At a meeting of the Shadow North West London Joint Health Overview and Scrutiny Committee held on Tuesday, 12 June 2012 at 7:00 pm at Council Chamber, Civic Centre, Lampton Road, Hounslow.

Present

Members
Councillors Pam Fisher (Hounslow), Abdullah Gulaid (Ealing), Anita Kapoor (Ealing), Mary Weale (Kensington and Chelsea), Patricia Harrison (Brent), Sandra Kabbir (Brent), Shelia D'Souza (Westminster), Lucy Ivimy (Hammersmith and Fulham), Rory Vaughan (Hammersmith and Fulham)

NHS Inner North West London
Dr Mark Spencer (Medical Director), Daniel Elkeles (Director of Strategy), Luke Blair (Communications and Engagement Workstream Lead) , David Mason (Legal Advisor, Capsticks), Liz Knight (Deputy Director of Strategy)

Officers
Deepa Patel (Hounslow), Andrew Davies (Brent), Mark Ewbank (Westminster), Nahreen Matlib (Harrow), Kevin Unwin (Ealing), Sue Perrin (Hammersmith and Fulham), Gareth Ebenezer (Kensington and Chelsea)

Apologies for Absence

Councillors, Ann Hunter (Brent), Rory Sarah Richardson (Westminster), Charles Williams (Kensington and Chelsea)

Dr Anne Rainsbury (NHS Inner NWL Chief Executive)

Welcome and introductions

The Chair welcomed members to the Committee. Apologies were noted.

Minutes: To approve the minutes of the informal meeting held on 17 April 2012

The minutes of the previous meeting were approved as an accurate record of proceedings subject to the following amendments agreed by the Committee:

Page 1. Replace Vina Mithani (Hounslow) with *Vina Mithani (Harrow)*
Page 4. Replace 'A member queried why it was not possible for Ealing Hospital to retain maternity services. Dr Spencer responded that it was unlikely that Ealing Hospital would be designated a major hospital and obstetrics required the same range of supporting services as an A&E department.' with *'A member queried why it was not possible for Ealing Hospital to retain maternity services. Dr Spencer responded that if Ealing Hospital were not designated a major hospital it would not retain maternity services because obstetrics required the same range of supporting services as an accident and emergency department.'*

Daniel Elkeles, NHS Director of Strategy, provided clarification on issues raised on Pages 3 and 4 of the minutes.

Page 3 – 'Members considered that overall the events had been helpful and that a further pre consultation session would be beneficial'

Mr Elkeles said that it might be useful to clarify that the pre consultation engagement events were timed to inform the development of proposals, a process that concluded with the 17 May Programme Board where they agreed the proposed consultation options - hence no further pre consultation sessions are planned.

Page 3 – 'Equalities Impact Assessment (EIA). An expert Task and Finish Group had made proposals, which would be reviewed at the end of the consultation.'

Mr Elkeles explained that the Programme is undertaking an Equalities Impact Review, which will be concluded prior to consultation and will be used to inform JCPCT decision making. The review is expected to include recommendations which the Programme will draw up an action plan to address.

Page 4 – 'Whilst option 5 had failed in some areas, overall it had achieved the highest score and had the best financial performance. Options 5, 6 and 7 should be taken forward for further analysis with options 1, 2, 3 and 4 had achieved negative scores. Option 5, 6 and 7 had remained the top three when tested against 15 sensitivities.'

Mr Elkeles suggested that this was not correct and that it should be amended to: 'Based upon the evaluation analysis the Programme Board agreed that option 5, 6 and 7 should be taken forward for further analysis with option 5 the preferred option from a commissioner perspective. Options 5, 6 and 7 had remained the top three when tested against 15 sensitivities.'

<u>Matters arising</u>

Deepa Patel, Scrutiny Officer provided an update on progress with action points from the last meeting.

Action	Progress
Amend specification to include "experience of service re-configuration on a strategic level".	Complete
NHS NWL London representative to observe assessment and interview process.	Lisa Anderton is the nominated representative.
Provide OCG report to Members.	OCG report provided
Information (including financial data) to be presented on the 3	To be organised (note, this could be included as part of the

options going out to consultation so Members are able to constructively challenge any underlying assumptions.	first witness evidence session at the first formal meeting of the JHOSC).
Update Members on PCTs outside NW London which wish to be involved in the decision making process.	This will be covered under agenda item 3 on the agenda, which will also consider Membership of the Committee.
Provide consultation summary booklet to Members.	NHS NWL is in the process of drafting this and will share once ready.

Chairman and Vice Chairman: Procedure for election at next meeting attached for information and comment

The Chair outlined the proposed procedure for the election of Chair and Vice Chair of JHOSC and invited comments on the proposals.

Members discussed whether it was necessary to have an elected Chair and Vice Chair or whether the Chairship should continue to rotate with the host Council. Officers advised that a rotating Chairship was unusual and that it would be difficult for the Committee to coordinate its activities without a fixed Chair and Vice Chair. Members stated that the role that the Committee intended the Chair to have was an important factor – to Chair the meeting or to coordinate JHOSC activities? Members agreed that it was important for the Committee to have the continuity of an elected Chair who was able to effectively coordinate the Committees activities.

