

# **North West London Joint Health Overview and Scrutiny Committee**

## **AGENDA**

**DATE:**           **Tuesday 18 September 2018**

**TIME:**           **9.30 am**

**VENUE:**       **Brent Civic Centre**

1.    **JHOSC AGENDA (Pages 1 - 50)**



## North West London Joint Health Overview and Scrutiny Committee

**Tuesday 18 September 2018 at 10.00 am**

Conference Hall - Brent Civic Centre, Engineers Way,  
Wembley, HA9 0FJ

### Membership:

#### Members Councillors:

Ketan Sheth  
Crawford  
Richardson  
Shah  
Collins  
Freeman  
Juriansz  
Dean

#### Representing

London Borough of Brent  
London Borough of Ealing  
London Borough of Hammersmith and Fulham  
London Borough of Harrow  
London Borough of Hounslow  
London Borough of Kensington and Chelsea  
London Borough of Richmond  
London Borough of Westminster

#### Substitute Members:

Nerva  
Morrisey  
Holder  
Mithani  
Mehrban  
Chauhan  
Pollesche  
Butler-Thalassis

#### Representing:

London Borough of Brent  
London Borough of Ealing  
London Borough of Hammersmith and Fulham  
London Borough of Harrow  
London Borough of Hounslow  
London Borough of Kensington and Chelsea  
London Borough of Richmond  
London Borough of Westminster

**For further information contact:** Nikolay Manov, Governance Officer  
Email: [nikolay.manov@brent.gov.uk](mailto:nikolay.manov@brent.gov.uk); Tel: 020 8937 1348

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**The press and public are welcome to attend this meeting.**

## **Notes for Members - Declarations of Interest:**

If a Member is aware they have a Disclosable Pecuniary Interest\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest\*\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

### **\*Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

### **\*\*Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.

# Agenda

Introductions, if appropriate.

Item	Page
<b>1 Election of Chair and Vice-Chair</b> To appoint a Chair and a vice-Chair of the North West London Joint Health Overview and Scrutiny Committee for the duration of the 2018/19 Municipal Year.	
<b>2 Apologies for absence and clarification of alternate members</b>	
<b>3 Declarations of Interest</b> Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
<b>4 Minutes of the previous meeting</b> To approve the minutes of the previous meeting as a correct record.	1 - 8
<b>5 Update on Shaping a Healthier Future and the Sustainability and Transformation Plan</b> The report is an update on Shaping a Healthier Future and the Sustainability and Transformation Plan.	9 - 30
<b>6 Annual Report</b> The report provides a summary of the activities of the North West London Joint Health Overview and Scrutiny Committee for the year 2017/18 to help Members decide on the future of the JHOSC.	31 - 36
<b>7 JHOSC Terms of Reference</b> The committee is committed to reviewing its remit each year as set out in the report.	37 - 40
<b>8 Work Plan</b> For the Committee to set out their work plan for the next Municipal Year.	41 - 44
<b>9 Any other urgent business</b> To consider any other business which the Chair has decided is urgent and cannot otherwise be dealt with.	

**Date of the next meeting: 4 December 2018 – hosted by Westminster Council**



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- The meeting room is accessible by lift and seats will be provided for members of the public.

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## CITY OF WESTMINSTER

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

#### MINUTES

**Tuesday 13 March 2018 – 9:30am – Rooms 3.6 and 3.7, 5 Strand, London WC2 5HR**

#### **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 Ketan Sheth (LB Brent)

Councillor Rory Vaughan (LB Hammersmith & Fulham)

#### **1. Welcome and Introductions** (Agenda Item 1)

The start of the meeting was delayed until 9:50am to allow time for Members to arrive.

The Chair then invited Councillor Barbara Arzymanow of Westminster City Council to welcome the attendees to 5 Strand.

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

Apologies were received from Councillors Catherine Faulks (RB Kensington & Chelsea), Robert Freeman (RB Kensington & Chelsea), Jonathan Glanz (Westminster City Council), Sharon Holder (LB Hammersmith & Fulham), Liz Jaeger (LB Richmond), Vina Mithani (LB Harrow), Shaida Mehrban (LB Hounslow), Theresa Mullins (LB Ealing) and Barbara Pitruzzella (LB Brent).



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

Councillor Ketan Sheth declared that he was Lead Governor at Central & North West London NHS Foundation Trust. He was also ambassador for the All-Party Parliamentary Group (APPG) on diabetes.

**4. Minutes of the meeting held on 23 January 2018**  
(Agenda Item 4)

Consideration was given to the Minutes of the previous meeting of the Committee that had taken place on 23 January 2018.

**Resolved:** That the Minutes of the meeting of the Committee held on 23 January 2018 be agreed as a true and correct record, subject to the following amendments:

Date of meeting: The date of the meeting given on page 1 of the Minutes should be 23 January 2018, and not 2017 as stated.

Minute 7: Councillor Vaughan commented that the stability in the status of Charing Cross Hospital until at least 2021 was 'noted', and not 'reassuring' as stated.

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

The Chair advised the Committee that there were two matters arising to be considered before the substantial agenda items:

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

It was noted that the letter to the Royal College of Nursing had been re-circulated to Committee Members, as agreed.

**Update from London Ambulance Service**

Further information on the success of cross-borough working in the North-West London Region would be circulated, as soon as a written response was received from the London Ambulance Service.

**6. A&E Performance Data**  
(Agenda Item 6)

Rob Larkman (Chief Officer: Brent, Harrow and Hillingdon CCGs) updated the Committee on urgent and emergency care performance for the NHS in North West London, together with comparative resilience across the capital and the country. The Committee also received details on mitigating winter pressures; the performance of the 111 helpline service; partnership working with the London Ambulance Service; and the discharge of patients from hospital.

The national A&E waiting time standard provided that 95% of patients should be seen, treated and admitted to a hospital bed, or discharged, within four hours of arrival. Current planning guidance expected Trusts to be at 90% performance by September 2018, and achieving 95% by March 2019.

Although NW London was not yet meeting the 95% target, A&E performance during January 2018 had generally been over 3% better than the same period last year. Comparatively, performance had also been nearly 5% higher than England and 2% higher than London overall. The NHS considered that A&E performance across the winter months had demonstrated the resilience that had been built into the system.

Councillor Sheth sought clarification of the measures that were in place to ensure that the NHS in NW London continued to move towards achieving the national target. Rob Larkman confirmed that the measures included supporting people to remain healthy; to further develop partnership working; and to become more responsive to the pressures of demand that could fluctuate throughout the year. The NHS acknowledged the variability and struggle for consistency across NW London, and confirmed that they were aiming to provide more joined-up and consistent services.

Councillor Sheth also sought clarification of the reasons that A&E performance at Imperial had continued to be lower than other Trusts in NW London. Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) and Jonathan Pearson (Head of Performance, Acute & Urgent Care, Hillingdon CCG) commented that performance St. Mary's Hospital had been affected by the closure of two Wards due to the condition of the building. Charing Cross Hospital had also experienced staffing problems, and a reduction in the number of available beds in response to infection control.

Councillor Vaughan commended the improvements in the direction of travel, but noted the disconnect that remained between Kensington & Chelsea and Westminster and other boroughs in NW London. Councillor Vaughan sought clarification of what constituted GP extended hours, and Clare Parker confirmed that this included GP services that were provided before 8.00am and after 6.30pm.

Councillor Collins asked for an overview of the time that could be taken from diagnosis to discharge to a proper ward setting. Rob Larkman confirmed that there were clear targets, and that details of the reason for instances of long delays in January, which mainly related to mental health, would be provided.

Councillor Coombes commented on proposals to reduce the pressures on the 111 service, which included reducing annual leave. The Committee noted that the service was contracted, and that the provider had undertaken to improve performance through better management.

Councillor Borio sought clarification of the numbers of agency staff that worked in the NHS111 service, and Rob Larkman agreed to provide details of the percentages involved.

Councillor Coombes asked whether the levels of readmissions were now improving, and whether the government target setting had resulted in a financial penalty. Rob Larkman confirmed that readmission rates had now been reduced, and agreed to provide the Committee with up to date figures.

Councillor Coombes also sought clarity on how ambulance stacking was being dealt with, and which hospitals were affected. Rob Larkman confirmed that the London Ambulance Service (LAS) was co-operating in reducing the problem, which had particularly affected Ealing Hospital. Alternative care pathways and homecare had made a significant impact on the number of ambulance conveyances, and was helping to reduce the amount of stacking that was occurring.

