



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

**MINUTES**

**Tuesday 23 January 2017 – 9:30am – Council Chamber, Ealing Town Hall**

**Chairman:**

Councillor Mel Collins (LB Hounslow)

**Councillors:**

Councillor Barbara Arzymanow (Westminster CC)

Councillor Michael Borio (LB Harrow)

Councillor John Coombs (LB Richmond)

Councillor Daniel Crawford (LB Ealing)

Councillor Shaida Mehrban (LB Hounslow)

Councillor Theresa Mullins (LB Ealing)

Councillor Rory Vaughan (LB Hammersmith & Fulham)

**1. Welcome and Introductions**

(Agenda Item 1)

The start of the meeting was delayed until 9:40am to allow time for members to arrive.

The Chair then invited Councillor Daniel Crawford of London Borough of Ealing to welcome the attendees to Ealing Town Hall.

**2. Apologies for Absence**

(Agenda Item 2)

Apologies were received from Councillor Ketan Sheth (LB Brent), Councillor Freeman (RB Kensington & Chelsea), Councillor Catherine Faulks (RB Kensington & Chelsea), Councillor Vina Mithani (LB Harrow), Councillor Sharon Holder (LB Hammersmith & Fulham) and Councillor Jonathan Glanz (Westminster City Council).

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

There were none.

**4. Minutes of the meeting held on 5 December 2017**  
(Agenda Item 4)

Consideration was given to the minutes of the previous meeting of the Committee which had taken place on 5 December 2017.

The Chair advised the Committee that a series of amendments had already been tabled; these were not substantial changes, merely adjustments to inaccuracies.

The Committee requested that the amended version be emailed to them for agreement.

**Resolved:** That the minutes of the previous meeting of the Committee held on 5 December 2017 be agreed, subject to the satisfactory receipt of the amended version, as a true and correct record.

**5. Matters Arising**  
(Agenda Item 5)

The Chair advised the Committee that there were five matters arising to be considered before the substantial agenda items, as follows:

**Presentation of initial A&E data for Committee to discuss in preparation for the March 2018 JHOSC meeting**

The Committee were advised that preliminary data was being pulled together at present and that officers would be able to give a clear picture on the performance over the winter period by March 2018.

However, the preliminary data did show that North West London, whilst not hitting the 95% target, was performing better than the rest of London and the England average. It was as resilient as any other system and the North West London CCGs were working with providers to build up as much capacity as possible.

Councillor Crawford stated that he was broadly happy with the figures being fed back so far, however he had some concerns. Were urgent care centres and walk-in centres included within the four hour A&E waiting time target?

It was confirmed that where such services were co-located within hospitals, then yes they were being included as that was how the data for the national target was set.

In response to this Councillor Crawford expressed concern that the A&E performance was potential misleading due to the inclusion of UCCs and walk-in centres and asked that his concerns be noted.

Councillor Theresa Mullins stated that it would be helpful to understand exactly how the data was calculated.

Councillor Vaughan agreed and requested that the A&E information being provided for the March 2018 meeting include an explanation of how it was calculated, to help the Committee understand how the figures were reached.

Councillor Vaughan also stated that it would be useful to understand how North West London worked alongside the London Ambulance Service, and how they worked together to combat the 'stacking' of ambulances at hospitals.

### **Update on London Hospital and Western Eye Hospital covenant issues**

The Chair made reference to a query previously raised by the JHOSC regarding the possibility of covenant issues bequeathing land to the public. Was anymore now known about this?

Mick Fisher (Head of Public Affairs for Imperial College Healthcare NHS Trust) stated that he had been in conversation with the Director of Redevelopment who was unaware and so undertook a legal check, which revealed that there were no such covenants affecting the ability to enter into an agreement on the site.

### **Update on response from Councillor Collins to Royal College of Nursing letter**

The Chair had drafted a letter which was to be sent by him on behalf of the JHOSC, and would respond to Royal College of Nursing concerns around the North West London Sustainability and Transformation Plan. He asked if Committee Members were satisfied with the draft letter, as no suggested amendments had been received to date.

