

PRESENT

Members Present

Cllr Lucy Ivimy (Hammersmith and Fulham) (*Chairman*), Cllr Mary Daly (Brent), Cllr Abdullah Gulaid (Ealing), Cllr Anita Kapoor (Ealing), Cllr Rory Vaughan (Hammersmith and Fulham), Cllr Vina Mithani (Harrow), Cllr Victoria Silver (Harrow), Cllr Mel Collins (Hounslow), Cllr Pamela Fisher (Hounslow), Cllr Robert Freeman (RBKC), Cllr Will Pascall (RBKC), Cllr Sheila D'Souza (Westminster), Cllr Dr Cyril Nemeth (Westminster)

NHS Present

Daniel Elkeles (Chief Officer, CWHH CCGs Collaborative and Shaping a Healthier Future (SaHF) Senior Responsible Officer), Don Neame (Communications Director and SaHF Communications Lead), Andrew Pike (Head of Communications, CWHH CCGs Collaborative), Dr Mark Spencer (Associate Medical Director, NHS England and SaHF Clinical Lead), Dr Tim Spicer (Chair, Hammersmith & Fulham CCG and SaHF Clinical Lead)

WELCOME AND INTRODUCTIONS

This being the first JHOSC meeting for some time, all present introduced themselves.

APOLOGIES FOR ABSENCE

There were no apologies for absence. [Apologies for delayed arrival were received from Cllr Mary Daly and Mr Elkeles].

MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 21 November 2012 were agreed as a correct record.

DECLARATIONS OF INTEREST

Cllr Vina Mithani (Harrow) declared a non pecuniary interest that she was employed by Public Health England, previously known as the Health Protection Agency.

SHAPING A HEALTHIER FUTURE AND JHOSC RECOMMENDATIONS UPDATE

Mr Elkeles and Dr Spencer provided an introduction and commentary on the JHOSC Update proposals document (The agenda page had stated that two reports would follow but in fact a single report covered all matters).

The following key points and main themes emerged in discussion (with references made to the relevant slide):-

(i) Slide 9 detailed the substantial progress made on priorities for 2013/14. In response to similar points made by Cllrs Ivimy, Gulaid and Collins Mr Elkeles responded that the big investment in out of hospital services (that the JHOSC called for as a pre-condition to A&E changes) was in the process of being made. Mr Elkeles added that there was a long (five years) timeline for changes in the provision of A&E services and there was no process currently in place that could not be stopped.

(ii) Slide 17 on Judicial Review. Mr Elkeles observed that this process had been very challenging and rigorous.

(iii) Slide 20 on Central Middlesex Hospital. Mr Elkeles reported that as well as the development of the outline business cases at individual hospitals, it was anticipated that the JHOSC wide business case would be ready (in some form) by December. Mr Elkeles added that it would be a key task for the JHOSC to comment on this document.

(iv) Slide 21 on Ealing, Charing Cross. Mr Elkeles reiterated the commitment to work to develop enhanced programmes for these two hospitals. (It was noted that the SaHF programme was continuing to make presentations to the OSCs of individual boroughs).

(v) Slide 27 on Integrated Care Networks. Dr Spicer explained the model by which individuals received assessment and treatment away from hospitals. Cllr Daly made the caveat that sometimes elements of the network could break down (e.g. if a carer failed to show up). Cllr Ivimy summarised that these integrated care networks were a central issue for the JHOSC to scrutinise. Cllr Vaughn added that the JHOSC would be interested to hear of any successful pilots elsewhere.

(vi) Slide 31 on A&E and Winter Resilience. Mr Elkeles sought to reassure Cllrs Collins and Fisher that robust joined-up arrangements were in place in Hounslow and he was optimistic that Hounslow would receive a share of the Winter Pressures funding allocation.

(vii) Slide 35 on Maternity Services - Cllrs Mithani and Daly both asked about the maternity services at Northwick Park Hospital. Mr Neame and Mr Elkeles responded that considerable investment had been made in staff and buildings at this hospital to provide improved capacity and choice. They believed that significantly increased choice was being offered to local women.

(viii) Slide 41 on Monitoring Activity – Mr Elkeles observed that there were fewer hospital admissions being made as the improvements to out of hospital services came into effect.

JHOSC: CONTINUING SCRUTINY OF THE DEVELOPMENT OF PROPOSALS

The continuing future of the JHOSC was discussed. On behalf of the SaHF officers Mr Neame stated they welcomed the contribution of the JHOSC in holding them to account and they believed that there was a need for the JHOSC to continue.

It was accepted that individual OSCs continued to scrutinise SaHF at their own meetings. As stated by the Chairman the role of this JHOSC was to look at overall North West London matters and retention of the JHOSC was the best way to continue to scrutinise cross-borough issues. Cllrs Collins, D’Souza and Vaughn made supporting contributions to the effect that this was the appropriate continuing role for this JHOSC.

Some reservations were expressed. Cllr Daly expressed a wish to consult with her Brent Council colleagues. Cllr Gulaid observed that certain boroughs were far more heavily affected by the SaHF proposals than others.

With Cllr Collins proposing and Cllr Fisher seconding, it was put to the vote and

RESOLVED (with Cllrs Daly and Gulaid abstaining)-

That the North West London Joint Health Overview and Scrutiny Committee should continue to operate in its present format and with its existing terms of reference.

(The JHOSC noted that LBs Camden and Wandsworth had both indicated that they did not wish to continue to participate in the JHOSC as it was felt in both cases that the implications of SaHF were not sufficiently great for these boroughs).

WORK PROGRAMME

Having affirmed its continued existence the JHOSC agreed the following work programme of items/issues that it wished to consider:-

- (1) Integrated care programmes and how evolving;
- (2) The JHOSC wide business plan (which was expected to be ready by December);
- (3) The additional capacity proposals for hospitals such as Northwick Park (and others where there was planned to be service expansion);
- (4) The Ambulance Service and how coping with current demands and the changing role in respect of Urgent Care Centres;
- (5) The evolution of Urgent Care Centres (including activities and capacities);
- (6) Transport (both hospital and public transport);
- (7) Overview of the services provided by each of the geographical zones (Central Middlesex, Charing Cross and Hammersmith, Ealing, NWL Maternity and Paediatric zone);
- (8) Commissioning arrangements requirement to market test and any 'conflicts' between SaHF proposals and commissioning;
- (9) Information systems and governance;
- (10) Imperial College and the rebuilding of the St Mary's Hospital Campus (there were a number of hyper acute services provided at St Mary's that covered the whole of the region);
- (11) Staffing and capacity factors (e.g. were there enough trained consultants?);
- (12) Maternity Services across the whole of the region.

In reply to a point made by Cllr Silver, the Chairman stated that in her view resilience was a key component to all of the work programme items listed above and did not need to be listed as a separate item.

It was agreed that the secretariat would distribute a draft of the Work Programme to JHOSC members in advance of the full minutes.

DATES OF FUTURE MEETINGS

The next JHOSC meeting was set for Tuesday 3 December, 10.30am, at Hammersmith Town Hall.

The meeting ended at 12.55pm.