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| **CITY OF WESTMINSTER** | **MINUTES** |

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| **North West London Joint Health Overview and Scrutiny Committee**  |
| **MINUTES OF PROCEEDINGS** |

Minutes of a meeting of the **North West London Joint Health Overview and Scrutiny Committee** held on **Monday 4th December, 2018**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR.

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| **Present:**

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| Councillor Mel Collins (Chairman): London Borough of HounslowCouncillor Alan Juriansz: London Borough of RichmondCouncillor Ketan Sheth: London Borough of BrentCouncillor Lorraine Dean: City of WestminsterCouncillor Rekha Shah: London Borough of Harrow**Also in Attendance:**Councillor Nafsika Butler-Thalassis (City of Westminster)Kevin Nicholson: Director of Acute Care TransformationMark Easton: Accountable Officer Dr Jo Emmanuel: Medical Director at CNWLJohn Wicks: Programme Director - Mental Health and WellbeingDr Annabel Crowe: Clinical Responsible Owner – Health Based Places of SafetyVittoria De Meo: HealthwatchBriony Sloper: London Ambulance ServiceSusan La Brooy: Medical Director |

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1 **WELCOME AND INTRODUCTION**

1.1 Councillor Dean welcomed everyone to the meeting and Cllr Collins expressed thanks to the London Borough of Brent for hosting the previous meeting of the Committee.

1.2 The Chair informed the Committee that discussions regarding a representative from the London Borough of Hillingdon attending future meetings were currently ongoing.

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2. **APOLOGIES FOR ABSENCE**

2.1 Apologies for absence were received from Councillor Lucy Richardson (London Borough of Hammersmith & Fulham) and Councillor Robert Freeman (Royal Borough of Kensington & Chelsea).

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1. **DECLARATIONS OF INTEREST**

3.1 Councillor Sheth declared that he was a lead Governor at the Central and North West London National Health Service Trust.

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1. **MINUTES**

3.1 **RESOLVED:**

That the minutes of the meeting held on 18 September 2018 be signed by the Chairman as a correct record of proceedings.

1. **MATTERS ARISING**

5.1 There were no matters arising.

1. **ELECTION OF VICE CHAIR**

6.1 Nominations for the post of Vice Chair were invited. One nomination was received and seconded. There were no further nominations.

**RESOLVED:**

That Councillor Lorraine Dean be appointed Vice Chair of the North West London Joint Health Overview and Scrutiny Committee.

1. **TERMS OF REFERENCE**

7.1 **RESOLVED:**

That the terms of reference for the North West London Joint Health Overview and Scrutiny Committee be agreed and adopted.

1. **HEALTH BASED PLACES OF SAFETY IN NORTH WEST LONDON**

8.1 John Wicks (Programme Director - Mental Health and Wellbeing) presented to the Committee a report which provided an overview of the work undertaken to support the development of proposals to improve quality and access to health based places of safety (HBPS) sites across North West London. The report detailed the partnership work undertaken and progress made with the engagement of key stakeholders.

8.2 The Committee noted that the HBPSs were suites where people suffering from mental health issues could be taken to, assessed and supported if they were deemed to be in need of immediate care. There was currently one HBPS in each North West London borough however, there was a limited amount of beds with only a limited staffing resource available. Concerns relating to capacity issues and access to sites had been raised and these were impacting on the experiences of service users. Therefore, it was proposed to reconfigure the HBPS suites across London to reduce delays, decrease patient admissions, improve patient outcomes, the treatment environment and staff expertise. Options to consolidate the numbers of sites were being considered and a business case would be developed setting out the different options. It was suggested that the business case would be finalised shortly allowing decisions to be made on the future of the service by April 2019.

8.3 The Committee welcomed the on-going engagement that had taken place to ensure service user feedback had shaped the development of options for redesigning HBPS sites across North West London. It was noted however that the engagement undertaken was quite narrow in the group of people it was consulting and questioned if this should be expanded further to include more potential service users. The Committee was informed that two years of extensive engagement had been undertaken with targeted service users and agencies supporting the service. The series of engagement activities undertaken had helped ensure service user feedback had shaped the development of options for redesigning HBPS sites. The engagement was still on-going however and the Committee’s feedback was welcomed on how this could be improved.

8.4 The Committee was interested to learn further about the work carried out by the South London and Maudsely Mental Health Trust to improve the quality of care and patient experience by introducing dedicated sites and staff. It was noted that the new model of care replaced four single occupancy sites across four London boroughs with a centralised option with specialist, dedicated staff. A Memorandum of Understanding between the four borough councils had been established setting out the agreed mutual responsibilities and operational practices to be adopted supporting the single model site. The Committee noted that after its first year of operation the new model of care had been evaluated which concluded that the centralised place of safety was a vast improvement on the old model.

8.5 The Committee welcomed the work being undertaken to improve access to HBPSs and the experience for service users. It was recognised that delivery options were still being assessed and it was requested that an interim report be presented to the next Committee meeting setting out the latest updates on progress made.

**RESOLVED**: that the Health Based Places of Safety JHOSC Briefing Report be noted.

1. **UPDATE ON THE PROPOSED RECONFIGURATION OF ACUTE HOSPITALS (SOC 1) AND THE COMPLIANCE WITH RECONFIGURATION TEST**

9.1 Kevin Nicholson (Director of Acute Care Transformation) and Mark Easton: (Accountable Officer) introduced the report which provided an update on the current status of the Strategic Outline Case Part 1 (SOC 1) bid. The report also provided an overview of the ways in which North West London CCGs were fully complaint with the NHS England tests against which reconfigurations must be assessed.