Councillor Vaughan asked that the draft letter be recirculated to Committee Members with an agreement that Committee Members who wished to do so, would feedback by Friday 26 January 2018.

### **Equalities Impact Assessment (EIA) addition to the work programme for discussion at the March 2018 meeting**

The Chair expressed concern that NW London appeared to be one of few areas without a substantive EIA in place. When was this likely to be seen?

It was advised that an EIA was in place, and that an analysis was undertaken in the previous year to ensure consistency across the capital.

The Chair asked if officers were happy to discuss this fully in March, and that in the meantime the EIA be circulated to Committee Members.

Officers confirmed that they were happy to discuss the EIA further at the March 2018 meeting of the Panel and that they would circulate the relevant documentation.

### **Implementation date/timelines for Sustainability and Transformation Plan (STP)**

It was agreed that this discussion be deferred until the March 2018 meeting of the Committee.

**Resolved:** That

- (i) the responses to the matters arising be noted;
- (ii) that the Chair's draft letter to the Royal College of Nursing be recirculated to Committee Members; and
- (iii) the updated EIA documents be circulated to Committee Members in advance of the March 2018 meeting of JHOSC.

**6. Update from London Ambulance Service**  
(Agenda Item 6)

The Chair invited Ian Johns (Assistant Director of Operations for North West London, London Ambulance Service NHS Trust) and Catherine Wilson (Stakeholder Engagement Manager for North West London, London Ambulance Service NHS Trust) to provide an update to the Committee on progress made in improving the service.

It was advised that the London Ambulance Service (LAS) was currently undergoing significant internal reform. Following a poor rating from the CQC in 2015 which saw the service put under special measures, the service had worked diligently to improve the areas highlighted as concerns. Particularly significant improvements had been made in medicines management, staffing and levels of incident reporting.

Demands on the Service had been increasing during 2016/2017, with the LAS attending over 200 incidents a day during this period. Over 350 frontline staff had also been recruited during this time, and alongside this an action plan was in place to improve diversity and workplace culture.

The Service had moved to the new Ambulance Response Programme on 31 October 2017. The introduction of this had led to dramatic changes to how the LAS responded as a service. It was expected that the introduction of the changes would result in:

- Faster treatment for those needing it, to save 250 lives a year.
- An end to hidden waits for millions of patients, in particular the frail and elderly who, when ambulance services had been under pressure, had suffered unacceptably long waits.
- Up to 750,000 more calls a year getting an immediate response.
- New standards to drive improved care for stroke and heart attack patients.
- Updates to decades-old system following the world's largest clinical ambulance trial.

Data for the winter period was highlighted. It was advised that the business intelligence team was still 'cleansing' the data at present time, to remove anomalies that would unrepresentatively skew the data. The previous response category 1 aim time of 8 minutes had been lowered to 7 mins. The current response time was 7mins 16secs on average, leaving the service 16 seconds short of its targets. However, the services was now routinely in the top three performing trusts across the country, showing how much hard work had taken place since the special measures warning.

The staffing picture was discussed. Significant efforts had been made to recruit more staff and a recruitment campaign was being planned to increase this even further.

The frontline vacancy rate in particular had been improved due to UK and international recruitment; staffing levels were now at 92.5% filled, with staff turnover at 8%. This meant that there were more responders available to attend to emergencies. Further recruitment was being sought through attendance at job fairs across London, promoting the Trainee Emergency Ambulance Crew role and Emergency Medical Dispatcher role.

Work was taking place to identify why patients were suffering delays in transfers of care, initial results had shown that they were being dealt with in a much more timely fashion – a report was being prepared on this.

The LAS had entered the winter period with its most robust winter plan ever. The service had been bolstered with extra staff across all 24 hours of the day, and initial outcomes were showing positive results.

Close work had taken place with the wider NHS on managing hospital handovers. A significant number of measures had been put in place to manage hospital handover delays; this had seen a reduction from the delays experienced previously. Some of the key measures put into place had included seconding a senior manager to work specifically with the Emergency Care Improvement Programme (ECIP) on hospital handovers and a series of improvements being made to the Intelligent Conveyance function to help manage the flow of ambulance arrivals at emergency departments to help prevent delays in handover.

