

North West London Joint Health Overview and Scrutiny Committee Minutes 14 December 2021

Chair:

Councillor Ketan Sheth (London Borough of Brent)

Councillors:

Councillor Daniel Crawford (Vice Chair) - London Borough of Ealing
Councillor Lucy Richardson - London Borough of Hammersmith & Fulham
Councillor Marwan Elnaghi - Royal Borough of Kensington & Chelsea
Councillor Nick Denys - London Borough of Hillingdon
Councillor Rekha Shah - London Borough of Harrow
Councillor Richard Eason - London Borough of Hounslow
Councillor Selina Short – Westminster City Council

Officers:

Anna-Marie Rattray - Scrutiny Review Officer, London Borough of Ealing
Artemis Kassi - Lead Scrutiny Advisor / Statutory Officer, Westminster City Council
Bathsheba Mall - Committee Co-ordinator, London Borough of Hammersmith & Fulham
Charlotte Bailey - CNWL NHS Trust Director of HR and OD
Daniel Elkeles - London Ambulance Service Chief Executive
Dr Genevieve Small – Chair, Harrow CCG
Jacqueline Barry-Purssell - Senior Scrutiny & Policy Officer, London Borough of Brent
James Diamond - Scrutiny Officer, Royal Borough of Kensington and Chelsea
Lesley Watts - Chief Executive NWL ICS
Nahreen Matlib - Interim Head of Policy, London Borough of Harrow
Nicola Zoumidou - Policy Analyst, London Borough of Hounslow
Nicholas Garland - Governance and Scrutiny Officer, London Borough of Richmond
Nikki O'Halloran - Democratic Services Manager, London Borough of Hillingdon
Pippa Nightingale - Chief Executive, London NW University Healthcare NHS Trust
Rory Hegarty - Director of Communications & Engagement, NWL CCG;
Sarah Flynn - Communications Manager, NW London Collaboration of CCGs
Sean Harris - Chief Executive of Harrow Borough Council

Apologies:

Councillor Monica Saunders – London Borough of Richmond
Councillor Iain Bott – Westminster City Council

1. Welcome and Minute Silence

The Chair welcomed the Committee and introduced the Chief Executive of Harrow Borough Council and Councillor Rekha Shah of Harrow Borough Council who paid tribute to Councillor Vina Mithani and welcomed the Committee to the meeting.

Members paid tribute and observed a minute silence for the late Councillor Vina Mithani, a member of JHOSC.

2. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Councillor Iain Bott (Westminster)

Reserve Member

Councillor Selina Short (Westminster)

3. Declarations of Interest

RESOLVED: To note the declarations, if any, as published on the Council's website prior to the meeting and the following additional declaration made at the meeting:

Councillor Ketan Sheth declared a non-pecuniary interest in that he was the Lead Governor at Central and North West London Foundation Trust (CNWL).

4. Minutes

RESOLVED: That the minutes of the meeting held on 23 September 2021, be taken as read and signed as a correct record.

5. Matters Arising (if any)

RESOLVED: There were no matters arising.

6. London Ambulance Service - Update

The Committee received a report from the London Ambulance Service (LAS) which outlined the LAS estates vision and how the LAS would transform its estate to meet future needs.

The Chief Executive of the London Ambulance Service NHS Trust introduced the report and gave a presentation that outlined the following:

- There was an objective to consolidate the number of ambulance stations from 64 to 18. However, this had been paused as demand had been extraordinarily high. This demand had led to some ambulance stations being reopened.
- It was noted that a national review stated there should be fewer ambulance stations, which would provide improved economies of scale

and the ability for a better-quality service to be provided if LAS operated from fewer sites. However, it had been felt that there should be more than 18 stations for LAS as this would negatively impact response times. The number of ambulance stations was to be reassessed in order to find the appropriate quantity.

The Chair thanked the LAS Chief Executive for their presentation and opened the floor to questions from the Committee:

- A Member asked of the current pressures the LAS faced and how LAS could be supported. The LAS Chief Executive explained that prior to the pandemic a busy day saw circa 5,500 calls to 999, however it was only recently that LAS had experienced 7,700 calls to 999. The LAS Chief Executive emphasised that non-emergency calls should be to 111.
- A Member raised the possibility of disused ambulance stations to be used for housing, to which the LAS Chief Executive noted that none of the ambulance estate would be sold until there was an agreed estates plan. It had proven difficult to find bigger estates to consolidate to, due to big companies also looking at similar estates.
- In addition, it was asked if congestion was an issue for the LAS and if so, what could be done by the boroughs to help mitigate this issue. The LAS had explained that they liaised with Boroughs on particular issues.
- It was emphasised that the estate strategy would be a 5-to-10-year plan, it was noted that the LAS had objectives that were a higher priority, which included IT development and the LAS vehicle fleet to be updated.
- A member highlighted the concerns over traffic within central London and wanted clarification over the response times, to which the LAS Chief Executive noted that central London had some of the best response times, because LAS had utilised bicycles and motorbikes within their service. In addition, the estate strategy would ensure that response times would be maintained.