Councillor Arzymanow also commended the overall improvement that had been achieved in performance, and suggested that more information could be given on home safety and how to avoid falls. The Committee noted that Members of Westminster's Adults & Health Policy & Scrutiny Committee had recently been given the opportunity to ride out with the LAS and visit the Urgent Care Centre at St Mary's Hospital.

Other issues discussed included the 'Your Child's Health' pilot in Ealing and Hounslow; the effectiveness of public information campaigns; and underutilised appointments.

**Resolved:** That the update on urgent and emergency care performance for the NHS in North West London be noted.

## 7. **Update on SOC1 and STP Implementation Timelines** (Agenda Item 7)

In response to a request made by the Committee, Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) and Rob Larkman (Chief Officer: Brent, Harrow and Hillingdon CCGs) provided an update on the implementation of the Sustainability & Transformation Plan (STP) for NW London. The programme focussed on three inter-dependent work-streams, which were:

- **keeping people well** - to avoid hospitalisation
- providing **support in times of crisis** – promoting Out of Hospital Care, and
- spending an **appropriate time in hospital** – with patients being discharged as quickly as possible

Juliet Brown (Director of Operations, Shaping a Healthier Future, Ealing CCG) informed the Committee that it was difficult to confirm timelines for implementation, until there was more certainty over the approvals needed for the programmes at St. Mary's and Charing Cross Hospitals. It was similarly difficult to specify timelines for other priorities in the STP, which were ongoing.

Councillor Vaughan asked whether metrics were available for any of the programmes, and Juliet Brown confirmed that data from the wide range of partners involved was being collected in different ways, and was being drawn together.

Councillor Collins highlighted the need for hospital discharge teams to develop stronger links with Housing, which could make a significant contribution to integrated Care. Rob Larkman confirmed that integrated discharge teams were working in hospitals across NW London to support patients, and to ensure that they were discharged in a timely and appropriate manner. Juliet Brown (Director of Operations, Shaping a Healthier Future, Ealing CCG) acknowledged that stronger links with Housing still needed to be developed, and confirmed that discharge teams were including staff from housing. The Committee noted that Hounslow's discharge team had achieved a greater level of integrated services, which included Housing, and agreed that this could be brought to a future meeting for a wider discussion.

Members also discussed the use of Apps, which could enable people to better manage conditions such as diabetes, and to get the physical and mental health support that they may needed. The results of an initial NHS pilot on the use of Apps were to be published shortly.

**Resolved:** That progress in the implementation of STP programmes in North West London be noted.

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

At the last meeting in January, the Committee had sought clarification of when the changes that were needed at Ealing Hospital could be made. In response Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) informed the Committee that two different sets of metrics needed to be taken into account. These were how the outcome of the changes would be monitored on an ongoing basis; and how the NHS could be confident that it would be safe to make changes, with adequate resources and physical capacity both being available.

Tim Spicer (Chair of Hammersmith & Fulham Clinical Commissioning Group, and Medical Director for Shaping a Healthier Future, NW London) also confirmed that further discussions had taken place, and that the NHS should be nearer making a decision when the Committee next met.

Councillor Collins asked how staff morale was being maintained, and how staff could be attracted if vacancies occurred. Clare Parker confirmed that Ealing Hospital was part of the wider North West London Trust, and that people were employed to work for the overall Trust rather than a specific hospital. Managers also had regular conversations with staff to keep them informed of the proposed changes.

The Committee agreed that the proposed changes would need to be further discussed at a later meeting, when more detail on the metrics was available.

**Resolved:** That the discussion of performance metrics for Shaping a Healthier Future and the STP be taken forward at a future meeting.

## **9. EQUALITIES IMPACT ASSESSMENT**

The Committee further discussed the findings of the Equality Impact Assessment (EIA) of the North West London Sustainability & Transformation Plan (STP), which had looked at the overall effects of the programmes and delivery plans in relation to the public health profile for North West London. The EIA had been undertaken by the NHS North West London Collaboration of CCGs, and published in April 2017.

Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) reported that screening had indicated that most groups and people who were living in deprivation would benefit from the proposals, and that the focus of the STP was likely to close the inequality gap in most areas. The overarching framework proposed by the programme would also have a positive effect on the residents of NW London. Clare Parker confirmed that there would be further assessments of specific proposals within the programme.

Councillor Collins highlighted the need for elected Members to be kept informed, and that residents were reassured that the proposals and changes were being closely monitored.

As this was the last meeting of the current administration, Members wished to record their thanks to the representatives from the NHS for their valuable and important contributions towards the work of the Committee; and towards gaining a shared understanding of the important issues that affected the health and wellbeing of residents across NW London.

## **10. ANY OTHER MATTERS THAT THE CHAIR CONSIDERS URGENT** (Agenda Item 10)

### **Healthwatch Central West London – ‘Charing Cross Hospital: Experiences of Today, Questions for Tomorrow’**

Councillor Coleman presented a report from Healthwatch Central West London, that aimed to build a comprehensive picture of the current situation at Charing Cross Hospital. The report also provided patients’ views and experiences, which could inform key decision makers in deciding future actions. Patients had felt it important that they were central in the way services were being shaped and delivered, and the report had recommended that a clear and robust communications and development strategy be developed, with clear information being provided on how decisions about the future of the Hospital would be made.

### **Future Work Programme**

Councillor Collins suggested that the Committee’s Terms of Reference should be reviewed by officers and discussed at the next meeting, which should take place by the end of September. He also proposed that other issues for consideration at future meetings could include accountable care; integrated care; mental health; and the proposed reconfiguration of acute hospitals.

Councillor Vaughan commented on the need for a more structured timetable of meetings, and suggested that the Committee should appoint a Vice-Chair, with the

first meeting of the new Committee following the local elections being treated as an Annual General Meeting.

Councillor Sheth suggested that a pro-forma for commissioning reports from the NHS could be prepared, that would set out details what was being requested together with timescales.

Members noted that Ian Duke (Scrutiny Officer) would be leaving the London Borough of Harrow, and wished to record their thanks for all of the work he had undertaken in supporting the Committee.

Councillor Collins wished to record his personal thanks to all Members of the Committee, together with the officers for the work and support that they have given.

The Committee thanked Councillor Collins for acting as Chair of the Committee, since its first meeting in 2014.

**Resolved:** That

- (i) a more structured timetable of meetings should be agreed, with the next meeting of the Committee taking place before the end of September;
- (ii) the Committee's Terms of Reference be reviewed at the next meeting; and
- (iii) issues for the future work programme should include accountable care; integrated care; mental health; and the proposed reconfiguration of acute hospitals.

The meeting ended at 11:45am.

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## North West London Joint Health Overview and Scrutiny Committee

<b>Date:</b>	18 September 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Update on Shaping a Healthier Future and the Sustainability and Transformation Plan
<b>Report of:</b>	North West London Collaboration of Clinical Commissioning Groups
<b>Policy Context:</b>	North West London JHOSC
<b>Report Author and Contact Details:</b>	Mark Easton, Accountable Officer, North West London Collaboration of Clinical Commissioning Groups

### 1. Executive Summary

This report is an update on Shaping a Healthier Future and the Sustainability and Transformation Plan.

### 2. Key matters for the NWL JHOSC's consideration

Members should

- Consider and discuss the report.

### 3. Background

The report by the North West London Collaboration of Clinical Commissioning Groups is set out in the attached document.

**If you have any queries about this Report, please contact**  
**Tel:** 020 8583 2540; **Email:** [taru.jaroszynski@hounslow.gov.uk](mailto:taru.jaroszynski@hounslow.gov.uk)



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## NHS in North West London: Overview of Strategic Developments since 2012

<b>Summary</b>	This document sets out the key milestones and achievements delivered against Shaping a Healthier Future and the North West London Health and Care Partnership from 2012-2018, with an overview of our next steps. It is aimed at giving new members of the joint committee an overview of key events.
<b>Date</b>	7 September 2018
<b>Owner</b>	Mark Easton

### 2012

#### Shaping a Healthier Future (SaHF) Case for Change published

The eight PCTs in North West London (now Clinical Commissioning Groups (CCGs)) published the Shaping a Healthier Future (SaHF) Case for Change to transform health services across the eight boroughs.