Cross-border working was referenced. The LAS Emergency Preparedness, Resilience and Response Team was in charge of planning for events and managing serious and major incidents when they were declared. In certain circumstances ambulance services might be requested to provide mutual aid. The mutual aid was co-ordinated by the National Ambulance Service Co-ordination Centre on a national framework which reduced the changes of misunderstandings, and ensured that resilience was not stripped away from other Trusts that might also be experiencing pressure. It was stated that New Year's Eve 2018 had been a strong example of significant collaborations and sharing of best practice.

## **Questions**

Councillor Vaughan stated that he was pleased to hear that the workforce pressures had diminished. However, he sought reassurance that this workforce stability would be maintained, and enquired whether the service was continuing to recruit.

It was further advised that 150 staff from Australia had been recruited through a special recruitment programme – this was working well. The LAS was also taking advantage of a number of domestic university streams. Plans were in place to maintain the workforce, and work around reducing turnover was helping to alleviate previous pressures. A revolving recruitment programme was ongoing and consistently recruiting into roles where it was needed.

Councillor Vaughan then referred to hospital handovers and the issues of long stacking delays. He sought further comment on work being done to ensure that such a scenario did not recur.

It was advised that a lot of work had taken place over the previous 12 months to assess patients on whether transfer to an emergency department was the best option for them. If it was found that they would be equally well served, or even better served by treatment in a home based or alternative setting then this was what needed to happen.

A successful scheme had taken place through the rapid response team in Westminster – this scheme was now going to be transferred to Hounslow. One positive outcome from this was that a lot more elderly patients were getting the right care in a home setting rather than causing them undue distress with hospital trips.

The Chair asked for further information on cross-border working. There had been a number of concerning issues related to this in the build-up to Christmas. The Chair stated that whilst he was not sure that these had affected North West London directly, he was aware that in some places (particularly ambulances entering and leaving London) cross-border working had “left a lot to be desired”. He therefore sought reassurances that the LAS were confident that the approach to cross-border working was as safe as possible.

The Assistant Director of Operations for North West London, London Ambulance Service NHS Trust stated that he would feedback a more accurate detailed picture on cross-border working to the Committee in due course.

The Chair then made reference to possible cuts to funding for the London Air Ambulance Service and asked if this would impact upon collaborative working with them.

It was advised that information to date had indicated that there would be no cuts in funding to the London Air Ambulance Service.

The Chair then thanked officers for their full and comprehensive report and drew the item to a close

**Resolved:** That

- (i) the report advising the Committee on progress made by the London Ambulance Service be received by the Committee; and
- (ii) The Assistant Director of Operations for North West London, London Ambulance Service NHS Trust be asked to feedback further information on the success of cross-border working in the North West London region.

## **7. Investment into Charing Cross Hospital** (Agenda Item 7)

The Chair invited Professor Tim Orchard (Interim Joint Medical Director & Divisional Director for Medicine and Integrated Care, Imperial College Healthcare NHS Trust) and Professor Julian Redhead (Interim Chief Executive, Imperial College Healthcare

NHS Trust) to make a presentation to the Committee responding to requests for an update on recent and proposed investments at Charing Cross Hospital, as well as future plans for the site.

It was advised that as one of Imperial College Healthcare NHS Trust's five sites – Charing Cross had been an area of focus recently, and close work had been taking place with colleagues in the CCG to maintain stability at the site.

Charing Cross had been envisaged as part of future plans for developing into a 'local hospital'. The proposals around this were developed and reconfiguration had been approved by the CCG. In October 2013 the Secretary of State had supported the proposals in full, however adding that Charing Cross should still offer some form of A&E Service.

The Trust had published its own clinical strategy and estates plan in 2014 that included outline proposals for Charing Cross to become a 'local hospital' in line with Shaping a Healthier Future proposals.