There was discussion from Members on whether one or two vice chairs would be required and previous practice from the Pan London joint Committee of ensuring representation from the three main political parties in London was raised. It was determined that the need for two or three vice chairs would be affected by whether Richmond, Wandsworth and Camden were joining the Committee.

Action :
Members to submit nominations for election to JHOSC Chair and Vice Chair for 12 July meeting

<u>Hillingdon</u>

Officers advised that it would be helpful to have formal confirmation of Hillingdon's position when the Committee is properly constituted.

Members agreed to write to Hillingdon to seek formal clarification as to whether they would like to be part of the JHOSC. It was noted that scrutiny committees cannot delegate their function to another authority or another committee.

Mr Elkeles commented that many of the issues discussed by the Committee have a material impact on Hillingdon Council and that it was appropriate for them to

participate. He said that their participation benefits others and said it would be helpful if the Committee could emphasise this when writing to them.

Action:
Officers to write to Hillingdon and seek formal clarification as to whether they wish to participate in the JHOSC.

Other London Councils

The Chair confirmed that Wandsworth, Richmond and Camden will be joining the Committee and invited members to comment on whether they should have full voting powers.

Members discussed whether Wandsworth, Richmond and Camden should have observer status or have full voting rights. Members commented that the issues have a material impact on these Councils and that it was important to liaise with them on this issue. Officers advised that it was their understanding that the Committee would be bound to accept them as full voting members but they would take legal advice to be absolutely sure.

The Chair Concluded that it was important for the Committee to be sure of the legal situation before making a decision and that legal advice should be sought to resolve questions surrounding the status of new members.

Action:
JHOSC to write to Camden, Wandsworth and Richmond Council , Leaders, Lead Cabinet Members for Health, and OSC Chairs, not currently involved in JHOSC to get confirmation on whether they wish to take part or be represented on the Committee.

Officers to seek legal advice on whether the Committee is bound to accept Wandsworth, Richmond and Camden as full voting members.

Procurement of support: Update

The Chair reported that she had been disappointed by the response from CfPS. They had said that the work was too administrative and that their associates would not be interested in it. Following further discussion with Deepa they had agreed to distribute the specification to their associates. The Chair said that she expected a more positive response this time. She warned that the timetable for having support in place had been delayed as a result and officers would therefore need to support the first formal meeting of the JHSOC.

Programme update including shortlist of options

Dr Mark Spencer provided an update on the NHS North West London Programme. He said that the National Clinical Advisory Team (NCAT) were happy that the

clinical model was reasonable. The Equalities Impact Assessment group had begun their work and would ensure the participation of easily marginalised groups and work to improve their engagement with them.

The programme board had met and agreed the Pre Consultation Business Case which had been drafted and circulated. It is soon to be finalised and will go back to the Board on 28 June with the consultation to be launched on 2 July. Dr Spencer said that it was important for the Committee to look at the consultation report and for the NHS to take it forward.

Travel analysis

David Elkeles, Director of Strategy presented the Committee with a Travel Analysis which sets out the approach to the use of travel information in the programme to date including the methodology used for key findings. It also included information on the work of the Equalities Review, the Travel Advisory Group and the further work needed from these.

Mr Elkeles talked the committee through the document, explaining that the analysis is used to predict the flow of activity if one hospital no longer offers a service and reflects the potential change in actual travel time that may be experienced by the public as a result of the proposed reconfiguration.

Mr Elkeles reported that there were challenges in analysing travel time data and that travel times could be impacted by several factors including multiple forms of transport, traffic congestion and differences in ambulance travel times. As a result there is no comprehensive database.

Dr Mark Spencer added that they had considered private cars and public transport and had made modifications for out of North West London travel.

Dr Spencer explained that the S curve is used to graphically assess travel times for the population of NW London for various hospital reconfigurations, for example how long it will take 95% of NWL population to get to their nearest major hospital.

The travel analysis looks at how long it will take to get to hospital before and after the reconfiguration, and from that calculate the average change in travel time. However, referring to p.11, he highlighted there was no consensus on the data. He explained that the real number was probably somewhere in between two datasets.

Dr Spencer reported that the data will be used to create an online tool for the public to use which will show how long a journey will take under each option. He said that this document was a mock up and that they are currently putting in the datasets. It should be finalised at the end of the week and include a TfL journey widget.

Members commented that it would be useful for the public to know the journey times but questioned whether it was a statistically blunt tool and how the team had come to the 67% figure for blue light travel time. Mr Elkeles responded that the S Curve provides maximum travel time taking into account population density and

that the 67% blue light travel time represents the time taken by ambulances to make a journey relative to a private car. He cautioned that the real travel time is likely to be somewhere in between these datasets and will depend on many factors. This is complicated by the fact that when the team asked ambulances for the data they could not provide it, as they are not allowed to do trial runs on blue lights. Some datasets on stroke response time suggest that the journey times are even shorter than expected. Dr Tim Spicer emphasised the paramount importance of patients getting to the right hospital and said that all the travel information will be made available on the website.