9.2 In terms of SOC 1 the Committee was advised that following a public consultation in 2012 on the proposed reconfiguration of acute hospitals the preferred option was published in 2013. This was approved by the Secretary of State for Health with the caveat that Ealing and Charing Cross Hospitals continue to offer an A&E service. In July 2018 a request for capital finding for the majority of the transformation programmes underpinning SOC 1 had been submitted in a new Department of Health and Social care process for providing capital funding. The Committee was informed that a decision on the funding proposals was expected shortly.

9.3 The Committee was pleased to note that the North West London CCGS were fully compliant with the NHS England tests against which reconfigurations were assessed. An update on compliance with the four tests was provided:

 Strong Public and Patient Engagement: Details on the level of pre-consultation and consultation activities undertaken with the public and patients was provided. It was explained that the next phase was to continue to inform and engage with stakeholders and move towards developing the outline and full business cases.

 Consistency with Current and Prospective Need for Patient Choice: The proposals were currently deemed to be enabling patients to receive the same level of service and the same opportunities that they received previously. It was expected that the programme would continue to embed patient choice within the proposals.

 Clear, Clinical Evidence Base: The programme was clinically led with all proposals developed through discussion at the Clinical Board which had senior representatives from each provider and CCG.

Support for proposals from Clinical Commissioners: In 2016 all CCGs approved SOC 1 via their governing bodies and in 2018 individual CCGs gave approval to each of their provider components of the capital submissions to the Department of Health.

9.4 The Committee expressed concern that a decision on the capital funding for SOC 1 had been further delayed. Mr Easton shared the disappointment that a decision had not yet been reached and confirmed that conversations with regulators were ongoing to satisfy any queries they had. It was hoped that a decision would be reached by Christmas 2018. Members raised questions on what would be the effect if no funding was received. Officers clarified that the activities would have to be rethought in light of this outcome.

9.5 In response to questions an update was provided on Ealing and Charing Cross Hospitals. Information was also provided on how the CCGs aimed to become more central within their communities. The Committee was advised that CCGs worked very closely with the community sector and had established programmes of work involving all sectors regarding how to best deliver care within the community. It was suggested that an update on integrated care within the community could come to a future meeting of the Committee for a wider discussion.

9.6 The Committee also discussed receiving a future update on the Hospital Transport Strategy and the level, and types, of staff engagement undertaken during the process.

**RESOLVED:** That the update on SOC 1 and the North West London Compliance with NHS England Reconfiguration Tests be noted.

**10 THE NORTH WEST LONDON JOINT COMMITTEE OF CCGs**

10.1 Mark Easton (Accountable Officer) provided an update on the Joint Committee which had been formed by each of the North West London CCGs. It was confirmed that the terms of reference had been agreed by all parties. NHS England had agreed the harmonisation and it had subsequently become a fully-fledged, decision-making committee.

10.2 In response to questions the Committee was informed that the Joint Committee had been very effective in improving integration between the CCGs. The integration occurred at all levels within the organisations and the collaborative arrangements would ensure a more consistent approach across the CCGs. The Committee requested that the terms of the reference for the new committee be forwarded on to Members.

10.3 It was noted that many of the items the Joint Committee would be considering were similar to those on the JHOSC work programme and there was therefore the potential scope to align work. The Committee welcomed the suggestion and requested that a summary following each Joint Committee meeting be forwarded on to Members to ensure an effective scrutiny process was in place.

**RESOLVED:** That the current status of the Joint Committee of the North West London CCGs be noted.

1. **WINTER PLANS**

11.1 Briony Sloper (London Ambulance Service) updated the Committee on winter preparedness across North West London for 2018/19. Winter 2017/18 debrief sessions had taken place in April 2018 and these had helped identify key themes and challenges, undertake a review of previous winter activity, likely demand assumptions and the sharing of best practice. There would be a focus on demand management schemes and encouraging people to self-care in order to avoid admissions to hospitals. There was also a focus on reducing the length of hospital stays and ensuring the correct systems were in place to ensure demand for ambulances could be met.

11.2 The Committee was pleased to note that extended access would be available to GPs across all boroughs in North West London enabling patients to be seen seven days a week from 8am to 8pm. Further information was sought however on whether any new approaches would be taken to alleviate the pressures health services were under during the winter period. It was explained that there would be increased access to mental heath and pharmacy services with a greater degree of signposting to try to reduce admissions to A&E.

11.3 The Committee was pleased to note the processes and arrangements which had been established at an early stage to meet the expected significant and increased demand for A&E services during the winter period. It was noted that the arrangements would take a whole system approach, working across organisational boundaries and would inform the extensive planning already underway.

**RESOLVED:** That the overview of the Winter Plans in place for 2018/19 be noted.

1. **CONSULTATION ON THE ROYAL BROMPTON HOSPITAL MOVE**

12.1 The item was deferred to a future meeting.

1. **ANY OTHER BUSINESS**

13.1 The Chair provided the following updates:

* Members were reminded that the Pan-London JHOSC meeting was scheduled for Thursday 6 December 2018; and
* The next meeting of the London Scrutiny Network meeting was scheduled for Friday 7 December 2018.

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The Meeting ended at .

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