The clinically-led transformation programme was subject to a full public consultation from July-October 2012.

#### SaHF

SaHF set out to make sure all patient care is:

1. Personalised (enable and support patients to best look after their own health and wellbeing)
2. Localised (convenient access to care closer to home where possible)
3. Coordinated (ensuring services consider every aspect of a patient's health and wellbeing and that delivery is coordinated across every service involved)
4. Specialised (centralised where necessary for specific conditions, ensuring greater access to specialist treatment)

## 2013

### SaHF was approved

In February 2013, the Joint Committee of Primary Care Trusts approved the [13 recommendations](#) and SaHF was formally agreed.

In 2013, a Judicial Review was bought against the programme and a referral was made to the Secretary of State who requested the advice of the Independent Reconfiguration Panel (IRP). The JR was unsuccessful and the IRP endorsed the recommendations of the SaHF programme. The Secretary of State, in October 2013, agreed with the IRP and supported the SaHF work with the caveat that “*Ealing and Charing Cross hospitals should continue to offer an A&E service, even if it is a different shape or size from that currently offered.*”

As part of this, the decision was made to close A&Es at Central Middlesex Hospital, and at Hammersmith Hospital on safety grounds. This decision was approved by the IRP. On the advice of the panel, the Secretary of State instructed that the service change be implemented “*as soon as practicable,*” in the interests of patient safety.

#### **How does centralising hospital services make patients safer?**

Centralising hospital services improves care because it results in having more doctors on site. This facilitates speedier access to senior consultants, and allows doctors to build up greater clinical expertise.

### Urgent Care Centres

We established Urgent Care Centres at all nine hospitals in North West London, adjacent to A&Es at major sites.

### Whole Systems Integrated Care

In the 2013 spending round, the Better Care Fund (BCF) was allocated to create a single pooled budget to support health and social care services to work more closely together in local areas. In North West London, the money was used to develop our Whole Systems Integrated Care programme. This programme is about joining up health professionals, social care professionals, third sector or community support, families and carers, with the patient in the centre.

## 2014

### Central Middlesex Hospital and Hammersmith Hospital A&Es

In September 2014, the A&E departments at Central Middlesex Hospital and at Hammersmith Hospital closed, following a rigorous assurance process.

Following the changes, which were delivered safely, NW London identified the following early benefits:

- Patients are now attending hospitals that provide better care
- A&E closures have not interrupted North West London's steady reduction in A&E incidents
- Number of A&E clinical staff has now increased and staff completed a comprehensive local induction.
- Workload is no longer spread as thinly so patient flows are managed more effectively.
- Urgent Care Centres across North West London have been enhanced and clinical training for doctors and other clinicians has been improved.
- Minimal impact on London Ambulance Service (LAS) travel times as a result of the A&E closures – increase to average journey times between 22 seconds and 1 minute 25 seconds.

## 2015

### 18 new Local Services made available from GP practices

In 2015, 18 new Local Services (or 'Out of Hospital Services') were moved from a hospital setting to a local community setting for patients in Westminster, Kensington and Chelsea, Hammersmith and Fulham, Hounslow, and Ealing. These services were made available via referral in either the patient's own GP practice, or at a nearby practice. Patient records are shared digitally between practices, with explicit, informed patient consent. The services made newly available include phlebotomy, various diabetes care packages, some mental health services, and, where appropriate, wound care. A full list can be found on each CCG's website.

### GP Networks and Federations

GPs across North West London organised themselves into GP Networks and Federations which enable them to act as both provider and coordinator of services, allowing them to better serve their patients.

### Maternity service changes in NW London

In July 2015, changes were made to improve maternity care across NW London by increasing midwife-to-birth ratios, providing more senior consultant cover in maternity units and moving towards 24/7 consultant cover on the labour ward, and greater investment in home birth teams.

The maternity unit at Ealing Hospital was closed and improvements made at the six maternity units across NW London.

Our changes were commended by Baroness Cumberledge and a [clinical review of maternity changes](#) (published in March 2016) found that:

- The changes were made safely

- Every patient booked to give birth at Ealing Hospital prior to the changes had their care transferred safely to nearby hospitals.
- There is an improved midwife to birth ratio which meets on average the London Quality Standards minimum staffing ratio of one midwife to thirty births.
- There is now 122 hours of consultant cover against pre-transition average of 101.
- 100 new midwives have been recruited to North West London as a result of these changes.
- Since transition, 79% of women now receive their postnatal care from the same hospital trust that provides their antenatal care, up by 21%.

### **Like-minded: our mental health strategy**

In August 2015, we published [our Case for Change to improve mental health services](#) across NW London. Our strategy, Like-minded was co-produced with patients, carers, doctors, voluntary organisations and other experts. The strategy identified eight key issues with mental health services in North West London, and eight solutions to address these issues.

## **2016**

### **Primary care improvements to provide greater GP access**

- Successful roll out of GP extended opening weekday hours (8am-8pm) and weekend access to over a million people in North West London. New technology at 80 GP practices means half a million patients can use online, email, video or telephone consultations.
- 11 primary care hubs now provide access to primary and social care services.
- Rapid access services to help keep patients with long-term conditions out of hospital where possible, and discharged quickly when they have needed to be admitted. This helped more than 3,000 people in Harrow and prevented 2,700 hospital admissions in Brent within the first year.

### **Whole Systems Integrated care update**

- Community Independence Service (CIS) benefiting patients across Westminster, Hammersmith and Fulham, and Kensington and Chelsea. The service consists of a multi-disciplinary team to keep patients well at home, avoiding unnecessary stays in hospital.
- A single discharge agreement across North West London now gets patients home quickly and safely when fit to leave.
- North West London GP practices signed up to an information sharing agreement, allowing them, with consent, to access patients' records across different practices and between practices and hospitals to join up care.

#### **Why is keeping patients out of hospital important?**

- Long hospital stays can increase dementia or mental health-related confusion
- For every day in a hospital bed, older patients can lose 10% muscle strength
- 1/3 of patients in a hospital bed today are medically fit to leave the ward

## Changes to children's services across NW London

Changes were made to provide consistent high quality seven-day children's services across five hospitals in North West London, allowing more specialist senior doctors to be available throughout the day and night to treat children. This will improve the quality of clinical care and patient experience and get children back to health more quickly.

The children's ward at Ealing Hospital closed and ambulances no longer take children to Ealing's accident and emergency (A&E) department. The majority of children's services remain at Ealing Hospital. Along with improvements in care, all five children's A&E departments at: West Middlesex, Hillingdon, Northwick Park, Chelsea and Westminster and St Mary's hospitals have had significant investment, refurbishment and expansion.

The changes have also seen the introduction of paediatric assessment units (PAUs) on four sites. The PAUs will provide care in a more appropriate setting than A&E, for those that need assessment and treatment but don't require an admission into hospital. They also reduce the time that these patients wait to receive care when they arrive at an A&E.

A [clinical review of our paediatric service transition](#) (published September 2017) found that:

- The changes occurred on time, were made safely and resulted in improvements to children's care throughout North West London.
- Over 90 additional children's nurses were recruited in NW London by September 2016
- Four of the major hospitals now provide senior consultant cover up to 10pm.
- Four new Paediatric Assessment Units ("PAUs") were opened for children who arrive needing assessing and treating but not an overnight stay in hospital.
- Significant extra capacity - 27 extra children's beds - was put into the relevant hospitals in NW London resulting in a significant decrease in the number of children who needed to be transferred outside of NW London to receive care post transition.

## Developing our Sustainability and Transformation Plan (STP)

In 2016, NHS England asked every CCG in England to work with their local authority partners to develop a draft Sustainability and Transformation Plan. It was advised that the plans must align with the objectives of the Five Year Forward View.

### **What do we mean by making the NHS 'sustainable'?**

In this context, 'sustainability' means using the resources we have to meet the needs of people today without causing problems for future generations.

No matter how much money we are allocated from the government, NHS resources are still finite, and as such, we can't escape the need to manage those resources in a responsible way.

One way to make the NHS more sustainable can involve transforming some existing services, and rebalancing some areas of investment to make sure we take prevention seriously, as well as treatment.

The [NW London STP](#) was agreed with 30 partners, including six of the eight local authorities across the area. The draft submission to NHS England was published in June 2016, and the approved version was published in October.

