about by the STP. There was a need to ensure that it was consistent with the work set out in the STP.

Concerns had not been raised directly by Hammersmith & Fulham officers in regards to feelings of alienation. This would be noted, and a conversation would be had with the Chief Executive of London Borough of Hammersmith & Fulham to get assurance that officers did not feel this way and to work with them to change this perception if so.

Councillor Crawford expressed further concern about the Implementation Business Case. To still not have a visible business case after several years was deeply frustrating as it had been argued that sound financials had been the main driver of the changes, yet there were no concrete financial figures in place.

Officers stated that they understood the frustrations, but the small national pot of funding of capital available required many lengthy conversations with NHS England in order to procure the best deal for North West London. Committee Members were assured that the Implementation Business Case would be available before the end of the year.

Councillor Merhban expressed concern about GP waiting times, with patients being told to make appointments for 'next week', meaning people were visiting hospitals instead when they felt ill. People were often left waiting for 3-6 hours and it was clear the system was 'not working' at present.

Officers stated that hard work had been undertaken to establish the best models for out of hospital (OOH) care. There was a need to ensure that that the OOH model was the correct one. Investing in General Practice was at the heart of the STP plan, even in the short term, plans were in place for a 24 hour appointment system.

With regards to pressure upon hospitals, there was a pressing need to ensure that appropriate primary care systems were in place. It was considered that UCC's would help to shift demand.

Councillor Coombs stated that authorities were in an impossible situation where more needed to be done, yet services were being cut. He felt that improvements would not be seen without local authorities receiving more money.

It was advised that the social care funding gap affecting authorities would be dealt with through the STP. The business case for the STP would look at the level of service required and would expand as necessary.

Councillor Arzymanow noted several areas of concern. The STP appeared to be lacking in references to risk assessments and this formed part of a general worrying lack of statistical information. The lack of information on provisions for epidemics was also raised. Another concern was the amount the wasted NHS estates currently lying dormant. When were these properties going to be released to be built upon? And would the monies made from these be kept for local services?

It was answered that any receipts from the release of land would be kept locally and used solely for local services.

The Chair then looked to draw the item towards closure, highlighting some further concerns which had not been elucidated upon in the documentation provided:

- No mention had been made of how the 111 service would link into the STP plans.
- No mention had been made of how the significant roles played by community pharmacists would be utilised in the STP plans.



- No risk assessments appeared to be in place. Where were these? As no benchmarking exercises could take place without them.
- Budgetary issues were a concern. Were the plans being put at the door of the Government ‘paymasters’ to bid for further monies and show how said monies would be utilised?

Officers stated that bidding was taking place, and that bidding applications would be strengthened if all boroughs involved fully committed to the transformation programme.

The Chair thanked the officers for their attendance at the meeting and requested that all the points raised during the meeting, as well as those raised by individual local authority scrutiny committees and at public meetings, be taken on board and addressed in the final submission.

The Chair also thanked members of the public who had attended the hearing.

**Resolved:** That

- (i) the presentation on the North West London Sustainability and Transformation Plan be received by the Committee; and
- (ii) the NHS North West London Collaboration of Clinical Commissioning Groups be requested to address concerns raised during the discussion, as well as those raised by individual local authority scrutiny committees and by members of the public in the final submission.

## 6. **Work Programme** (Agenda Item 6)

The Chair asked the Committee to consider the work programme for future meetings of the JHOSC:

- The Committee wished to see the Shaping a Healthier Future Implementation Business Case as soon as it was available for oversight.
- It was advised that a substantial piece of work was underway on hospital transportation issues, the Committee wished to see a copy of this when available and input if possible.
- The Committee would like the opportunity to look at the Care Quality Commission report on the London Ambulance Service.
- The Committee sought a report on A&E’s to help them understand the reasons behind the planned closures of A&E services at Ealing and Charing Cross Hospital’s and how these closures could possibly be averted.

The Committee were also reminded that the next meeting would also form the JHOSC’s AGM and thus members needed to think about whom they would like to act as the Chair for the following year.

**Resolved:** That the Committee's suggestions for future work programme items be noted.

**7. Any Other Items**  
(Agenda Item 7)

There were no other urgent items.

**Date of Next Meeting**

Committee Members were advised that the date of the next meeting would be confirmed in due course.

Councillor Mel Collins  
Chair.

The meeting ended at 1.10pm.