

**JOINT HEALTH OVERVIEW & SCRUTINY PANEL  
COUNCIL CHAMBER, EALING TOWN HALL**

**MINUTES**

**Tuesday 16 June 2015**

**PRESENT:**

Cllr Mel Collins (LB Hounslow) (Chair)  
Cllr Myra Savin (LB Hounslow)  
Cllr Peter Mason (LB Ealing)  
Cllr Theresa Mullins (LB Ealing)  
Cllr Rory Vaughan (LB Hammersmith & Fulham)  
Cllr Vina Mithani (LB Harrow)  
Cllr Rekha Shah (LB Harrow)  
Cllr Charles Williams (RB Kensington & Chelsea)  
Dr Sheila D'Souza (Westminster City Council)

**Also Present:**

Pippa Nightingale – Head of Midwifery, Imperial College  
Clare Parker – Accountable Officer, CWHHE CCG  
Dr Mohini Parmar – Chair, Ealing CCG  
Andrew Pike – Head of Communications, CCG

**1. Welcome and Introductions**

Councillor Peter Mason welcomed members to the London Borough of Ealing.

**2. Apologies for Absence**

(Agenda Item 2)

Apologies for absence were received from Councillor Dan Filson (LB Brent), Councillor Mary Daly (LB Brent), Councillor Sharon Holder (LB Hammersmith & Fulham), Councillor Will Pascal (RB Kensington & Chelsea) and Councillor David Harvey (Westminster City Council).

**3. Minutes of the Meeting Held on 3 March 2015**

(Agenda Item 3)

**Resolved:** That the minutes of the previous meeting of the Committee held on 3 March 2015, be agreed as a true and correct record.

**4. Declarations of Interest**

(Agenda Item 4)

There were none.

**5. Shaping a Healthier Future – A Local Hospital at Ealing Hospital and Charing Cross Hospital**  
(Agenda Item 5)

Clinical Commissioning Group (CCG) Officers presented a report updating the Committee on the development of Charing Cross and Ealing Hospitals into 'Local Hospitals'.

It was advised that there had not been any significant developments that the Committee needed to be advised of since the previous update. Work was still ongoing with the implementation business case. Due to commercial sensitivities it was still a confidential document at the present stage, but it would be made available to the JHOSC and individual council scrutiny committees at the earliest possible stage. The Keogh Review on SaHF was expected to be published later in the year, and this would help to inform the final design of future A&E provision.

The Chair expressed concern that the public were not being provided with sufficient clarity about what form local hospitals would take. Were they expected to be similar to Urgent Care Centres? What would the staffing levels be? What services would patients be able to receive?

It was stated that with the Keogh Review being used to aid the finalising of the local model, descriptions of the form it would take could not be provided at the present time. Committee Members were assured though that they provided services beyond that available within an Urgent Care Centre.

Councillor Vaughan asked if a timetable was being developed and whether consultation was taking place in advance of the proposals.

It was hoped that a timetable would be available as soon as possible, and a wide ranging consultation would take place with local communities, PCTs, patients and local authorities.

**Resolved:** That

- (i) the update on the development of Charing Cross and Ealing Hospitals into local hospitals be noted; and
- (ii) copies of the related consultation documents be provided to the Committee when available.

**6. Shaping a Healthier Future – Update on Implementation Business Case**  
(Agenda Item 6)

The Committee was provided with a report updating them on the latest developments on the Shaping a Healthier Future (SaHF) Implementation Business Case (ImBC).

Following the agreement of the Secretary of State to develop the SaHF programme in October 2013, development work was being undertaken on the ImBC which would provide the Strategic Outline Case (SOC) for the capital investment required for delivery.

The ImBC was based on the drafts of Trust acute business cases and the latest CCG Out of Hospital plans. It would reflect the current progress made on implementation and take into account the operational demands for health services in North West London as they stood. The ImBC format would use HM Treasury's five case model for business cases.

Change in health service provision in North West London was necessary and would entail three stages. Firstly, the local drivers for change, as set out in the Decision Making Business Case (DMBC) would be considered. Secondly, the latest national policies and how they supported the need for change would be considered. Thirdly, consideration would be given to the latest clinical evidence and techniques.

The Chair thanked the representatives for the update and invited Committee Members to comment and ask questions.

Councillor Williams asked whether more information could be provided on the out of hospital facilities. Exact details on the services each hub would provide were not known at present, but Officers were happy to feedback information as it became available.

Dr D'Souza spoke of the need for fast tracking out of hospital community facilities, it was considered pivotal that smaller spend items were expedited as there was a growing sense of urgency.

It was advised that discussion was ongoing with the NHS about progressing elements quicker where possible. A number of out of hospital services had already been implemented with a positive impact being seen, 20 further out of hospital services were in the course of being rolled out across five CCG's.

Dr D'Souza suggested that it would be helpful for the Committee for a trajectory to be produced which would show the rates of transfer for out of hospital services, they would then be able to review the delivery plan.