Our NW London strategy covers five key areas:

1. Improving your health and wellbeing (e.g. diabetes prevention services, increased GP access)
2. Better care for people with long-term conditions
3. Better care for older people
4. Improving mental health services
5. Safe, high quality and sustainable hospital services

There was a period of public engagement on the STP, including free open workshops with local communities in each of our eight CCG areas. Patient and public feedback was incorporated into the plans which run from 2016-2021.

### **The case for capital investment: ImBC, SOC 1 and SOC 2**

The [Implementation Business Case \(ImBC\)](#) was published in December 2016. This case for the capital investment was set out in two parts: Strategic Outline Case 1 (SOC 1) and Strategic Outline Case 2 (SOC 2).

SOC 1 is the capital case for outer NW London, including new health and wellbeing hubs in each borough, and enhanced GP access. SOC 1 was published in December 2016.

When published, SOC 2 will cover our plans to develop the inner London services, including any improvements to Charing Cross Hospital.

## **2017**

### **Likeminded: new mental health services**

24/7 'single point of access' number accepting mental health referrals from health and social care professionals, from friends, family or carers, and self-referrals, and also offering information and advice directly over the phone.

A new perinatal mental health service was launched across Ealing, Hammersmith and Fulham, and Hounslow, with services since rolled out across North West London.

### **Seven day hospital services**

NW London was named as the First Wave Delivery Site for the new seven day services programme, delivering four prioritised clinical standards by April 2017, to enable a reduction in mortality rates and the length of patient stay.

### **SOC 1 approval process**

The NHS England Investment Committee approved SOC 1 in July 2017, and it was approved by the NHS Improvement Resources Committee in September. The NHS

Improvement Board asked for additional assurance information, which we have now provided.

## **2018**

### **SOC1 approval process**

In February 2018, we supplied the additional assurance requested by NHS Improvement, and SOC 1 was finally submitted, in line with the new national process, in July 2018.

### **Joint Committee and collaborative working**

In order to ensure that our residents have access to the health and care services they need, we need to have clear leadership, a strong clinical and patient voice and to operate as efficiently as possible. There are some decisions which are better taken together, once. <https://www.healthinorthwestlondon.nhs.uk/bettercare/thevision/working-together>

We want to work as efficiently as possible and this requires us to share responsibilities and roles. Therefore, the NHS CCGs are building on their long history of working together in NW London to progress this further with a combined leadership structure and a Joint Committee.

This allows decisions to be taken at a local level where necessary and together where it is more appropriate. The committee is now meeting in shadow form in public.

### **New leadership**

In June 2018, Mark Easton was appointed as a single Accountable Officer covering all eight CCGs in North West London. We also now have a single Chief Finance Officer across NW London. Lesley Watts, Chief Executive of Chelsea and Westminster NHS Foundation Trust, is the Senior Responsible Officer (SRO) for the North West London STP. Dr Mohini Parmar, Chair of Ealing CCG, is the clinical lead.

### **STP progress**

An update on the STP, highlighting some of the positive impacts on patients, was discussed at the Shadow Joint Committee of CCGs, at its first meeting in public on 6<sup>th</sup> September. The paper is being shared with the JHOSC for information.

## **Next steps**

We have now engaged widely with stakeholders on proposals to improve the organisation and governance of the STP, with discussions taking place with governing body members, the Joint Health and Care Transformation group and at the STP Health Programme Board as well at various STP programme board. There has been widespread support for new arrangements which make the programme simpler to understand, and with improved clarity about the role of different parts of the system. The final proposals are being drafted for sign off in the September round of governance meetings.

The strength of our collaboration as a system was tested by the wave four capital process which required STPs to agree a prioritised list of capital submissions against a national allocation. The STP Leadership had to form an estates group involving all NHS stakeholders



and achieve consensus on our submission against the national criteria. As a group we agreed a prioritised submission covering three areas:

- Schemes which supported the Shaping a Healthier Future strategic outline case one (SOC1). These are schemes which expand and modernise hospital care in outer NW London and provide investment in primary and community care. These schemes were given our highest priority.
- Schemes that support the modernisation and development of mental health.
- Schemes that deal with urgent backlog maintenance and capacity issues in inner NW London.

We expect to hear the results of our submission in the autumn when, if we are successful there will be a drive to implement the outer NW London elements of the SaHF strategy. Part of this work will include re-visiting the modelling and activity assumptions. We will need to address the remaining issues in our hospitals to ensure they have the right capacity and organisation to deliver high quality services, and ensuring primary and community services are developed to play their full role.

# Sustainability and Transformation Plan (STP) progress update

September 2018

## Introduction

This report provides Joint Committee members with a summary of progress in key STP programmes of work.

As reported at the last Joint Committee, work is underway to refresh our STP, ensuring we continue to have the appropriate focus so that we are best able to help our residents keep well, support them in time of crisis and when people need to be treated in hospital that they are there only as long as their condition requires. The new NHS 10 year plan is anticipated to be published in November 2018 and our plans will also be reviewed to ensure we are best able to deliver to national priorities.

Over the last two months, plans have been developed through working with our STP health programme board and clinical board as well as our lay partners. We will continue to work with CCG Governing Bodies and our other statutory bodies and will bring the outputs of these discussions to the next Joint Committee.

Following the NW London integrated care workshops, reported at last Joint Committee, a stocktake of all borough plans has been undertaken and a further STP workshop is scheduled for 13 September to consider the outputs of this and agree the next steps in developing a strong NW London integrated care system to which boroughs can align.

## Delivery Area 1 – Improving health and wellbeing

Over the last month our health (including public health) and social care leaders for improving health and wellbeing have been engaging with stakeholders to identify priority areas of focus for the three key programme areas: childhood obesity, alcohol misuse and homelessness. These are as described below:

### Childhood obesity

- Reducing the prominence of sugary drinks and actively promoting free drinking water. Water fountains are being installed in schools.

- Super Zones around primary schools to create healthier environments. No unhealthy foods to be sold or advertised within the zone, school drop off lay-bys moved to outside of the zone to encourage children to walk further each day. We plan to introduce these measures across all boroughs in line with the mayor's office work.

### **Alcohol misuse**

- Review of licensed premises and use of illicit alcohol.
- Supporting alcohol-related attendances at A&E (especially in period Thursday evenings to Monday mornings) and addressing the impact of alcohol-related assault.
- Provide appropriate alcohol services e.g. ambulatory detox to admitted patients based on clinical need, not patient postcode.

### **Homelessness**

- 'Listening to London' engagement exercise with people with lived experience of homelessness
- 'Healthy mouth' campaign to support homeless people to access dental services and adopt good oral hygiene.
- Hospital discharge protocols to support the particular need of homeless people leaving hospital.

## **Delivery Area 2 – Better care for people with long term conditions**

This delivery area brings together a range of programmes aimed at keeping people well and helping people to manage their care proactively - outside of hospital, where possible.

Key achievements over the last two months are as follows:

### **Primary care**

- **Developing General Practice at scale** – Working in networks GP practices will be able to more effectively offer residents a wider range of services. NHS England have now awarded NW London £2.4million for 2018/19 to facilitate this and help develop General Practice at scale. CCGs have been working with GP Federations and networks to identify geographical populations for networked care. A workshop was held in July for all Federation and network clinical leads, to compare progress and identify next steps. Areas of focus

include workforce and skills audit as well as data analysis for population health management, using the Whole Systems Integrated Care dashboard.

- **GP extended access** - In addition to normal opening times, all NW London residents are now able to access appointments with a GP or nurse when their own practice is closed, by calling their GP practice or NHS 111.

Utilisation of these additional appointments is now at 61%, a continued improvement from previous months. Learning from surveys undertaken by Hillingdon HealthWatch and the NW London CCG engagement team, actions are underway to further improve utilisation and ensure all residents are aware of this service, these include working with Healthwatch to help publicise the service, staff training so that receptionists can sign post services and continuing to deliver the direct booking roll-out from 111.

- **Online Consultations** – in addition to ensuring our residents are able to attend to see a GP or nurse we are working to improve digital access. Suppliers have been selected for pilot sites in Brent and Central London CCGs to develop online consultations at either practice or network level. It is expected that pilots will be in place for November/December 2018.

