

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

Minutes of the meeting held on Tuesday, 5 December 2017.

**PRESENT:** Councillor Mel Collins (Chairman), Councillor Rory Vaughan, Councillor John Coombs, Councillor Liz Jaeger and Councillor Barbara Arzymanow

**ALSO PRESENT:** Susan LaBrooy, Clare Parker, Juliet Brown and Rob Larkman

### **1. WELCOME AND INTRODUCTION**

Councillor Collins as Chairman welcomed those present and asked those present to introduce themselves. He said that it was important that JHOSC continued to scrutinise the direction of travel with regarding to the reconfiguration of health services in North West London.

Councillor Coombs as a member from the host borough also welcomed those present to the venue.

Councillor Collins said it was intended that there should be two more meetings of the JHOSC before the local elections in May 2018.

### **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Councillor Holder  
Councillor Sheth  
Councillor Pitruzella  
Councillor Crawford  
Councillor Mullins  
Councillor Borio  
Councillor Mithani  
Councillor Mehrban  
Councillor Faulks  
Councillor Freeman  
Councillor Glanz

Members were informed that the vice-Chairman Councillor Williams had become a member of the Cabinet at Royal Borough of Kensington and Chelsea. He was therefore no longer a member of the Committee.

### **3. DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

### **4. MINUTES**

**RESOLVED** that the minutes of the joint meeting held on 20 April 2017 be approved and signed by the Chairman.

### **5. MATTERS ARISING**

Officers said the following:

- 1) An Equalities Impact Assessment (EIA) had been added to the work programme to be considered at a future meeting.
- 2) The London Ambulance Service would be invited to a future meeting for an update.
- 3) Accident and Emergency performance would be covered in the meeting

The combined GGC workforce strategy wasn't in the Matters Arising but would be brought to a future meeting.

Councillor Collins said that the election of a new vice-Chairman to replace Councillor Williams would be dealt with later in the meeting.

## **6. EXPLANATION OF THE ACCOUNTABLE CARE SYSTEM**

Officers presented the paper on the Accountable Care System. There was a frailty service which would look to prevent the admission into hospital of frail older people and instead support them at home where this was the appropriate course of action. Models regarding alternatives to admission were being assessed.

Councillor Arzymanow asked whether older people staying in hospital inappropriately was a cause of bed blocking. Officers said that the frailty service wasn't looking to impact on Delayed Transfers of Care (DToC)s. If a patient was presented at (Accident and Emergency) A&E there would be a review of their care package and a needs assessment to see whether they could be returned home with the appropriate support. Numbers are being collated regarding readmissions and this would be brought to a future meeting.

Councillor Coombs asked as to why patients were being presented to A&E. Officers said that the reasons were being investigated. If a patient's needs are complex it wasn't always clear what the issues were. Work was also being undertaken with London Ambulance Service.

Councillor Vaughan enquired as to the extent of interaction with boroughs. Officers said that a care path would be identified with community services who would work in an integrated way that was best for patients. Health and social care services should be bought together. Patients would have an assessment done in hospital and a decision would be made on support.

Councillor Jaeger asked whether there were enough geriatricians. Officers said that NW London was reasonably staffed in this regard. It was important to use staff as effectively as possible. Recruitment was difficult as there was a shortage but it was envisioned that extra geriatricians would be recruited.

Councillor Collins said there'd been complains regarding late night discharge of elderly patients and suggested that the discharge programme should be looked at to ensure there was the support to prevent this. He added that there was staff uncertainty at Ealing Hospital and also noted that there was no closure of accident and emergency at Charing Cross Hospital in the 5-year programme.

Ms Parker said that the Accountable Care approach was looking to solve the issue of fragmentation of services through increased joining-up of services. Care would be provided in a holistic way. Misaligned incentives were another issue with different organisations and different contracts. Duplication would be reduced. There was also an issue of unclear access with silo working and uncertainty as to how to access care. There was a challenge to integrate care around the individual. There would also be a focus on patients looking after their own health as part of a preventative approach. There was a need to focus on different needs across different demographics. There would be a focus on outcomes. Misaligned outcomes would be changed. There would be more integrated care including education and housing.

Ms Parker outlined areas where boroughs in North West London were developing new care models supported by CCGs. It was explained that Hillingdon CCG was leading the development of the most advanced accountable care model in North West London and was having an impact on reducing unnecessary hospital admissions.

Councillor Collins asked how a preventative approach could be developed when local authorities' budgets were being hit. Ms Parker said it was difficult as public health since its move to local authorities had been cut.

The diabetes prevention programme would help patients understand the risks and take mitigate including weight loss and physical and psychological therapies.

The Better Care Fund was operating on a local authority basis and would subsequently have differential impacts but would present an opportunity for accountable care. BFC had driven integrated care in Hillingdon and the voluntary sector was a part of this model.