The Chair thanked the LAS Chief Executive for their time and gave thanks to the front-line staff. The Committee were invited to make recommendations with the following:

RESOLVED: That a future update be provided to the JHOSC on the London Ambulance Service including an update on engagement.

7. Integrated Care System (ICS) - Update

The Committee received a report from the northwest London Integrated Care System (ICS) and included updates on: Covid-19 vaccination programme, inequalities framework, financial challenges, acute care, Mount Vernon cancer services, Mental health and Senior appointments.

The Chief Executive of the ICS introduced the report and gave a presentation that outlined the following:

- Though the vaccination programme had been a success there was also still more work to be done on the vaccination programme with other services to be potentially impacted because of the booster vaccine programme, however, it was reassured that emergency and urgent care would still go ahead alongside the booster programme.
- Cancer treatment patients would continue to be treated throughout the booster vaccination programme, in addition, patients that had been on the waiting list for a long time would also be seen to as soon as possible. The impact on services was due to staff availability and being used for the booster programme.
- Covid-19 school strategies had varied from school to school, for example some schools had closed early due to a peak in cases while others had restricted movement within the school. It was planned to give second doses of the vaccine to those aged between 12 and 15 in January 2022 as part of the national booster programme. The uptake for those aged between 12 and 15 had been 42% for the first dose, it was hoped that over the holiday period parents would get their children (who were eligible) vaccinated.
- In conjunction with the Prime minister's Covid-19 announcement the vaccination programme had meant that those over 18 could be given a booster jab 91 days after their second dose, a target had been set to get everyone over 18 jabbed for a third time. This change in plan had meant the primary sites were to be moved and for longer opening hours to be implemented.
- There were 86 pharmacies that had done circa 50% of the vaccines, there were plans to open 6 community hospitals hubs, in addition, there were plans to attend large public events in order to encourage uptake of the vaccine.
- Efforts had been placed into the vaccine programme, however, waiting times had been considered for elective surgery so that waiting times did not fall back. It was anticipated that longer waiting times would be expected in light of the new vaccination programme. However, priority had been given to cancer treatments, other urgent treatments and to those that had already been waiting for an extended period.
- Urgent treatment centres were noted to have worked hard on ensuring that only appropriate patients that go to A&E. General Practitioners (GP) had been made aware that a balance between the delivery of the vaccination programme and the upkeep of general services needed to be maintained.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

- A Member welcomed the work done on inequalities; however, it was requested if an insight could be given into the draft inequalities report and data metrics as this would allow for an input from representatives and their localities. The Chief Executive of the ICS agreed that this could be sent to the Committee and would welcome comments.
- It was asked if more detail could be provided on the changes surrounding the underlined deficit. To which the ICS Chief Executive explained that some changes had been due to the allocations as well as recurrent and non-recurrent underpinning deficits and that the partnership board paper would be sent to the Committee as this would provide further details.
- There had been substantive movement to Hillingdon hospital in order for the trust to be balanced for the financial year 2021/22, with a recovery team allocated to Hillingdon Hospital from NSH EI.
- It was noted by a Member that packages received by residents were often printed in colour and wondered if costs could be reduced if this was avoided. To which the Director of Communications and Engagement at NW London ICS explained that printing in colour had been avoided where possible, however they would look further into where else this could be achieved.
- Clarity was sought over the locations of planned surgical and diagnostic hubs, the Chief Executive for London North West University Healthcare NHS Trust explained these hubs would have the ability to fast-track diagnostic services and though locations were to be finalised Ealing would be one of the 4 locations for these hubs.
- It was asked if something could be done in relation to mental health and hospital discharges when it came to housing for these out-patients. It was noted by the Chief Executive for London North West University Healthcare NHS Trust that work had been done for it be ensured that care could be given more appropriately to patients in their own setting.
- How might the new structures between the ICP and the ICS manifest and for patient voices to be included. The Director of Communications and Engagement at NW London ICS highlighted that in line with the launch of the inequalities framework in early 2022, there were plans for public events to be held in each borough so that members of the public could contribute their thoughts around the response to the inequalities framework.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That

- (1) NHS NW London's Chief Finance Officer provide the JHOSC with further financial information in relation to budget management and o include an update on Hillingdon Hospital;
- (2) detail on the approach to patient discharge and links to key services, particularly housing to be included in the mental health paper at the next JHOSC meeting.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

- i. For the Committee to be provided the Draft report and data metrics for the locality analysis on the NWL inequality framework.
- ii. For further detail on deficits, the Partnership Board papers to be provided.
- iii. For further details of the fast-track surgical Hubs to be made available to JHOSC.