### Self-Care

- Significant achievement has been delivered by each CCG in the majority of self-care areas (Patient Activation Measures; Digital solutions to Long Term Condition Management; and expansion of social prescribing across NW London). This work is coordinated through the NW London Self-Care Project Delivery Board that meets monthly.
- **Digital Health Apps** - Following the successful pilot of diabetes health apps during 2017-18, with positive results highlighted in the evaluation (patients had lost an average weight of 4kg and also had a mean Hb1Ac reduction of 6-8 mmol/mol), we have procured an additional 2,500 licenses to be delivered across the eight CCGs. These are targeted to general practices where the need is most with 55 practices identified. Information sharing agreements have now been signed for half of the 55 practices and referrals are to commence in September, supported by an independent evaluation delivered by Imperial College Health Partners.

4862 myCOPD (an evidence based online self-management platform for patients with COPD) licenses are being rolled out across NW London for 2018-19. All eight CCGs are engaged with the project with providers identified

and pathways developed through project start-up meetings. Training has been held for seven of the eight CCGs and over 120 myCOPD app licenses are now being used by patients in Central London, West London, Hammersmith & Fulham, Ealing and Brent. Activity is expected to increase dramatically within quarter two with all eight CCGs live and additional providers embedding the approach within their pathways.

Additional digital solutions to supporting patients' self-management of their long terms condition(s) are being identified for pilots within 2018-19 to provide an evidence base for larger scale roll out for 2019-20. Apps focussed on asthma, heart failure, anxiety and migraine management are to be reviewed through the Self-Care Project Delivery Group in September to agree on priority areas.

- **Patient Activation Measure (PAM) Assessment** - PAM is an evidence based self-assessment tool that enables health professionals to understand a patient's knowledge, skills and to support tailored approaches to proactive care planning. PAM is embedded within seven of the eight CCGs (H&F to commence use within South Hub for Quarter Two). NW London activity up to the end of quarter one is 25,686 patients with an assessment and 3,262 patients with at least one reassessment. The target for 2018-19 is 52,000.

By October PAM will be embedded within the Health Help Now app to enable patients to self-complete and receive tailored advice, with information uploaded to their health records. PAM to also be embedded within the NW London Diabetes Hub, once live.

Ealing's Carers Trust are piloting the use of Carer PAM with results, released within quarter two, to be shared with CCGs leads to potentially expand across NW London.

- **Social Prescribing** - NW London achieved one of the highest STP rates of completion of the NHS England social prescribing scoping process. West London CCG has been successful in applying for grant funding from Sport England to support social prescribing. The London Mayor priorities have been developed through the NW London group to ensure local engagement. Health Help Now and West London are collaborating to embed social prescribing directories within the digital solution as part of wave one sites.

CCGs will be supported by Health London Partnership along with third sector and local authorities to identify gaps for potential support this year.

## Diabetes

- Diabetes clinical transformation teams are now established in each CCG and are proactively working with individual GP practices to ensure all patients are able to receive assessment in the 3 key areas – blood pressure, blood sugar and cholesterol. Other areas of focus for the diabetes programme include improving access to structured education, prevention of type 2 diabetes and work to improve access to footcare for diabetic patients. Diabetes foot pathway co-ordinators and podiatrists are now in post, with work underway to review patient flow and ensure all patients are able to access the same quality of care. Access has been improved through extending the footcare service to weekends.
- An Education, Information and Engagement team are now in place and actively developing further patient education offerings (particularly co-produced with and for the BME population). Examples include a Carbs and Cals booklet and improving the digital information that is available for people with diabetes.

## Improving Access to Psychological Therapies (IAPT)

- Our programme of work to improve Access to Psychological Therapies has been extended to include people with long term conditions in all 8 boroughs. We are increasing the number of IAPT practitioners to increase access to services year in year.

## Delivery Area 3 - Improving Care for Older People

A number of workstreams are underway to improve care for older people. The majority focus on ensuring support to older people when they have a health crisis, with the aim of supporting them to remain out of hospital.

### Enhanced care in care homes

- Care homes across NW London are being supported by the Strategy and Transformation team to procure a variety of training packages, funded by Health Education England North West London (HEENWL). The training aims to provide care home managers and staff with the right tools to support their residents and thus make informed decisions that avoid potential unnecessary and stressful conveyances to Hospital A&E Departments.
- A 'recognising and acting of early signs of deterioration' best practice pocket guide for care homes staff entitled '*Is my resident well?*' has been developed and distributed to care homes and the associated training has commenced with 20 sites. There has been an overwhelmingly positive reaction to this initiative by users and next anticipated steps include development of the tool for home carers and creation of a digital version of the pocket guide.

- With funding provided by NHS England, a pharmacist has been recruited for Brent CCG to enhance medicines optimisation in care homes through deployment into care home pharmacy roles. By the end of March 2019 NW London intends to have deployed 4 W.T.E pharmacists and 0.6 W.T.E. pharmacy technicians for Brent, Harrow, Hillingdon and Hounslow CCGs.

### **Last phase of life (Telemedicine)**

- The aim of this project is to improve care for older people in their final twelve to eighteen months of life, enabling them to die in their place of choice and reduce unplanned visits to hospital.
- The roll out of the NW London NHS 111 \*6 service for care homes to support all residents, crucially those in their last phase of life was successfully launched on 6 August. From 08.00 to 20.00 hours trained nurse specialists give clinical advice to care home staff and make onward referrals to services in support of care home staff and London Ambulance Service. Out of hours, the existing NHS 111 integrated urgent care service will support this initiative whilst the full service is rolled out on a phased basis ahead of winter.

One of the key work streams of this project is the delivery of telehealth support in care homes, giving clinicians and practitioners access to the patient's clinical record and care plan to enhance their clinical decision making for patients. The allied video consultation technical solution, (using Skype for Business) has been successfully tested in 8 early adopter homes across NW London. Roll out of the technology to additional care homes is scheduled over the coming months.

### **Intermediate care & rapid response**

- This project aims to develop intermediate care and rapid response services to provide equitable, safe and effective care closer to, and in, home settings. To maximise the existing Rapid Response pathways and ensure consistent London Ambulance Service (LAS) usage, a shadowing scheme has been rolled out in Hounslow which has led to an increase in referrals for the local Rapid Response team. Communications and engagement across the whole of NW London have continued with newsletter items and a video featuring LAS crews and Rapid Response team members.
- To increase referrals for common problems such as catheter issues, a District Nursing pathway was launched w/c 16 July following approval from the N W London Clinical Board. The project group continue to explore an increasing number of pathway options to reduce the need for patients to be conveyed to hospital. Overall the use of existing rapid response and district nursing protocols is benefitting over 120 patients each month.



### **Response in time of crisis**

- The primary aim of this initiative is to maximise independence of older & frail patients in NW London. To achieve this, multi-disciplinary frailty models are being established at the front-door of acute hospitals to identify and manage older frail patients who require specialised support. This will ensure frail patients are not admitted unnecessarily and are supported at home with full wrap around services. If the patient does require an admission, this model ensures they are managed by teams with frailty expertise and only stay in hospital as clinically required.
- As of August 2018, front-door frailty services are available in 4 of the 7 hospitals with emergency departments. 240 older people have been identified and managed at home, rather than being admitted into the hospital.

### **Discharge to Assess (Home First)**

- The risks associated with extended hospital stay is well evidenced, “10 days in a hospital bed leads to 10 years’ worth of lost muscle mass in people over age 80”.
- The Home First model is being implemented in all acute trusts and boroughs in NW London to ensure patients are discharged with appropriate support at home, as soon as they no longer require hospital care. As of August 2018, over 1,900 patients were supported using Home First principles (since April 2018, already exceeding the 2017/18 full year total of 1,873 patients).

Evaluation of Home First showed a significant reduction in the length of time patients stayed in hospital (1.7 days reduction in average lengths of stay (LOS) for patients who have been in hospital for more than 7 days and a 3.9 days reduction in average LOS for 14+ day LOS cohort). Evaluation also showed 92% patient satisfaction with the support received at home and a 33% reduction in 30 day readmission rate.

The initiative also has significant cost saving ambitions relating to reducing excess bed days. The project planned to reduce by 1,539 excess bed days by October 2018, and as of June 2018, this initiative has already exceeded the target and decreased excess bed days in NW London by 1,937.

## **Delivery Area 4 - Improving Mental Health Services**

The following summarises some of the key achievements within the STP mental health programme.

