

North West London Joint Health Overview and Scrutiny Committee

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1. Executive Summary

The annual review, according to the existing Terms of Reference suggests that Members consider if the JHOSC has fulfilled its remit and if it should continue.

The purpose of this report is to provide a summary of the activities of the North West London Joint Health Overview and Scrutiny Committee for the year 2017/18 to help Members decide on the future of the JHOSC.

2. Key matters for the NWLJHOSC's consideration

Members should consider

- The activities of the North West London Joint Health Overview and Scrutiny Committee as set out in the annual report
- if the JHOSC has fulfilled its remit and if it should continue.

3. Background

Please see the attached report.

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Annual Report of the North West London Joint Health Overview and Scrutiny Committee

June 2017 – May 2018

FOREWORD



Cllr Mel Collins

I am pleased to present this report, and the substantial work undertaken by the North West London Joint Health Overview and Scrutiny Committee (NW JHOSC) over the past year. We have collectively worked hard to strengthen partnership scrutiny of health care in North West London.

I am very grateful to all the members of the Committee who have joined me in our scrutiny work. I would also like to reflect my thanks to the Senior Officers of the North West CCG and the London Ambulance Service who have contributed fully and positively once again this year.

As well as setting out the achievements over this year, I want to set out some of my recommendations for the new NW JHOSC following the 2018 local government elections.

This year, the Committee considered the impact of the new integrated health system (previously known as the accountable care system), changes at Charing Cross Hospital and the new hub model. They have considered performance of the London Ambulance Service and urgent care capacity.

The Committee has also spent much time discussing the implementation of the NW London Sustainability and Transformation Plan (STP). In this way, we have gone beyond the scrutiny of Shaping a Healthier Future (SaHF). Considering the proposed agenda and changes, I would recommend that the Committee consider expanding its terms of reference to include this work and inviting the London Borough of Hillingdon to join the JHOSC to ensure adequate scrutiny of the STP.

Councillor Mel Collins

Chair North West London Joint Health Overview and Scrutiny Committee
London Borough of Hounslow.

NW JHOSC MEMBERSHIP 2017/2018

London Borough	Councillor Names
Hammersmith & Fulham	Councillor Sharon Holder
	Councillor Rory Vaughan
Brent	Councillor Ketan Sheth
	Councillor Barbara Pitruzella
Ealing	Councillor Daniel Crawford
	Councillor Theresa Mullins
Harrow	Councillor Michael Borio
	Councillor Vina Mithani
Hounslow	Councillor Melvin Collins (Chair)
	Councillor Shaida Mehrban
Kensington & Chelsea	Councillor Catherine Faulks
	Councillor Robert Freeman
Westminster	Councillor Barbara Arzymanow
	Councillor Jonathan Glanz

Richmond (co-opted members)	Councillor John Coombs
	Councillor Liz Jaeger

THE NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The JHOSC has met three times during the municipal year. There was very good attendance from members. Below is a summary of the meetings. Further detail is available in the meeting minutes.

THE ACCOUNTABLE CARE SYSTEM (ALSO KNOWN AS INTEGRATED HEALTH SYSTEM)

The first meeting was held on 5 December 2017, the JHOSC received an explanation of the Accountable Care System (also known as Integrated Health System) including information about the modelling of a frailty service to prevent the admission into hospital of frail older people and instead support them at homes. They were informed that the new model was looking to solve the issue of fragmentation of services through the increased joining up of health and care services. Hillingdon CCG is considered the leading CCG in developing the most advanced accountable care model in North West (NW) London, contributing to reducing unnecessary hospital admissions.

The JHOSC probed cross-borough interactions, and raised concerns about the impact of local authority budget cuts, the inappropriate presentation of patients at A&E, the ambition of social prescribing and the importance of client centred working.

UPDATE ON THE COMMUNITY HUB MODEL

At the same meeting, the JHOSC also received an overview of the objectives and role of GP Hubs and implementation plans across NW London. A Community Hub is a physical building in the community enables a wider range of services to be available to patients than would typically be offered in a smaller GP practice. They are designed to bring together NHS and social care services in one place. The business case for hubs has been submitted to NHS England.

Members discuss the mode and the impact that it might have in directing patients away from A&E.

IMPACT OF THE STP ON NURSING

At the December meeting, Chair noted the receipt of a letter from the Royal College of Nursing, which suggested the loss of nurses and the decreasing attractiveness of their role, as well as raised concerns about the NW London Sustainable Development Plan (STP), particularly regarding the level of engagement with the nursing associations. The JHOSC responded to the letter, assuring the RCN that the concerns raised about the STP will be incorporated into the JHOSC's scrutiny of the STP implementation going forward.

