



**MINUTES OF THE NORTH WEST LONDON JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE**  
**Held on Tuesday 18 September 2018 at 10.00 am**

**Present**

Ketan Sheth	London Borough of Brent
Morrissey	London Borough of Ealing
Richardson	London Borough of Hammersmith and Fulham
Collins	London Borough of Hounslow
Shah	London Borough of Harrow
Juriansz	London Borough of Richmond
Dean	London Borough of Westminster

**In attendance**

Butler-Thalassis	London Borough of Westminster
Kevin Nicholson	Director for Acute Transformation, North West London Clinical Commissioning Groups (CCGs)
Mark Easton	Accountable Officer, North West London CCGs
Dr Mark Spencer	Medical Director, Shaping a Healthier Future
Rory Helga	Director of Communications and Engagement, North West London CCGs
Taru Jaroszynski	Policy and Scrutiny Manager, London Borough of Hounslow
James Diamond	Scrutiny Officer, Brent Council
Nikolay Manov	Governance Officer, Brent Council

Councillor Ketan Sheth welcomed everyone to the meeting. He spoke about the nature of the North West London Joint Health Overview and Scrutiny Committee and the challenges laid before it, emphasising the need for transparency and joint working between the Committee and the Clinical Commissioning Groups.

**1. Election of Chair and Vice- Chair**

Councillor Collins was nominated to chair the Committee for the duration of the 2018-2019 Municipal Year. Members of the Committee supported his nomination and it was **RESOLVED** that Councillor Collins be elected Chair of the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

Councillor Morrissey was nominated for the position of Vice-Chair of the Committee for the duration of the 2018-2019 Municipal Year. Members of the Committee supported her nomination and it was **RESOLVED** that Councillor Morrissey be elected Vice-Chair of the JHOSC.

*Councillor Collins took over the chairmanship of the meeting.*

## 2. **Apologies for absence and clarification of alternate Members**

Apologies for absence were received from Councillor Richardson.

Councillor Butler-Thalassis was in attendance at the meeting.

## 3. **Declarations of Interests**

Councillor Ketan Sheth declared that he was a lead governor at Central and North West London (CNWL) National Health Service (NHS) Foundation Trust.

Councillor Butler-Thalassis declared that she worked for a charity funded by the National Health Service.

Councillor Shah declared that she was an ambassador for the All-Party Parliamentary Group for Diabetes.

## 4. **Minutes of the Previous Meeting**

**RESOLVED** that the minutes of the previous meeting, held on 13 March 2018, be approved as an accurate record.

## 5. **Update on Shaping a Healthier Future and the Sustainability and Transformation Plan**

Mark Easton (Accountable Officer, North West London Collaboration of Clinical Commissioning Groups (CCGs)) introduced the paper which set out the key milestones and achievements that had been delivered against Shaping a Healthier Future and the North West London Health and Care Partnership and provided an overview of future next steps. He informed Members of the changes in the leadership team that had been made since the last meeting of the Committee – Mr Easton had been appointed as Accountable officer in June 2018 and Rory Helga had started as a Director of Communications and Engagement at North West London CCGs in the same month. Therefore, the current composition of the team included both new members and officers who had worked on Shaping a Healthier Future for a couple of years.

Mr Easton added that his post had been created as a result of the desire to coordinate the work of the eight CCGs operating in North London. He emphasised that although a Collaboration of the eight CCGs had been established, they remained separate entities, with Mr Easton, the Chief Finance Officer and the Chief Director of Quality being members of all eight CCG governing bodies. He added that the aim of this initiative had been to optimise resources and enable collaboration across the area. For example, a joint approach to developing a strategy and commissioning of acute trust and mental health and community trusts had been adopted across North West London. Nevertheless, Mr Easton noted that individual boroughs would still lead on the development of primary care and community services in their respective areas.

Mr Easton reminded Members that the North West London Sustainability and Transformation Plan (STP) had been agreed with 30 partners, including six of the eight local authorities across the area. A draft submission to National Health Service (NHS) England had been published in June 2016, and the approved version had been published in

October 2016. He said that the STP covered five areas which had been outlined on page 16 of the Agenda pack. Capital investment had been set out in two parts:

- **Strategic Outline Case One (SOC1):** it had been published in December 2016 and it covered changes in hospitals in outer North West London, including proposals to create new health and wellbeing hubs in each borough and to improve access to General Practitioner (GP) services.
- **Strategic Outline Case Two (SOC2):** it had not been published yet and it had been intended to cover changes in inner North West London, including improvements to Charing Cross Hospital.