### **Serious and Long Term Mental Health Needs**

- A new model of care has been introduced to simplify and standardise pathways across NW London and improve community support by rebalancing the emphasis between community and inpatient mental health care.



- We are delivering higher numbers of physical health checks for people on severe mental illness registers through their GP Practice.
- NW London led an evaluation of different models of primary mental health services across London, identifying particular areas of good practice.
- Our two specialist mental health trusts have made significant progress in reducing local bed occupancy enabling more people to be cared for in NW London rather than be sent out-of-area.
- We are rolling out increased Individual Placement Support for people with severe mental illness, i.e. helping people to access employment

### **Perinatal Mental Health**

- Increased investment in community perinatal mental health services will allow all new mothers who need support to access specialist services for 12 months

### **Transforming Care Partnership**

- This programme supports people with learning disabilities and / or autism, with challenging or offending behaviour, to live in their local communities. There are 79 people currently in inpatient beds (15 above planned trajectory) which is directly linked with the complexity of the need and their legal status. Regular surgeries are in place to discuss discharge plans and provide assurance that every effort is being made to discharge patients when it is clinically safe to do so.

### **Crisis Care**

- We are reviewing the services that support mental health crisis care (e.g. Single Point of Access, Crisis Resolution & Home Treatment Teams) against national best practice and analysing the experience of people using crisis services, especially those with multiple short admissions.
- We are engaging with stakeholders about the future of Health Based Places of Safety i.e. services supporting people detained by the police for their own / others safety during a mental health crisis, in line with a London-wide programme of improvement.

### **Children and Young People**

- Evaluation of Community Eating Disorder Services has shown a 30% reduction in the number of children placed in inpatient units over 20 miles away, as well as a 59% reduction in bed days and 52% reduction in eating disorder admissions
- The STP team is supporting the systematic collection of information by all providers delivering NHS child and adolescent mental health services (CAMHS), to make sure access to services is properly monitored.

- A refresh of CAMHS Local Transformation Plans by each CCG will be complete by the end of September 2018.

## **Delivery Area 5 - Safe, High Quality Sustainable Acute Services**

There are three main areas of focus for our STP within acute services – a programme to transform outpatient services, continued improvement of maternity services, securing capital investment to improve our estate and facilitate acute reconfiguration.

### **Outpatients**

The North West London Outpatients Transformation programme is progressing with a clinically led redesign of outpatient pathways to support patients receiving the right care, in the right place and at the right time. This is a rolling programme, which started with the redesign of five specialties (plus renal which had already started) and involved patient representatives: cardiology, musculoskeletal services (MSK), gynaecology, gastroenterology and dermatology. It was agreed from the outset that all eight CCGs and all Trusts will implement the new pathways, once agreed.

Four of the five specialties have completed the redesign and the remaining specialty is due within the next month. All the redesigned pathways include:

- consistent evidence-based guidelines for appropriate referrals. Recent discussions with the LMC highlighted that the increased use of local referral guidelines should be helpful and should increase skills and confidence in the management of more complex patients.
- effective and consistent triage, including for consultant referrals with all appropriate information available to ensure that all 1<sup>st</sup> outpatient appointments are of value,
- appropriate clinicians managing first outpatient appointments to ensure effective treatment plans are agreed as appropriate
- patients only physically attending follow up clinics when clinically appropriate.

Specific examples of change include:

- The use of the eRS based Referral Assessment System (RAS) triage functionality to support senior electronic clinical review of referrals. (being tested)
- Gastroenterology will introduce urgent flare up clinics for patients with IBS to ensure they are reviewed at times of clinical need (evidence from elsewhere)

shows great patient satisfaction and 40% reduction in patients attending follow up clinics)

- Gynaecology will introduce needs based follow up clinics for appropriate patients, reducing the numbers of patients who are automatically given follow up appointments.
- All specialties will use evidence-based guidance to discharge patients earlier as appropriate.
- Redevelopment of Renal pathways to support early clinician triage of Chronic Kidney Disease referrals with a view to supporting continued management in primary care (with extended specialist advice and care planning).
- Currently, on average, only four of ten patients referred to orthopaedic outpatients for hip or knee surgery results in surgery with a significant (and variable) number of appointments prior to surgery. This is contributing to excessive waits for first outpatient consultation and leading to patients not receiving the interventions they require in a timely manner. By adopting the principles of Shared Decision Making, consistent competent physiotherapy led triage and by ensuring that senior clinicians review patients at their first outpatient appointment, we aim to ensure that a higher proportion of patients with hip and knee pain, who need surgical intervention, are referred to outpatients and that they have fewer unnecessary pre-surgical appointments.

#### Next Steps:

- GPs to start using new referral guidelines; CCGs and GPs to receive data on adherence to guidelines in order to focus support.
- Resolve technical issues from RAS pilot and roll out use of RAS
- Trusts and CCGs to agree implementation plans and timescales for each pathway
- NW London CCGs and Trust CFOs endorse a financial and contracting model for each specialty to be agreed by CCG joint shadow committee

#### **Capital business cases to support clinical improvements**

- As reported in July 2018, NW London STP has prioritised capital schemes in a bid against the latest wave of STP capital funding. The outcome of these submissions is likely to be known in the Autumn.

#### **Improvements to women's services**

Key areas of focus for maternity service development across NW London include:

- Four new models of continuity of care, with continuity pathways now being expanded to reach more women across all sites. So far we have achieved an increase of women receiving continuity of carer, including intrapartum care, from a 1% (baseline) to 8%. With plans to reach 20% by March 2019.

- Tailored Making Every Contact Count training to over 100 multidisciplinary maternity staff within the STP.
- Two maternity booklets, “your pregnancy” antenatal booklet and “After your baby’s birth” postnatal booklet, providing standardised, evidence based maternity information to women across all 8 boroughs.
- Set up of four Maternity Voices Partnerships (user groups) aligned to each Trust, for women across 8 boroughs
- Piloted personal postnatal care plans, with >250 women, with plans to roll out personal care plans to all women in digital format via mum and baby maternity app and paper versions also available
- Implementation of ‘meet the team’ photobooks in each midwifery group practice team, to increase women’s experience, and familiarity with their maternity teams
- A sector-wide maternity app – an “information, choice and personalisation” toolkit for women, including digital personal care plans, standardised maternity care information and choice / personalisation functions. Due to launch 2 October.
- NW London is considered a leader in developing maternity services and the team has organized several learning events for others involved in maternity care across the country.

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## North West London Joint Health Overview and Scrutiny Committee

<b>Date:</b>	18 September 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Annual Report
<b>Report of:</b>	Councillor Mel Collins
<b>Policy Context:</b>	Annual Report
<b>Report Author and Contact Details:</b>	Taru Jaroszynski (020 8583 2540) <a href="mailto:taru.jaroszynski@hounslow.gov.uk">taru.jaroszynski@hounslow.gov.uk</a>

### 1. Executive Summary

The annual review, according to the existing Terms of Reference suggests that Members consider if the JHOSC has fulfilled its remit and if it should continue.

The purpose of this report is to provide a summary of the activities of the North West London Joint Health Overview and Scrutiny Committee for the year 2017/18 to help Members decide on the future of the JHOSC.

### 2. Key matters for the NWLJHOSC's consideration

Members should consider

- The activities of the North West London Joint Health Overview and Scrutiny Committee as set out in the annual report
- if the JHOSC has fulfilled its remit and if it should continue.

### 3. Background

Please see the attached report.

**If you have any queries about this Report, please contact**  
**Tel:** 020 8583 2540; **Email:** [taru.jaroszynski@hounslow.gov.uk](mailto:taru.jaroszynski@hounslow.gov.uk)

# Annual Report of the North West London Joint Health Overview and Scrutiny Committee

June 2017 – May 2018

## FOREWORD



**Cllr Mel Collins**

*I am pleased to present this report, and the substantial work undertaken by the North West London Joint Health Overview and Scrutiny Committee (NW JHOSC) over the past year. We have collectively worked hard to strengthen partnership scrutiny of health care in North West London.*

*I am very grateful to all the members of the Committee who have joined me in our scrutiny work. I would also like to reflect my thanks to the Senior Officers of the North West CCG and the London Ambulance Service who have contributed fully and positively once again this year.*

*As well as setting out the achievements over this year, I want to set out some of my recommendations for the new NW JHOSC following the 2018 local government elections.*

*This year, the Committee considered the impact of the new integrated health system (previously known as the accountable care system), changes at Charing Cross Hospital and the new hub model. They have considered performance of the London Ambulance Service and urgent care capacity.*

*The Committee has also spent much time discussing the implementation of the NW London Sustainability and Transformation Plan (STP). In this way, we have gone beyond the scrutiny of Shaping a Healthier Future (SaHF). Considering the proposed agenda and changes, I would recommend that the Committee consider expanding its terms of reference to include this work and inviting the London Borough of Hillingdon to join the JHOSC to ensure adequate scrutiny of the STP.*

## Councillor Mel Collins

Chair North West London Joint Health Overview and Scrutiny Committee  
London Borough of Hounslow.

