

NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MINUTES

12 MARCH 2019

Chairman:

Councillor Mel Collins – London Borough of Hounslow

Councillors:

Councillor Daniel Crawford - London Borough of Ealing

Councillor Lorraine Dean - City of Westminster

Councillor Robert Freeman - Royal Borough of Kensington and Chelsea

Councillor Lucy Richardson - London Borough of Hammersmith and Fulham

Councillor Rekha Shah - London Borough of Harrow

Councillor Ketan Sheth – London Borough of Brent

Non-Voting Co-optee:

Councillor Alan Juriansz – London Borough of Richmond upon Thames

Officers:

Mark Easton, Accountable Officer

Dr Susan La Brooy, Medical Director

Ian Robinson, Interim Head of Continuing Healthcare

Rory Hegarty, Director of Communications and Engagement

Dr Michael Marsh, Regional Medical Director, NHS London Region

Hazel Fisher, Programme Director Cardiac and Paediatrics Specialised
Commissioning, NHS England

In attendance:

Councillor Nafsika Butler-Thalassis – City of Westminster

1. Welcome and Introduction

The Chair welcomed everyone to the meeting and Councillor Rekha Shah welcomed Members, officers and members of the public to Harrow.

2. Apologies for Absence

Apologies for absence were received from Councillors Michael Borio (Harrow) and Vina Mithani (Harrow).

3. Declarations of Interest

During the course of the meeting, Councillor Mel Collins declared a non-pecuniary interest in that he had been a patient at Moorfields Eye Hospital since 1948.

Councillor Robert Freeman declared a non-pecuniary interest in that he was a governor of the Royal Marsden Hospital.

Councillor Ketan Sheth declared an interest in that he was a lead Governor at the Central North West London National Health Service Trust.

4. Minutes

RESOLVED: That the minutes of the meeting held on 4 December 2018 be taken as read and signed as a correct record.

5. Matters Arising

- (a) Update: North West London Patient Transport Services (PTS) - Quality Standards:

The Committee received a report which provided an update on Patient Transport Services (PTS) implementation of PTS Quality Standards and Patient Charter in Hospital Trusts in North West London.

A Member stated that there was an inconsistency between GP assessments of patient transport needs and also challenged the time stated on page 19 of the agenda namely that patients should expect to leave within 60-90 minutes of their transport being booked, which in his view was excessive. Mark Easton, Accountable Officer, advised that it was necessary to understand the complete picture but that he understood this waiting time to be an improvement.

In terms of assessment for PTS, the Committee were advised that inequality and inconsistency needed consideration as well as a need to look at how complaints were responded to.

RESOLVED: That a report addressing the issues raised be submitted to a future meeting of the Committee.

(b) Update: Health Based Places of Safety Suites Proposal Development:

The Committee received an update on the proposal for Health Based Places of Safety Suites.

The Committee expressed concerns in relation to the provision for Section 135 and Section 136 patients, the burden placed on local authorities, the lack of risk assessment and that finance, rather than patient safety, was the main driver of the proposals.

Mark Easton, Accountable Officer, explained that both the police and NHS considered the current arrangements to be unsatisfactory but that there was not currently a preferred option. Until the impact on local government, social care, access arrangements and the ability to increase costs had been considered and worked through, there would not be a preferred option. He emphasised that there were currently no reductions in places of safety. Dr Susan La Brooy, Medical Director, added that the aim was to improve the service for patients and that Members concerns would be addressed.

RESOLVED: That the update report be noted.

(c) Update: Joint Committee of NW London Collaboration of Clinical Commissioning Groups:

The Committee received a report which provided an update on the status of the Joint Committee of North West London Clinical Commissioning Groups.

In considering the update, the Committee raised a number of points including that an assurance be given that a representative from the relevant CCG attended borough scrutiny committees, as appropriate, and that if the report was proposing a pooling of funds, this may result in a larger deficit. Mark Easton, Accountable Officer, advised that North West London CCGs had the lowest growth and that funding would not change as it was based on population. In terms of attendance at scrutiny meetings, his expectation would be that the Chair and Managing Director of the relevant borough's CCG would attend.

RESOLVED: That the update be noted.

(d) Update: Use of Consultants by NWL CCG:

Mark Easton, Accountable Officer, provided an oral update on the use of consultants by North West London Clinical Commissioning Group. He advised that historically the NWL CCG had high spend in terms of consultants and that in 2017/18 spend had been £1.9 million. From April to October 2018, the spend had been £101,000 and this had been incurred only when there had been no alternative.

The Committee expressed concern at the use of consultants and questioned what had been done differently as a result of their work. Members were advised that the peak spend was in 2013/14 on Shaping Health for the Future.

RESOLVED: That the oral update be noted.

6. CHD standards implementation in London - NHS England

Members received a presentation from Dr Michael Marsh, Regional Medical Director and Hazel Fisher, Programme Director Cardiac and Paediatrics in relation to Congenital Heart Disease standards implementation in London.

In response to Members questions following the presentation, Dr Marsh and Hazel Fisher advised that

- NHS England would consult on all options;
- The travel times to St Thomas' Hospital in Lambeth and the impact on service users may require further consideration;
- There had been work in relation to risks and their mitigation and had been consideration of clinical risk, continuity of services and impact on services;
- It was hoped that the detailed business case would be available in the late summer but that it should be acknowledged that this was an ambitious target date;
- It was not possible at this stage to advise how services, if they were moved, would be reconfigured or how those parts of the site vacated could be used.