8. North West London Workforce - Update

The Committee received a report that provided an update on the progress of the NW London Workforce programmes. The Central and North West London NHS Trust Director of HR and OD, briefly outlined the following:

- The main risk had been the working capacity through winter, multiple factors were highlighted that could potentially impact capacity: sickness of staff; the uptake of staff vaccination and turnover of staff. In addition, it was important to support staff to take leave they need balanced with having effective capacity throughout this period, with a keeping well service launched for all staff on a referral basis.
- Recruitment over the past six months saw over a 1000 staff recruited that related to the vaccination programme as well as new roles within the NHS.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

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- A Member raised the point of challenges of staff retention and recruitment and wanted clarification over how the ICS had planned to tackle these. The ICS Chief Executive noted that a lot of work had been undertaken in each organisation across north west London and would continue.
- The Central and North West London NHS Trust Director of HR and OD added that there were workforce race equality standards in place and that Trusts had been set challenging standards and a leadership ladder programme was in place to support BAEM staff get into more senior roles.

- A Member asked in regard to patient voice, how would it be ensured that between the news structures of the ICP and ICS how would the links between the two bodies manifest and for patient voices to be included. The Director of Communications and Engagement at NW London ICS explained that in early 2022 it had been planned to undertake public events where residents could contribute their thoughts in context to the inequalities framework.
- A member raised the concern of staff under pressure and wanted to know the number of unfilled posts, particularly for frontline roles. The Central and North West London NHS Trust Director of HR and OD explained that across health and social care there was an employment gap of circa 12,000 roles. However, it had been planned to employ 1,000 new staff within the NHS by March 2022. In addition, an analysis had revealed where frontline gaps were with targeted programmes made for these issues to be addressed.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That an update be presented to JHOSC on recruitment, employment gaps and the range of work that had been undertaken.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

- i. For the health and wellbeing offer to be sent to the Committee by the CNWL Director of HR and OD.
- ii. For information on the leadership ladder programme to be sent to the Committee by the CNWL Director of HR and OD.

9. Palliative Care Review

The Committee received a report that provided an update on a focused piece of work that had commenced in North West London to improve the quality, equity and experience of community-based specialist palliative care and support residents and their family/ carers received, as well as the sustainability of their services. The report was presented in brief by the Chief Executive for London North West University Healthcare NHS Trust who highlighted the following:

- The remit of this consultation had not included hospital or children's palliative care; however, it had included specialist community palliative care. It was crucial that this work addressed inequalities and that initial data suggested that there were inequalities to be addressed.
- 49% of patients had passed away in hospital and that the opportunity for place of death to be chosen should be improved. Services needed to be appropriately placed and that this could be different for each

community. In addition, it was important that voices would be heard during the consultation.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

- A Member highlighted that there had been a strong desire from residents to be engaged in this consultation and asked if Pembridge Hospice had been considered to be re-opened. In addition, it was suggested by the Member that within the Royal Borough of Kensington and Chelsea there had been an imbalance in health-equality and asked how health inequalities could be tackled. The Chief Executive for London North West University Healthcare NHS Trust explained that inequality was a key part of the work and that engagement had to be widespread. In regard to Pembridge Hospice, it would be too early to say and that there was a need for a consultation to be conducted before decisions were made.
- A Member raised concern that the paper lacked consideration of demographics, such as those who were isolated, elderly or disabled. In addition, dementia was something that could have been addressed further in the report. It was felt that other services should have been included for the report to have been more comprehensive. equality and so asked how health inequalities would be tackled. The Chief Executive for London North West University Healthcare NHS Trust explained that there had been concern that had the scope of the report been too large, the delivery could be hindered.
- Workforce challenges and the need for an accurate workforce plan were also raised by the Member, to which the Chief Executive for London North West University Healthcare NHS Trust agreed that workforce planning was important, however, there had been the intention for the service to be designed around patients and for a workforce to be designed to complement that required service.
- Further details were requested on how cultural differences were to be tackled. The Chief Executive for London North West University Healthcare NHS Trust noted that work needed to be done on cultural and religious beliefs when it came to palliative care and for the needs of communities to be met.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That an update on palliative care be presented to JHOSC once the consultation had been completed.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

- i. Further information to be provided to the JHOSC on demographics including dementia support.

10. Next Meeting

RESOLVED: That the next meeting was to be held on 9 March 2022.

(Note: The meeting, having commenced at 10.00 am, closed at 11.07 am).

(Signed) Councillor Ketan Sheth
Chair