## NW JHOSC MEMBERSHIP 2017/2018

London Borough	Councillor Names
Hammersmith & Fulham	Councillor Sharon Holder
	Councillor Rory Vaughan
Brent	Councillor Ketan Sheth
	Councillor Barbara Pitruzella
Ealing	Councillor Daniel Crawford
	Councillor Theresa Mullins
Harrow	Councillor Michael Borio
	Councillor Vina Mithani
Hounslow	Councillor Melvin Collins (Chair)
	Councillor Shaida Mehrban
Kensington & Chelsea	Councillor Catherine Faulks
	Councillor Robert Freeman
Westminster	Councillor Barbara Arzymanow
	Councillor Jonathan Glanz

<b>Richmond (co-opted members)</b>	Councillor John Coombs
	Councillor Liz Jaeger



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

The JHOSC has met three times during the municipal year. There was very good attendance from members. Below is a summary of the meetings. Further detail is available in the meeting minutes.

### **THE ACCOUNTABLE CARE SYSTEM (ALSO KNOWN AS INTEGRATED HEALTH SYSTEM)**

The first meeting was held on 5 December 2017, the JHOSC received an explanation of the Accountable Care System (also known as Integrated Health System) including information about the modelling of a frailty service to prevent the admission into hospital of frail older people and instead support them at homes. They were informed that the new model was looking to solve the issue of fragmentation of services through the increased joining up of health and care services. Hillingdon CCG is considered the leading CCG in developing the most advanced accountable care model in North West (NW) London, contributing to reducing unnecessary hospital admissions.

The JHOSC probed cross-borough interactions, and raised concerns about the impact of local authority budget cuts, the inappropriate presentation of patients at A&E, the ambition of social prescribing and the importance of client centred working.

### **UPDATE ON THE COMMUNITY HUB MODEL**

At the same meeting, the JHOSC also received an overview of the objectives and role of GP Hubs and implementation plans across NW London. A Community Hub is a physical building in the community enables a wider range of services to be available to patients than would typically be offered in a smaller GP practice. They are designed to bring together NHS and social care services in one place. The business case for hubs has been submitted to NHS England.

Members discuss the mode and the impact that it might have in directing patients away from A&E.

### **IMPACT OF THE STP ON NURSING**

At the December meeting, Chair noted the receipt of a letter from the Royal College of Nursing, which suggested the loss of nurses and the decreasing attractiveness of their role, as well as raised concerns about the NW London Sustainable Development Plan (STP), particularly regarding the level of engagement with the nursing associations. The JHOSC responded to the letter, assuring the RCN that the concerns raised about the STP will be incorporated into the JHOSC's scrutiny of the STP implementation going forward.

### **UPDATE ON NHS MATTERS**

Members also receive an update on NHS matters including improvements to local services (or out of hospital care) and benchmarking and indicators for making changes at Ealing Hospital

Officers noted the investment in enhanced primary care and support to patients and efforts ensure that patients were not in hospital longer than necessary. Members discussed the Home First was readmission targets. Questions were raised about the impact of the reduction and removal of services at Ealing Hospital given population growth in Ealing and Hounslow. This was taken forward to future meetings.

Initial discussions about performance metrics for the Shaping a Healthier Future Programme and STP took place at the 23 January 2018 meeting, where the Panel agreed that areas of focus for developing the metrics should be identifying safe levels of A&E attendance, and educating the public about their options for care.

## **A&E PERFORMANCE IN NW LONDON**

At the 23 January 2018 meeting, the JHOSC were presented with preliminary data on A&E performance in NW London. The data showed that whilst NW London was not reaching the 95% target, it was performing better than the rest of London and the England average. The JHOSC expressed some concern about the inclusion of urgent care centres and walk-in centres in the four-hour waiting time target, which potentially makes the data misleading.

In March 2018, the JHOSC received another update on urgent and emergency care performance in NW London. Whilst NW London is still not yet meeting the 95% target (patients seen, treated and admitted or discharged within 4 hours of arrival), its performance during January 2018 was generally over 3% better than the same period last year. The Committee queried the measures in place to ensure the NHS in NW London continues to move towards achieving the national target and questioned why A&E performance at Imperial continued to be lower than other Trust in NW London.

## **INVESTMENT PLANS FOR CHARING CROSS HOSPITAL**

At the same meeting, the JHOSC received an update from the Imperial College Healthcare NHS Trust on recent and proposed investments at Charing Cross Hospital. The JHOSC noted plans to halt progress with reducing acute hospital services at Charing Cross, unless and until a reduction in acute demands was achieved. They did commend the recent investments in new facilities and equipment at the hospital. The JHOSC also queried the timing of the release of SOC2 (a technical document to secure capital investment in subsequent phases of the Shaping a Healthier Future programme delivery). The Trust informed members that the current focus is on embedding services so the timing of SOC2 is yet to be confirmed.

The JHOSC also received a report from Healthwatch Central West London, that aims to build a comprehensive picture of the current situation at Charing Cross Hospital. The report also provided patients' views and experiences to inform key decision makers in deciding future actions. The report had recommended that a clear and robust communications strategy be developed, with information on how decisions about the future of the Hospital would be made.

## **UPDATE FROM LONDON AMBULANCE SERVICE**

London Ambulance Service (LAS) provided an update on progress made in improving the service. Members were pleased to hear that following a poor rating from the CQC in 2015, the LAS has worked diligently to improve the highlighted areas, making significant improvements in medicine management, staffing and levels of reporting. The LAS is now in the top three performing trusts in the country. The JHOSC commended the LAS's move to a new Ambulance Response Programme and the improvements in response times.

The JHOSC commended the increase in recruitment within the UK and internationally. However, they queried whether there are plans in place to maintain sufficient staffing. The work being done to address hospital handovers and issues of long handover delays ('ambulance stacking') was also queried.

## **UPDATE ON SOC1 AND STP IMPLEMENTATION**

The JHOSC also received an update on the implementation of the STP for NW London. They were informed that it was difficult to confirm timelines for implementation due to uncertainty over the approvals needed for the programmes at St. Mary's and Charing Cross Hospitals. The Committee highlighted the need for hospital discharge teams to develop stronger links with Housing, which could make a significant contribution to integrated care. The Director of Operations from Ealing CCG confirmed that discharge teams were increasingly including staff from housing. This will be discussed more broadly at a future meeting.

The JHOSC was also informed that metrics for the STP are currently being collected and collated and requested that further discussion on performance metrics for the Shaping a Healthier Future programme and the STP be scheduled for future meetings.

### **STP EQUALITIES IMPACT ASSESSMENT**

The Committee discussed the Equality Impact Assessment (EIA) of the North West STP which looked at the overall effects of the programmes and delivery plans in relation to the public health profile for NW London. The EIA was undertaken by the NHS North West London Collaboration of CCGs, and published in April 2017. It was reported that most groups and people who were living in deprivation would benefit from the proposals, and that the focus of the STP was likely to close the inequality gap in most areas. The overarching framework proposed by the programme would also have a positive effect on the residents of NW London. Further assessments of specific proposals within the programmes would be conducted. Members noted the need to be kept informed to reassure residents were reassured that the proposals and changes were being closely monitored.

## North West London Joint Health Overview and Scrutiny Committee

<b>Date:</b>	18 September 2018
<b>Classification:</b>	General Release
<b>Title:</b>	JHOSC Terms of Reference
<b>Report of:</b>	Officers for JHOSC
<b>Policy Context:</b>	Policy development
<b>Report Author and Contact Details:</b>	Taru Jaroszynski (020 8583 2540) <a href="mailto:taru.jaroszynski@hounslow.gov.uk">taru.jaroszynski@hounslow.gov.uk</a>

### 1. Executive Summary

The committee is committed to reviewing its remit each year as set out in the following report.

