

# **REPORT FOR: HEALTH AND SOCIAL CARE SCRUTINY SUB- COMMITTEE**

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<b>Date of Meeting:</b>	27 June 2016
<b>Subject:</b>	Shaping a Healthier Future – Update from NW London Joint Health Overview and Scrutiny Committee
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Kairul Kareema Marikar Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report provides an update on the discussions at the latest meeting of the NW London Joint Health Overview and Scrutiny Committee for the Shaping a Healthier Future programme.

### **Recommendations:**

The Sub-Committee is asked to:

- Consider the update and provide any comments/issues that are to be raised in advance of the next JHOSC meeting (Autumn 2016).

## **Section 2 – Report**

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub-Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. As confirmed at Annual Council on 19 May 2016, Harrow's member representatives on the JHOSC for 2016/17 are Councillors Michael Borio and Vina Mithani.

The latest meeting of the JHOSC was held on 16 May 2016 and detailed below are key headlines from those discussions:

### Winter performance for A&E in NW London

- All hospitals in NW London have shown steady performance, with the exception of Northwick Park Hospital which has seen a gradual increase in admissions since 2014 when the A&Es at Central Middlesex and Hammersmith Hospitals closed.
- Figures show a higher attendance at GP surgeries than at Urgent Care Centres and A&Es.
- The flu vaccine has been less effective this year than anticipated.
- Much of the root cause is the patient flow in emergency departments, and therefore there is a need to improve delayed transfers of care and seven-day services including social care projects. Joint work with councils is critical.

### SaHF update:

#### Hospital-based activity

- A review of changes to maternity services in hospitals in NW London recently concluded and found that the benefits envisaged have been achieved. This means that the NHS can now implement the changes planned for paediatrics, from June 2016.

#### Local services

- 'Local services' is a new way to badge out of hospital services.
- The local NHS has made significant investment in local services but as yet has been unable to demonstrate significant improvements at scale.
- For 2016/17, improvements need to be demonstrated in
  - Last phase of life
  - 7-day discharge
  - Rapid response services such as STARRS – need to adopt a consistent service across NW London
- Workforce retention remains a challenge. Trusts in London train a lot of healthcare professionals but this is not reflected in the number that still work in the region thereafter – only 20% of staff trained in NW London are still working in the region 2 years after.

### Implementation Business Case

- The ImBC will set out the capital needed to implement the rest of the SaHF programme, including investment from the NHS.
- The ImBC drafted last March 2015 could not be taken forward due to the deteriorating financial positions of local trusts. There are also challenges with NHS estates in London.
- The Sustainability and Transformation Plan for NW London needs to be submitted by the end of June. This will show that the health and social care landscape is not currently sustainable and needs to be in a better position by 2021. There are opportunities for better working together and the STP should help refocus some of the SaHF programme.
- The STP presents the opportunity to get capital challenges on the table and identify all capital needs by the end of June. This will be helpful in informing the ImBC.
- The NHS are hoping to be in a position to share the ImBC with the JHOSC in September.

There appears to remain some unanswered questions about capacity in existing A&Es should further closures be made for example, the impact of closing St Mary's A&E on Northwick Park Hospital's A&E. This is potentially also exacerbated by recent reports<sup>1</sup> of the threatened closure of North Middlesex A&E on the grounds of patient safety. There are implications for other nearby A&Es having to absorb greater patient flow. Furthermore NHS England is reported as trying to persuade other hospitals in the capital to 'lend' it some of their own A&E staff to avert the possibility of North Middlesex Hospital's A&E being closed. This has implications on the other hospitals in a climate where there is already a shortage of A&E consultants.

The next phase of work for SaHF seems to be very much about demonstrating that local services are producing the results in the community that divert increased pressures away from accident and emergency services.

The next meeting of the JHOSC, to be confirmed for Autumn, will be the AGM and seek to confirm continuation of the JHOSC, confirm membership and put together a work programme for 2016/17.

### **Financial Implications**

The costs of delivering the health scrutiny work programme will be met from within existing resources.

### **Performance Issues**

There is no specific performance issues associated with this report.

### **Environmental Impact**

There is no specific environmental impact associated with this report.

### **Risk Management Implications**

There are none specific to this report.

### **Equalities Implications**

There are a number of equalities implications that relate to the reconfiguration of health services in North West London as a whole. These implications form part of the on-going considerations of the JHOSC.

### **Council Priorities**

- Protect the most vulnerable and support families

## **Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

<b>Ward Councillors notified:</b>	N/A
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## **Section 4 - Contact Details and Background Papers**

### **Contact:**

Nahreen Matlib, Senior Policy Officer, 020 8420 9204

### **Background Papers:**

Agenda papers for the JHOSC meeting on 16 May 2016:

<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1102&MId=62979>

<sup>i</sup> <https://www.theguardian.com/society/2016/jun/14/north-middlesex-hospital-ae-faces-closure-on-safety-grounds>