Members heard that over the summer the collaboration of the eight CCGs had been able to submit a bid covering capital proposals and urgent capital work required at some sites, the outcome of which would be known in the autumn. This led to a discussion about changes to the Royal Brompton Hospital and it was noted that it had not been confirmed whether these would have an impact on the Imperial College Healthcare NHS Trust. The Committee enquired how these capital proposals differed from previous ones. Mr Easton explained that the proposals contained in SOC1 had been redesigned to achieve a reduction in cost and improve efficiency in order to address the fact that there was a significant backlog of maintenance issues. Furthermore, it was expected that benefits would be delivered from investments in primary and acute capacity.

Members raised specific questions that related to the redevelopment of St Mary's Hospital which was part of the Trust. They expressed concerns that a wide range of services were delivered at a site with a small footprint and asked whether a planning permission had been granted to construct a new building. It was noted that a way forward had not been agreed with Imperial College Healthcare NHS Trust and funding for some of the plans for St Mary's Hospital had not been secured. Dr Spencer added that the issue of ambulance access had been debated locally and talks had taken place with the local authority, with further information due to be provided at a later stage.

The Committee enquired about the next steps that would be taken in relation to delivering the STP and questioned the complexity of health policy. Mr Easton said the new NHS ten-year plan would be published in November 2018 and the North West London Collaboration of Clinical Commissioning Groups would review its plans to ensure that it would be able to deliver to national priorities and to contribute to the integration of care. The Collaboration would continue to work with the eight CCGs to facilitate the implementation of some of the expected changes such as the establishment of a single regulator for providers and commissioners in London. Members challenged the Collaboration on its engagement with the voluntary sector and Rory Helga (Director of Communications and Engagement, North West London CCGs) said that the Collaboration was willing to work with third sector organisations. Furthermore, patients would be engaged – for example, an update on the STP, highlighting some of the positive impacts on patients, had been discussed at the Shadow Joint Committee of CCGs on 6 September 2018. He added that the Collaboration supported a transition to a system of continuous engagement in each borough, which would allow regular contact in relation to multiple work streams, and various options to engage Elected Members had been considered. The issue of commissioning services capturing residents of several boroughs would be addressed at special sessions aimed at improving cohesion and streamlining processes. Moreover, Dr Mark Spencer (Medical Director, Shaping a Healthier Future) noted that services re-commissioned by the eight CCGs would

make use of digitalisation to promote collaboration and co-production with patients as well as sharing of best practice and knowledge.

In relation to the complexity of health policy, Mr Easton said that the Collaboration would work with stakeholders to make the STP simpler to understand. For instance, the current five key areas covered by the Plan would be revised to simply their descriptions, following which a sixth area might be added. Actions would be taken to improve the delivery of the STP and its governance arrangements would be revised – an STP Health and Care Board, consisting of providers and representatives of CCGs and local government, would be established to set the overall direction of the Plan. Reporting would be based on programmes and it would be easier to measure delivery against objectives, providing a framework for assessing progress in a structured way. This led a discussion of the scope of the STP and specific indicators that could be used to assess delivery. Mr Easton acknowledged the proposals that had been presented in the paper had been focused on increasing transparency and improving understanding by using simpler language which meant that in some cases it might be difficult to identify whether specific objectives had been achieved. The Collaboration would address this by establishing clear goals and monitoring performance against these.

Members queried who would be accountable for the delivery of the STP following the proposed changes. Mr Easton said that although there was not a legislative framework related to the STP, responsibility laid with the four senior leaders of the Collaboration who formed the executive team and who were held to account by regulators. Furthermore, the eight CCGs and the nine statutory provider bodies forming the Collaboration were accountable to the Secretary of State.

The Chair directed the discussion towards staff morale and engagement in relation to the STP and lessons learned from the summer pressures on Accident and Emergency (A&E) departments and how these could be implemented in the winter peak. Dr Spencer said that clinical departments had been working with NHS Horizons, while the Collaboration had engaged employees and had made efforts to maintain their motivation despite staff shortages and challenges associated with recruitment and retention. Mr Easton confirmed that the first tranche of winter funding had been received and that the lessons learned from the summer pressures on A&E departments would be incorporated into winter planning, which was on track.

The Committee thanked the officers representing the North West London CCGs for their time.

**RESOLVED** that the contents of the Update on Shaping a Healthier Future and the Sustainability and Transformation Plan report, be noted.