### 2. Key matters for the NWL JHOSC's consideration

Members should:

- Consider and discuss the report
- Propose any changes to the Terms of Reference as stated below

### 3. Background

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) was formed by the London Boroughs of North West London at the request of NHS North West London as part of the statutory consultation process for *Shaping a Healthier Future (SaHF)*. The JHOSC held its first meeting in July 2012 and completed its review of the hospital reconfiguration consultation in November 2012 with the submission of its final report to the NHS. This submission completed the JHOSCs statutory role in the reconfiguration process.<sup>1</sup>

In November 2013, following the final decision on the structure of the reconfiguration setting out which hospitals would be developed as major and local hospitals, the North West London Collaboration of Clinical Commissioning Groups submitted a report to the JHOSC requesting

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<sup>1</sup> Local authorities are required to appoint joint scrutiny committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. When the joint scrutiny committee completes its review they can submit recommendations to the NHS body with the health service required to respond to these recommendations.

that the JHOSC continued to provide a forum where issues relating to *SaHF*, which cross borough boundaries, could be scrutinized and discussed. This was agreed by the JHOSC.

### **Current Status**

The rationale for reconfirming the terms of reference and agreeing a structured work programme is to provide a clear understanding for all stakeholders of the role and remit of the JHOSC. The areas of the *SaHF* programme that it wishes to focus on, and provide member boroughs with an indication of the timelines and resources required to ensure the JHOSC can effectively fulfil its remit. Undertaking this area of work planning is particularly relevant following the local elections which has resulted in a number of changes being made to the membership of the JHOSC.

### **Terms of Reference**

The terms are also guided by the Department of Health's recently issued new guidance for health scrutiny. This guidance states that the primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

### **Membership**

Membership of the JHOSC will be two members from each participating council. In terms of voting rights each borough will have one vote. Individual boroughs may nominate members to be their second representative as a non-voting member (only elected members may vote on behalf of a borough).

### **Quorum**

The committee will require at least six members in attendance to be quorate.

### **Chair and Vice Chair**

The JHOSC will elect its own chair and vice chair.

Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

### **Duration**

The planned implementation timeframe for *SaHF* runs up to 2018. It is proposed that the JHOSC operates alongside the implementation programme up to 2018 with its duration expanded should the *SaHF* programme run beyond this date.

It is important the JHOSC operates on the basis of being able to contribute to the effective scrutiny of cross-borough issues relating to *SaHF* and provides a forum for cross borough engagement and consultation between its member local authorities, and health service commissioners and providers. As such, it is proposed that the committee will also hold an annual review in May each year, or as soon as practical thereafter, where it will consider and decide whether there is a need for the JHOSC to continue or whether it has fulfilled its remit and should terminate earlier than 2018. This would not preclude individual local authorities from giving notice at the JHOSC annual meeting of their intention to withdraw from the

JHOSC. Should there be any proposals for a JHOSC beyond this date, this would be considered by each participating authority in line with its own constitution and policies.

### **Terms of Reference of the JHOSC**

1. To scrutinise the 'Shaping a Healthier Future' reconfiguration of health services in North West London; in particular the implementation plans and actions by the North West London Collaboration of Clinical Commissioning Groups (NWL CCGs), focussing on aspects with cross borough implications.
2. To make recommendations to NWL CCGs, NHS England, or any other appropriate outside body in relation to the 'Shaping a Healthier Future' plans for North West London; and to monitor the outcomes of these recommendations where appropriate.
3. To require the provision of information from, and attendance before the committee by, any such person or organisation under a statutory duty to comply with the scrutiny function of health services in North West London.

The stated purpose of the JHOSC is to consider issues with cross-borough implications arising as a result of the Shaping a Healthier Future reconfiguration of health services, taking a wider view across North West London than might normally be taken by individual Local Authorities.

At each annual meeting the JHOSC will develop, in consultation with the North West London Collaboration of Clinical Commissioning Groups, a work programme for the forthcoming municipal year based upon their agreed remit.

Individual local authority members of the JHOSC will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future'). Participation in the JHOSC will not preclude any scrutiny or right of response by individual boroughs.

In particular, and for the sake of clarity, as the JHOSC is a discretionary joint committee is not appointed for and nor does it have delegated to the functions or powers of the local authorities, either individually or jointly, under Section 23(9) of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

This means that in accordance with the Regulations and subsequent non-statutory guidance the power of referral to the Secretary of State is not delegated to the JHOSC but retained by individual boroughs.

**If you have any queries about this Report, please contact**  
**Tel:** 020 8583 2540; **Email:** [taru.jaroszynski@hounslow.gov.uk](mailto:taru.jaroszynski@hounslow.gov.uk)

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## North West London Joint Health Overview and Scrutiny Committee

<b>Date:</b>	18 September 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Work Plan
<b>Report of:</b>	Officers for the NWL JHOSC
<b>Policy Context:</b>	Work Planning
<b>Report Author and Contact Details:</b>	Taru Jaroszynski (020 8583 2540) <a href="mailto:taru.jaroszynski@hounslow.gov.uk">taru.jaroszynski@hounslow.gov.uk</a>

### 1. Executive Summary

It was suggested at the NWL JHOSC meeting in March 2018 that the newly constituted JHOSC set out their work plan for the next year. This shall enable officers and the CCG to prepare accordingly.

Members and officers were requested to send potential topics to form a 'long list' of topics for consideration at the first meeting of the new NWL JHOSC. The 'long list' is set out below and members are asked to discuss this to develop the work plan.

### 2. Key matters for the NWL JHOSC's consideration

Members should:

- Consider the proposed long list of topics;
- Discuss the work plan for the year.

### 3. Background

Please see the attached long list of topics

**If you have any queries about this Report, please contact**  
**Tel:** 020 8583 2540; **Email:** [taru.jaroszynski@hounslow.gov.uk](mailto:taru.jaroszynski@hounslow.gov.uk)



## DEVELOPING A NWL JHOSC WORK PLAN

### BACKGROUND

The first meeting of the NWL JHOSC might be used to discuss the proposed work plan for the committee for the next year, this shall enable officers and the CCG to prepare accordingly.

NWL JHOSC meetings are scheduled for:

- 4 December 2018 (2.30pm – 5pm) [Host: Westminster Council]
- 12 March 2019 (9.30am – 12pm) [Host: Harrow]

Below is a long list of potential topics for member consideration drawn from current issues, previous agendas and discussions with officers and the CCG. This long list might be used to select the topics for the next NWL JHOSC meeting. It is suggested that members consider the following when selecting an issue for scrutiny:

- Is it relevant?
- Does it affect a number of people?
- Can JHOSC have meaningful impact?

These questions can be used to rank the topics below into the four main areas of focus giving the JHOSC space to consider any urgent issues going forward.

### PROPOSED WORK PLAN STRUCTURE

Meeting	Topic (ideally not more than 2-3 topics)
<b>4 December 2018</b> (2.30pm – 5pm) [Host: Westminster Council]	<ul style="list-style-type: none"><li>• <i>Topic A:</i></li><li>• <i>Topic B:</i></li></ul>
<b>12 March 2019</b> (9.30am – 12pm) [Host Harrow]	<ul style="list-style-type: none"><li>• <i>Topic D:</i></li><li>• <i>Topic E</i></li></ul>

## POTENTIAL 'LONG LIST' OF TOPICS

This list might be used to select the four-six topics for the NWL JHOSC.

	<b>Proposed Topic</b>	<b>Is it relevant?</b>	<b>Does it affect a number of people?</b>	<b>Can JHOSC have meaningful impact?</b>
1.	Integrated Care Systems and its application in NW London and the Shadow Joint Committee, Governance and Scrutiny			
2.	Health devolution and what it means for NW London			
3.	Financial aspects of the Sustainable Transformation Plan (STP) and the Shaping a Healthier Future Programme (SaHFP) Including STP workforce and the risk register			
4.	Specific Topic Focus: mental health (Delivery Area 4 of STP)			
5.	Proposed reconfiguration of acute hospitals (SOC 1).			
6.	Consultation and engagement on the move of the Royal Brompton Hospital			
7.	Further Updates on the London Ambulance Service and Acute A&E			
8.	Performance Metrics for Shaping a Healthier Future Programme and STP			

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