Since then, the Trust and the CCG had put on hold subsequent work to engage patients and the public in the development of detailed plans for Charing Cross due to increasing demand for acute hospital services.

A commitment to not progress plans to reduce acute capacity at Charing Cross unless and until a reduction in acute demands was achieved – was formalised in the North West London STP in 2016. The STP added that Charing Cross would continue to provide its current A&E and wider services for at least the lifetime of the plan, which would run until April 2021.

Some of the largest ever investments in new facilities and equipment had recently been made at the hospital. Over the previous 18 months, some £6 million had been spent on major new developments, and close to another £8 million was being spent on replacing imaging equipment and the installation of two state-of-the-art LINAC radiotherapy machines so that the most advanced cancer treatments could be provided.

Maintenance spend at the hospital in the previous year had been another £6 million, with around a third of the total Trust spend being on backlog maintenance. Additionally, a multi-million pound refurbishment and expansion of the A&E department was currently being worked up. Work was expected to begin early in 2018 – the likely timescales however, meant that the improvements would impact after the winter period.

## **Questions**

Councillor Vaughan stated that stability in the status of Charing Cross Hospital until at least 2021 was reassuring. However, the investment plans sounded more like "business as usual" rather than being a series of significant improvements as advertised. With regards to timetabled works over the next few years, was it correct that SOC2 (Strategic Outline Case Part 2: a technical document to secure capital investment in subsequent phases of Shaping a Healthier Future delivery) would not be timetabled anytime soon?

Professor Redhead stated that a sustained period of heavy investment in backdoor maintenance would be maintained, and that the Trust would continue to invest significantly in the hospital. He stated that the CCG had oversight of the timetables in relation to SOC2.

Clare Parker, the Chief Officer for the Central London CCGs, stated that the CCG recognised that getting services embedded and understood was the key focus at this point in time. SOC2 was not the current focus, and when a clearer view on this picture was available, it would be shared with all.

Councillor Vaughan stated that the Committee would like to receive at least a picture of when discussions would be taking place, and asked if an update of the current position of SOC1 could be provided.

The Chief Officer for Central London CCGs advised that assurance information requested by the NHS Improvement Board had been provided to them on 19 January 2018. It would be known by 9 February 2018 whether the information provided satisfied the questions, or whether further work was required for SOC1. By mid to late February 2018 it was hoped that a definitive timeline for progress of the business case would be available.

Councillor Vaughan asked if 'sign-off' on SOC1 would be the trigger for inaugurating SOC2. It was advised that SOC1 and SOC2 were viewed separately and one would not trigger the other.

Councillor Crawford expressed concern about the uncertainties faced by the public in regards to the long-term future of the sites – stating that the need for some form of clarity was pressing. The service received at Charing Cross Hospital was considered to be excellent, hence the strong wishes of the public for the site to retain its current status.

Professor Redhead stated that the Trust was trying to be as clear as it could be. An open day had taken place for the public and a policy of honesty and transparency was a through thread.

Councillor Theresa Mullins said that it was excellent to hear of the investment taking place at Charing Cross Hospital, and that the open day had acted as a valuable resource for giving patients peace of mind. She then enquired as to the long-term bed situation at the Hospital.

Professor Redhead advised that the Trust had needed to open more beds at the site and would continue to open beds where pressures needed to be met.

Councillor Theresa Mullins expressed concern about the future population pressures coming into Ealing, such as the large-scale Southall Gasworks development. She also expressed concern about miscommunications, which had led a lot of Ealing residents to believe that Ealing A&E had already closed.

The Chief Officer for Central London CCGs stated that the CCG made significant efforts to ensure that they were kept up to date with all site planning in the region – working directly with council planning departments on assumptions to ensure that they correctly aligned.



Councillor Crawford stated that he would welcome a commitment to revisit the cutting of beds at Ealing Hospital.

Councillor Barbara Arzymanow spoke about investment in St Marys Hospital and its long-term future. She stated that there was a lot of empty land and building space around this site and sought clarity on what was owned by Imperial Trust and whether there was an intention to sell any of this land or properties.