Councillor Jaeger asked whether Richmond residents were taken account of in the development of the programme. Ms Parker said that there was work with the Chelsea and Westminster Trust and services would take account of residents across borough boundaries including those on the periphery of the North-West London system such as those in Richmond.

Councillor Collins asked how work with the voluntary sector was funded. Ms Parker said that there was commissioned activity which included social prescribing to the voluntary sector.

Councillor Vaughan asked about the ambition of social prescribing and whether there was a shared strategic view within the accountable care system. Officers said that this was dependent on what happens locally. Discussions would include how to provide the best outcomes for patients. Councillor Vaughan said that it was important to get the ambition right for the individual and asked how data was captured. Officers said that information was key to inform commissioners as to the success of the accountable care system and was an important part of the development work. There would be a shift towards patient reported outcomes. There was work towards an indication dashboard to allow frontline staff to look at date. It was agreed a demonstration should be brought to the March JHOSC meeting.

Councillor Vaughan asked about an any impact on budgets. Ms Parker

said that there would be conversations regarding joint use of resources to ensure that the financials systems right.

Councillor Collins asked for an update on the status of accident and emergency. Ms Parker said there was no change to Charing Cross but changes at Ealing Hospital were going ahead.

## **7. UPDATE ON HUBS**

Officers said that the hubs were a key element of the transformation. There were 27 hubs across North West London. There was some capital investment needed in out of hospital services. Operational hubs were providing a number of community based services. Evidence would be collated regarding how to improve care of patients. GPs were not being replaced; there would be a space for multidisciplinary teams including GPs. They would provide an extended hours service. Evidence suggested that this would be a better service for patients.

Clr Collins asked where the St Charles Centre was. Officers said it was near Grenfell Tower.

In response to a question from Councillor Arzymanow, officers said that a site hadn't yet been identified in Westminster. Ms Parker said that finding appropriate buildings in Westminster was a challenge. There was little space at St Mary's but a vacant site at Marylebone. The Western Eye Hospital would move to St Mary's. The Samaritan and Western Eye Hospital sites would be sold. A question was asked as to whether Samaritan Hospital was a bequeathed site. Clare Parker said she's check with the Trust.

Officers said it was envisioned that services at hubs would try to direct patients away from A&E. Offices said that the business case had been submitted to NHS England and it was assumed that once it had been through their assurance process it would come back to the Board in 2018. The next step would be preparatory work to take the model forward including an accelerated business case.

## **8. UPDATE ON NHS MATTERS**

Officers said that transformation of maternity and paediatrics would only take place once the system was fully ready for a change and appropriate indicators were identified so the impact on patients and the system could be measured.

Officers said it was important to get services right for members of the population aged over 65 years. This would include reducing the numbers attending accident and emergency and readmission rates. This would also look at getting the best social care outcomes for patients and also give patients choice as to the place of death.

Councillor Collins asked officers what the impact of the reduction and removal of services at Ealing Hospital would have given population growth in Ealing and Hounslow. Officers said this could be brought back to a future meeting. Councillor Collins replied that future population growth should be taken into account and members may wish to input into this. He also suggested that members may also wish to discuss further the impact of withdrawal of services to existing populations at forthcoming meetings. Members agreed this would be something they'd like to explore.

## **9. UPDATE ON ROYAL COLLEGE OF NURSING'S CONCERNS**

Officers present were invited to respond to the published letter from the Royal College of Surgeons addressed to Councillor Collins. They said there'd been evidence based changes. There's been work with the Royal Colleges including new models of care which had received messages of support. Vacancy rates had fallen from 20% to 5%. Recruitment in London was always difficult due to accommodation issues. Roles would develop further and staff would work differently and would enjoy what they do.

The letter suggested that there'd been a loss of nurses and the role was becoming less attractive. Officers said in response that this wasn't something they recognised. Vacancy rates could be an issue in different providers but this wasn't due to the transformation work. There'd also been a clear engagement and consultation process including an Equalities Impact Assessment. Councillor Collins said that he'd respond to the letter and requested that officers present assisted him with it.

Members noted that the Royal College of Nurses had suggested that there wasn't enough being done in terms of consultation. Councillor Collins said that it was important that concerns were addressed. Officers said that detailed engagement would happen on a service by service basis.

## **10. ANY OTHER BUSINESS**

Councillor Collins said there'd be two more meetings this year. The next meeting would be held on 23 January 2018. A discussion was held regarding the possibility of holding one meeting in the evening. It was noted that the March meeting should occur prior to purdah.

A discussion was held regarding the items for the next two meetings

- Accident and emergency review
- STP update
- Combined workforce strategy
- London Ambulance Service
- Performance/Patient Dashboard
- Evaluation of services.

It was **RESOLVED** that the election of a new vice-chairman to replace Councillor Williams would be deferred to the next meeting. Councillor Collins said that it would be desirable that the new vice-chairman was a member from a different political party.

#### **CHAIRMAN**

The meeting, which started at 9.37am, ended at 12.19pm.