The Chair stated that business and financial cases were not seen by the JHOSC until too late a stage. He expressed concern that the role of the Committee was being undermined and that important items should be brought before them at the earliest viable stage.

Discussion took place around the metrics being used. It was explained that the metrics would sit in two domains, one for the Better Care Fund and a separate one for Quality Indicators. The Committee felt it would be useful to see a composite version of these metrics.

Dr D'Souza stated that it would also be useful to see a framework of activity and quality metrics for hospital and community settings across the eight CCGs, this would allow progress against the metrics to be scrutinised by the Committee. The importance of the CCGs all progressing at a similar pace was restated.

CCG representatives agreed to provide the requested metrics and assured Committee Members that all North West London CCGs were working closely to ensure an aligned pace.

The Chair discussed the financial business case for the development of Ealing and Charing Cross as local hospitals. On what basis was it going to the treasury and what was being asked for? Would the JHOSC be able to see it first or would it be going straight to the treasury?

Officers stated that they would go back to check on specific points that could not be shared at present before then bringing the case to the Committee at the earliest opportunity following that. Some elements of the case would only require NHS England approval. Officers were currently taking advice on whether the whole case needed to be sent to the treasury or just the elements that directly concerned them.

**Resolved:** That

- (i) the update on the Implementation Business Case be noted;
- (ii) further information detailing which services will be available in each hub be fed back to the Committee;
- (iii) a trajectory be produced showing the transfer of Out of Hospital Services enabling the Committee to review the delivery plan;
- (iv) a composite of the existing Better Care Fund and Quality Indicator metrics be provided to the Committee;
- (v) a framework of activity and quality metrics for hospital and community settings across the 8 CCGs be provided, allowing progress against the metrics to be scrutinised by the Committee; and
- (vi) the Financial Business Case be shared with the Committee at the earliest opportunity following checks on specific areas that they will not be able to share.

## **7. Maternity Services Update** (Agenda Item 7)

On 20 May 2015, the governing body of the Ealing Clinical Commissioning Group (ECCG) set a date for the transition of maternity activity from Ealing Hospital. A report was presented to the Committee which detailed the planned transition dates as well as providing further information on the future model for maternity activity in North West London.

The Panel were advised of the detailed assurances undertaken to support the decision, the model of care and implementation plan and the changes to gynaecology and paediatric services as well as an overview of the communications and engagement strategy which was in the process of being undertaken.

The Chair thanked Officers for their introduction and invited Panel Members to comment and ask questions.

Councillor Mithani expressed concern regarding Northwick Park Hospital's ability to cope with the extra pressure placed upon its maternity unit following closure of the Ealing unit. It was advised that the capacity would be spread across five different

trusts throughout West London. There had been a conscious effort to avoid placing too much onus onto Northwick Park Hospital until all issues arising from their recent Care Quality Commission review had been resolved. Though it was noted that Northwick Park had been staffed deliver up to 5,300 babies per annum and was currently delivering around 4,800, so had significant capacity for coping with further increases. Staffing hours had been changed to ensure availability of senior clinical input staff at all times and midwife ratios had also seen improvement.

Work had already been undertaken to establish where patients would like to go, with women due for delivery in June, July and August having all been spoken to in person, in advance, to ensure that they were fully conversant and comfortable with all changes taking place.

Discussion took place around the monitoring of impact following the closure of the Ealing Hospital maternity ward. It was advised that a significant level of impact monitoring was taking place and that the Committee would be provided with the data tracking variables in maternity care, the quality impact assessment and the transport impact assessment once available.

Councillor Savin asked if there was full confidence in staff being prepared for the transition. It was advised that planning with staff and qualifying students had been taking place over several years. There had been a successful campaign to hire experienced midwives from outside North West London. There had also been very strong levels of staff retention.

Councillor Mason expressed the importance of children's centres for pre and post natal care, he also commented on the importance of reducing instances of complex health issues through working closely with public health officers.

It was agreed that close alignment with public health officers was key and work was being undertaken at all times in key areas such as reductions in smoking, obesity levels and other prominent public health issues. There would also be joint working with local authorities on optimising children's centres going forward.

The Chair queried why the final decision on the closure was delayed and not taken until 20 May 2015. It was explained that prior to this date some building work had still been taking place. There was a need to ensure the safest possible transition and that all capacity was fully in place, a revised decision date of 20 May allowed for this.

The Chair also queried the effects arising from the redrawing of community boundaries. It was stated that the boundaries would not limit choice in any way; they were in place primarily to aid the ambulance service.

**Resolved:** That

- (i) the report on the transition of maternity and interdependent services from Ealing Hospital be noted; and
- (ii) following the closure of maternity services at Ealing Hospital, the NHS be asked to provide the data tracking variables in maternity care, the quality impact assessment, and the transport impact assessment;

## **8. North West London A&E Performance Update** (Agenda Item 8)

A report was presented to the Committee which detailed the performance of North West London A&E departments over the preceding twelve months. In addition, the actions which were being taken to improve the performance were included where appropriate.