UPDATE ON NHS MATTERS

Members also receive an update on NHS matters including improvements to local services (or out of hospital care) and benchmarking and indicators for making changes at Ealing Hospital

Officers noted the investment in enhanced primary care and support to patients and efforts ensure that patients were not in hospital longer than necessary. Members discussed the Home First readmission targets. Questions were raised about the impact of the reduction and removal of services at Ealing Hospital given population growth in Ealing and Hounslow. This was taken forward to future meetings.

Initial discussions about performance metrics for the Shaping a Healthier Future Programme and STP took place at the 23 January 2018 meeting, where the Panel agreed that areas of focus for developing the metrics should be identifying safe levels of A&E attendance, and educating the public about their options for care.

A&E PERFORMANCE IN NW LONDON

At the 23 January 2018 meeting, the JHOSC were presented with preliminary data on A&E performance in NW London. The data showed that whilst NW London was not reaching the 95% target, it was performing better than the rest of London and the England average. The JHOSC expressed some concern about the inclusion of urgent care centres and walk-in centres in the four-hour waiting time target, which potentially makes the data misleading.

In March 2018, the JHOSC received another update on urgent and emergency care performance in NW London. Whilst NW London is still not yet meeting the 95% target (patients seen, treated and admitted or discharged within 4 hours of arrival), its performance during January 2018 was generally over 3% better than the same period last year. The Committee queried the measures in place to ensure the NHS in NW London continues to move towards achieving the national target and questioned why A&E performance at Imperial continued to be lower than other Trust in NW London.

INVESTMENT PLANS FOR CHARING CROSS HOSPITAL

At the same meeting, the JHOSC received an update from the Imperial College Healthcare NHS Trust on recent and proposed investments at Charing Cross Hospital. The JHOSC noted plans to halt progress with reducing acute hospital services at Charing Cross, unless and until a reduction in acute demands was achieved. They did commend the recent investments in new facilities and equipment at the hospital. The JHOSC also queried the timing of the release of SOC2 (a technical document to secure capital investment in subsequent phases of the Shaping a Healthier Future programme delivery). The Trust informed members that the current focus is on embedding services so the timing of SOC2 is yet to be confirmed.

The JHOSC also received a report from Healthwatch Central West London, that aims to build a comprehensive picture of the current situation at Charing Cross Hospital. The report also provided patients' views and experiences to inform key decision makers in deciding future actions. The report had recommended that a clear and robust communications strategy be developed, with information on how decisions about the future of the Hospital would be made.

UPDATE FROM LONDON AMBULANCE SERVICE

London Ambulance Service (LAS) provided an update on progress made in improving the service. Members were pleased to hear that following a poor rating from the CQC in 2015, the LAS has worked diligently to improve the highlighted areas, making significant improvements in medicine management, staffing and levels of reporting. The LAS is now in the top three performing trusts in the country. The JHOSC commended the LAS's move to a new Ambulance Response Programme and the improvements in response times.

The JHOSC commended the increase in recruitment within the UK and internationally. However, they queried whether there are plans in place to maintain sufficient staffing. The work being done to address hospital handovers and issues of long handover delays ('ambulance stacking') was also queried.

UPDATE ON SOC1 AND STP IMPLEMENTATION

The JHOSC also received an update on the implementation of the STP for NW London. They were informed that it was difficult to confirm timelines for implementation due to uncertainty over the approvals needed for the programmes at St. Mary's and Charing Cross Hospitals. The Committee highlighted the need for hospital discharge teams to develop stronger links with Housing, which could make a significant contribution to integrated care. The Director of Operations from Ealing CCG confirmed that discharge teams were increasingly including staff from housing. This will be discussed more broadly at a future meeting.

The JHOSC was also informed that metrics for the STP are currently being collected and collated and requested that further discussion on performance metrics for the Shaping a Healthier Future programme and the STP be scheduled for future meetings.

STP EQUALITIES IMPACT ASSESSMENT

The Committee discussed the Equality Impact Assessment (EIA) of the North West STP which looked at the overall effects of the programmes and delivery plans in relation to the public health profile for NW London. The EIA was undertaken by the NHS North West London Collaboration of CCGs, and published in April 2017. It was reported that most groups and people who were living in deprivation would benefit from the proposals, and that the focus of the STP was likely to close the inequality gap in most areas. The overarching framework proposed by the programme would also have a positive effect on the residents of NW London. Further assessments of specific proposals within the programmes would be conducted. Members noted the need to be kept informed to reassure residents were reassured that the proposals and changes were being closely monitored.