The Committee was pleased to note that there was to be consideration of retaining some services on the Chelsea site and commented that unique research was carried out in North West London (Imperial College and the Royal Brompton Hospitals) in terms of respiratory care. Further, the Royal Marsden Hospital was important in terms of integrated care.

The Committee expressed the view that writing to residents/ stakeholders was the best way to consult on options and Hazel Fisher invited Members to suggest further ways to engage with the community.

The Committee thanked Dr Marsh and Hazel Fisher for their attendance, presentation and responses.

RESOLVED: That Congenital Heart Disease standards implementation in London report be noted.

7. Update on Strategic Outline Case Part 1 (SOC 1) funding bid and Shaping a Healthier Future (SaHF)

Mark Easton, Accountable Officer, introduced the report which provided an update on the Strategic Outline Case Part 1 (SOC 1) and advised that formal clarification on the status of the bid for SOC 1 capital was still awaited. The report also provided an update on the Shaping a Healthier Future programme.

In response to questions from the Committee, Mark Easton advised that with an NHS Capital budget of £1.2 billion, it was inevitable that some parts of the bid might be rejected. However, officers would continue to pursue the case for capital investment in London and acknowledged the need for the backlog of maintenance on sites to be addressed. He added that, whatever the outcome of the bid, there would be no changes in configuration for 4 to 5 years but that there was a need to ensure that sites were safe. Dr Susan La Brooy stated that in addition to ensuring that hospitals were safe it was also necessary to plan for the future.

In terms of modelling, Mark Easton advised that it was now 3 to 4 years old and issues had moved on. Advice on the modelling was being sought and consideration was being given to commissioning a tool that would model different scenarios.

A Member expressed the view that sufficient resources were not available within the sector and raised concerns as to whether the hospitals were fit for purpose. He stated that it was necessary to rebuild the trust of residents across a number of boroughs.

The Committee requested that the letter advising of the outcome of the bid be submitted to the JHOSC when it became available.

RESOLVED: That the update on the Strategic Outline Case Part 1 be noted.

8. Long-Term Plan and creating an integrated care system in North West London

Mark Easton, Accountable Officer, introduced the report which provided a strategic overview of the alignment between the NHS Long-Term Plan and the North West London Health and Care Partnership.

The Committee were advised that as well as working on the alignment at regional level, it was crucial that work was carried out at borough level too. There were a range of models which would vary from borough to borough. He emphasised that there was considerable work and engagement to be done over the next year. Rory Hegarty, Director of Communications and Engagement, added that in terms of public engagement, this was an opportunity for improvement by holding an outreach event in every borough and the establishment of a citizens' panel. Consideration was also being given to roadshows and consultation with local employers who could help shape the plans as well as NHS and Local Authority staff. All responses received would be recorded and feedback provided in the form of 'you said, we did'.

A Member questioned whether the need for a joint committee would be negated if the Clinical Commissioning Groups (CCG) were merged into a single group. Mark Easton advised that officers were currently determining the questions that needed to be addressed and that this was one such issue.

In response to questions from the Committee, Mark Easton advised:-

- The whole of London Borough of Richmond would be included in the South West London Region;

- Work was underway with the Local Partnership Board in relation to the role of the local authorities in the integrated care system and its' design;
- Prevention work was key and the responsibility for public health sat with local authorities.

RESOLVED: That the report on the NHS Long-term Plan and creation of an integrated care scheme in North West London be noted.

9. Continuing Healthcare (CHC) Policy Proposals

The Committee received a report which outlined proposals from the NHS North West London Clinical Commissioning Groups (CCGs) to make changes to the policy on funding community-based packages of care for people that were eligible for Continuing Health Care.

Ian Robinson, Interim Head of Continuing Healthcare, outlined the content of the report and advised that it was essentially managing the budget. He reported three case studies to highlight the difficult decisions that had to be made by professionals in determining the assessed needs of individuals. He emphasised that the involvement of an individual's family was key.

The Committee questioned the accessibility of letters to individuals in receipt of a Continuing Health Care package (CHC), some of whom would have complex learning difficulties. Members were reassured that assistance was sought for those individuals but that, given the needs of the cohort, no written information would have been comprehended.

RESOLVED: That the report be noted.

10. Annual Review of the JHOSC

Members received a report which outlined the suggested process for undertaking review of the JHOSC.

The Committee stated that

- there was currently no mechanism for public participation in the meetings and that this required consideration;
- the JHOSC was useful and as CCGs were merging it was important to continue;
- it would be helpful if the meetings of JHOSC did not clash with borough scrutiny meetings.

RESOLVED: That the process for undertaking the annual review of the JHOSC be agreed.

11. AOB and Close

The Committee's views were sought as to providing a response to the consultation on Moorfields Eye Hospital.

It was agreed that the consultation not be included on the JHOSC agenda at this time.

(Note: The meeting, having commenced at 10.30 am, closed at 12.52 pm).

(Signed) COUNCILLOR MEL COLLINS
Chairman