Dips in performance had been seen in recent figures; to rectify this, CCGs and the Trust had worked collaboratively to agree an action plan that would ensure the full recovery of A&E performance by the third quarter.

Councillor Williams noted a particular surge in attendance during December. Was there any reason for this and were the hospitals able to manage such surges? It was stated that spikes in attendance did happen on occasion and could not always be predicted. Work was taking place to ensure that hospitals were able to better respond to any future surges.

Councillor Mason expressed concern that the graphs and figures provided were not presented with a clarity that would allow them to be understood clearly by members of the public.

Officers stated that it was not an intention to be non-transparent, and that there were issues around Type 1 attendance recording as, at present, the measurements were not consistent across the board leading to less accuracy in figures.

It was agreed that the Committee would be provided with further statistics with a site by site breakdown of urgent care centre and A&E performance, including breakdowns by attendance type, ensuring that Type 1 attendances were split from these figures.

Discussion took place around the transfer of services from acute settings to primary/community settings. It was agreed that public education was paramount to ensuring a smooth transition and culture change. Councillor Vaughan asked that a detailed analysis of how the 7 day GP Service was working across the boroughs be provided to the Committee.

There was then a discussion of the 111 telephone service. The existing contract for the service was coming to an end; Councillor Mithani queried whether plans were in place for the end of the contract. Were plans in place should the existing contract not be renewed?

It was assured that regardless of whether the existing contract was renewed or not, there would be no gap in the service. Research work was currently being undertaken and was expected to be completed around September/October 2015.

The Chair asked whether the research would also address concerns raised around unqualified people answering the phone 'at the coalface'. Were appropriate levels of quality assurance in place?

It was advised that there was no intention to change the fundamental model and that quality assurance was taken very seriously, with strict monitoring of calls taking place.

The Chair felt it appropriate that a full report be provided to the Committee at a future meeting on how concerns around the 111 service, or its equivalent replacement service, would be addressed.

The final topic of discussion revolved around appropriate provisions being made for patients who were discharged between 12am and 5am. Stories had circulated of discharges taking place at these times without appropriate safety measures and assurances being in place.

It was agreed that for a discharge to take place at these times, it was important that the discharge was always safe and proper. Officers were closely analysing this to ensure a consistent high quality of patient safety and assurance.

The Chair thanked the NHS representatives for their contributions to the meeting and drew the item to a close.

**Resolved:** That

- (i) the performance update on North West London A&E departments be noted;
- (ii) the NHS be asked to provide Urgent Care Centre and A&E performance detailed in a site by site breakdown;
- (iii) the NHS be asked to include breakdown by attendance type within A&E Performance statistics, ensuring Type 1 attendances are split out;
- (iv) the NHS be asked to provide detailed analysis of how the 7 day GP Service is working across the boroughs; and
- (v) a full report be provided on how concerns with the '111' or future equivalent service will be addressed going forwards.

**9. Changes to Membership and Work Programme**  
(Agenda Item 9)

Officers had been asked to review the possibility of the JHOSC widening its scope beyond its current focus on the Shaping a Healthier Future initiative into other key areas of the health agenda.

Following research, it was concluded that, without altering the membership of the JHOSC, it was unclear how it could expand its remit to encompass any further key areas in their entirety. It would also put significantly more demand upon the workload of the Committee and would require that meetings take place on a more frequent basis.

Following discussion, Committee Members agreed that it would be difficult to extend the scope without varying from the Committee's original remit. It was considered that wider issues were better considered at a borough level and that the Committee

needed to focus specifically on areas that fell within the SaHF programme in order to be fully effective.

**Resolved:** That the current work programme be agreed.

## **10. NWL JHOSC – Next Meeting and Future Arrangements** (Agenda Item 10)

Councillor Vaughan felt it was important that the Implementation Business Plan be considered at the next meeting of the Committee. There was unanimous agreement on this.

The Councillors representing London Borough of Harrow kindly offered to host the next meeting of the Committee.

It was agreed that the next meeting would be held during October, and that a final date would be confirmed in due course.

**Resolved:** That

- (i) the Implementation Business Plan be considered at the next meeting of the Committee;
- (ii) LB Harrow be agreed as the location of the next meeting of the JHOSC; and
- (iii) a date during October be agreed for the meeting in due course.

## **11. Any Other Business** (Agenda Item 11)

The Chair opened a discussion on whether consideration should be given to the Mansfield Review at a private meeting of the Committee following its publication.

There were some concerns expressed by Committee Members around the form the meeting would take and whether it would be appropriate for the Committee to hold the meeting outside of a public facing setting. Officers were asked to further consider the viability of such a session.

**Resolved:** That supporting officers be asked to research the viability of considering the Mansfield review within a closed session.

Councillor Mel Collins,  
Chair.

The meeting ended at 9.40pm.