## 6. Annual Report

The Chair introduced the Annual Report which provided a summary of the activities of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) for the 2017/18 Municipal Year. He reminded Members that they had to consider whether the JHOSC had fulfilled its remit and whether it had to continue functioning. Councillor Collins said that it had been a privilege and a responsibility to Chair the meeting through the years and commented that the report demonstrated that the Committee had worked hard to

strengthen partnership scrutiny of health care in North West London and had been effective in discussing topics of interest.

**RESOLVED:**

- (i) The contents of the Chair's Annual Report of the North West London Joint Health Overview and Scrutiny Committee, be noted; and
- (ii) Meetings of the North West London Joint Health Overview and Scrutiny Committee would continue to take place.

**7. JHOSC Terms of Reference**

The Chair introduced the item and said that Members were committed to reviewing the Committee's remit each municipal year. He explained that the rationale for reconfirming the terms of reference and agreeing a structured work programme was to provide a clear understanding for all stakeholders of the role and remit of the North West London Joint Health Overview and Scrutiny Committee. He emphasised that the primary aim of health scrutiny was to strengthen the voice of local people, ensuring that their needs and experiences were considered as an integral part of the commissioning and delivery of health services and that those services were effective and safe.

**RESOLVED:**

- (i) The contents of the Joint Health Overview and Scrutiny Committee Terms of Reference report, be noted;
- (ii) The Committee would continue to work with the eight Clinical Commissioning Groups in North West London;
- (iii) The Committee would continue to work with the North West London Collaboration of Clinical Commissioning Groups in order to understand better its role and responsibilities;
- (iv) The terms of reference of the Committee be expanded to include consideration of the Sustainability and Transformation Plan;
- (v) A letter be drafted by the Chair and the Vice-Chair, inviting the London Borough of Hillingdon to re-engage with the Committee;
- (vi) The draft letter referred to in resolution (v) be circulated to all Members of the Committee; and
- (vii) The revised terms of reference of the Committee be circulated to all participating local authorities so they could be ratified at the respective Full Council meetings and adopted at the next meeting of the Committee.

**8. Work Plan**

Taru Jaroszynski (Policy and Scrutiny Manager, London Borough of Hounslow) introduced the report which advised Members to consider the proposed list of potential topics for the

2018/2019 Municipal Year and to agree a Work Programme for the Committee to cover the meetings that had been scheduled to take place in December 2018 and March 2019.

The Committee referred to the potential 'long list of topics' (page 43 of the Agenda pack). It was noted that any decision reached would not be final as it would be possible to add urgent items and an emergency call-in meeting might be called if necessary. Furthermore, the Chair gave Members the opportunity to add any subjects they considered to be of interest to the Committee. Some of the topics that were proposed included - 'Workforce development and integration of care in light of Brexit', 'Out-of-hospital care for adults', 'Addiction services', 'Provision for 19-25 year olds who had been discharged from Child and Adolescent Mental Health Services (CAMHS)'.

**RESOLVED:**

(i) The contents of the North West London Joint Health Overview and Scrutiny Committee Work Programme, be noted;

(ii) The following topics be included in the Committee's Work Programme, subject to any urgent items added as and when necessary:

Meeting Date	Proposed Topics
4 December 2018	<p><u>Main agenda items:</u></p> <ul style="list-style-type: none"> <li>• Integrated Care Systems and its application in North West London and the Shadow Joint Committee, Governance and Scrutiny</li> <li>• Proposed reconfiguration of acute hospitals (an update on Strategic Outline Case One (SOC1))</li> </ul> <p><u>Standby item:</u></p> <ul style="list-style-type: none"> <li>• Performance Metrics for Shaping a Healthier Future Programme and the Sustainability Transformation Plan (STP)</li> </ul>
12 March 2019	<p><u>Main agenda items:</u></p> <ul style="list-style-type: none"> <li>• Specific Topic Focus: mental health (Delivery Area 4 of STP) – to include homelessness and provision for 19-25 year olds who had been discharged from CAMHS.</li> <li>• Financial aspects of the STP and the Shaping a Healthier Future Programme (taking account of STP workforce and the risk register) - to include discussions on expenditure on consultant fees and the impact of Brexit on workforce development.</li> </ul> <p><u>Standby item:</u></p> <ul style="list-style-type: none"> <li>• Further Updates on the London Ambulance Service and Acute Accident and Emergency (A&amp;E)</li> </ul>

**9. Any other urgent business**

None