Professor Redhead stated that he would be happy to meet separately with the Councillor and discuss what was owned by the Trust in detail. He stated that there was no reason to believe that the Trust would sell anything that could not be returned to the Trust in the form of a capital investment.

**Resolved:** That the update on investment plans for Charing Cross Hospital be received by the Committee.

## **8. Performance Metrics for Shaping a Healthier Future Programme and STP (Agenda Item 8)**

The Chair advised the Committee that at the last meeting, the NWL Collaboration of CCGs had provided a paper intended to start a conversation responding to the Committee's question around the best measure on whether conditions were safe for changes to Ealing Hospital to go ahead.

The Chair asked for the Committee's opinions on a paper circulated in addition to the agenda, which detailed 11 high-level key questions to put to the CCG and asked how the Committee would like to take this forward.

Councillor Crawford stated that the paper contained some good suggestions. He felt that the two key elements were A&E attendance - what was a safe level? And additionally, how would it be judged whether there was sufficient capacity? He stated that the Health Scrutiny Committee at Ealing had been asking if it could visit a hub structure somewhere that was up and running to help the Committee understand what patients were going to get from these places.

Councillor Barbara Arzymanow advised that Westminster Council was preparing a piece of work on a new hub. There had been visits to existing hubs at Bromley-by-Bow and St Charles. She stated that London based Members did not have to go very far to see some excellent work taking place.

The Chief Officer for Central London CCGs stated that she would extend an invite to anyone who would like to visit the St Charles hub.

Councillor Vaughan stated that the suggestions listed made for a good starting point for discussions and for accruing data. Winter pressures had shown that people would often still go to A&Es as a first point of call. There was a question of education of the public – in helping them to understand the options available to them for care. With that in mind, he stated that he would like to see more on how people were going to be educated on changes.

Councillor Mehrban made reference to drop-in centres, stating that some of the centres in the London Borough of Hounslow had been working really well. There was a lot of strain on A&Es that could be relieved if more people made use of these walk-in clinics.

Rob Larkman (Chief Officer for Brent, Harrow and Hillingdon CCGs) advised the Committee that services were being shaped with initiatives in place to ensure that the appropriate type of care was available at every level of need throughout North West London.

The Chief Officer for Central London CCGs advised that detailed analysis was taking place on the types of people attending hospitals. She stated that the contents of the paper might lend itself to more detailed work with Councillors Crawford and Vaughan as those most affected by the changes, to then be brought back to the Committee at a later stage as the Committee was not always the best setting for such shaping exercises. Councillor Crawford and Vaughan stated that they would discuss this further outside of the meeting.

**Resolved:** That the discussion of performance metrics for Shaping a Healthier Future and the STP be noted.

**9. Any Other Matters that the Chair Considers Urgent**  
(Agenda Item 9)

The Chair asked about the CCGs establishment of a Joint Committee. What was it going to do? What was its remit and composition?

It was advised that the Joint Committee would be a Committee of governing bodies, and would be accountable to the CCG. It was recognised that any decisions taken there might take away from local accountability, so officers were looking at how they engaged, to make sure that the public did not feel that this was case – research was taking place into initiatives such as the live streaming of meetings. It was not known at the moment how the setting up of such a committee would impact upon the JHOSC. Therefore knowing exactly how local scrutiny committees worked alongside the JHOSC would be helpful to the CCG.

A brief discussion took place into the back history of JHOSC's and the powers they arose from. Councillor Vaughan stated that there would be a good opportunity after May 2018's local elections to have a refresh of the remit, which would provide clarity to all.

Councillor Vaughan stated that he would welcome an update on SOC1 as a matter arising at the next meeting of the Committee.

**Resolved:** That

- (i) the Committee be minded to undertake a refresh of its remit in the months following the local elections of May 2018; and
- (ii) the Committee be minded to request a brief update on the position of SOC1 at the next meeting of the Committee.

### **Date of Next Meeting**

Committee Members were advised that the date of the next meeting would be 13 March 2018.

Councillor Mel Collins  
Chair.

The meeting ended at 11:40am.