The Chair acknowledged that it was hard to estimate how long a journey might take but that it was important to convince residents that the changes are in their best interests.

Consultation plan: Version 5 attached

Mr Elkeles presented the Committee with an outline consultation plan for 'Shaping a Healthier Future'. He reported that the consultation was a very large undertaking which will cover eight London boroughs, nearly two million people, some of the most diverse areas of London, nine hospital sites, 12 provider health care trusts, over 1000 GPs and eight clinical commissioning groups. The consultation had clear objectives but they were making sure that they were able to adjust their plans to meet stakeholder requirements. They were also working to ensure that the consultation documents were accessible.

Mr Elkeles reported that they would be undertaking roadshows, public exhibition events and space for clinical leaders to answer questions. Focus groups would be particularly targeted at seldom heard groups with weighted responses from people with long term conditions, ethnic minorities and different age groups. NHS planned to engage with staff in hospitals at 9 key sites as well as events targeted at GPs.

<u>Questions from members</u>

Members questioned the accessibility of the consultation, in particular the reliance on internet based resources in relation to engagement with hard to reach groups. Mr Elkeles responded that they were undertaking an equalities impact assessment and would be working with focus groups. They had also engaged a communications specialist to look at these issues and advise. The distribution of printed consultation summaries would be targeted to hard to reach groups.

Members asked what steps they had taken to engage with NHS staff, unions and managers. Mr Elkeles responded that they had been working with all partners and discussions had started. There would be opportunity for discussions throughout the consultation and implementation period. He confirmed that they had received a letter from all trusts saying that they are in support of the consultation.

Members requested a list of times and dates of consultation events in the boroughs so that they can advertise them through council communications channels. Mr Elkeles responded that they have procured a specialist company to run consultations and the first event will be in Hillingdon. They will also be

advertising these events in local newspapers and council newsletters.

Action:
NHS to provide a list of consultation events held in boroughs.

Members said that the NHS should appreciate the constant need to be sensitive to the needs of certain groups. Members warned against engaging a company to do road shows without involving community groups and highlighted the risks of low turnout and reduced credibility. Mr Elkeles responded that the communications specialist will be talking to the local council and will use their responses in the consultation.

The Chair asked for an update on the progress of discussions with staff and whether there was anyone who was not on board. Dr Mark Spencer responded that they had had at least two meetings in each of the hospitals and have written to the Chief Executive of Imperial Hospital to arrange a meeting. Hospital doctors and GPs have expressed concerns and further meetings have been arranged to discuss the rationale and options for the reconfiguration with them. He concluded that there was lots of engagement with these groups.

Consultation options

Members questioned (NHS) rationale for including 3 options but indicating that one was the preferred option. It was confirmed that there would be 3 choices and that the consultation document would indicate that one option was the preferred option because it had been assessed as the most viable by clinicians. David Mason, Capsticks explained that it was important to look at a range of factors and that through the consultation process it may become apparent that some factors are not as important as initially thought. They were aiming for an objective and transparent process.

Members expressed concern that the wording of the document did not adequately give the impression that residents were free to make a choice. They also commented that in the interests of robust scrutiny they should have access to information on how the NHS came to its decision.

Following discussion of the role of JHOSC Mr Mason clarified that JCPCT will listen to JHOSC but that it was important to consider the analysis as well as the options. JHOSC should challenge NHS thinking and assumptions. The options and analysis could in theory be wrong and the JHOSC's role would be test these out. He said NHS have to be honest with people and it would be misleading to give equal weight to each of the options if they were not considered to be as advantageous.

Action:
JHOSC to feed their views into the JCPCT decision making process.

Consultation document

Members commented that the decision making process did not appear to be transparent. There appeared to be a black box out of which conclusions emerge and they were given no understanding of the financial parameters. Members said it was important that the NHS understand this because the role of the JHOSC was not to rubber stamp. Members further questioned whether there should be a preferred option, whether the presentation of the options was appropriate and whether it was reasonable to portray one of them as more viable than the others.

Mr Elkeles explained that NHS representatives had been attending committees in order to help members understand the issues and receive feedback from them. Regarding the consultation options he explained that it was clear to them that one of the options has more clinical and financial benefits. However in the interests of consulting in a transparent and open way they had included the other options.

The Chair asked the members if they would prefer the reference to 'preferred option' removed from the document. Members responded that it was valid to have a preferred option if that is their assessment. However there was a fundamental error in the strategy as the consultation document does not give respondents enough information to make a robust challenge or explain why the preferred option is preferred.

Mr Elkeles told the Committee that he will take from the JHOSC that the NHS need to work on how the options are expressed, look at potential 'leading questions' and rewrite the executive summary. He said that they would welcome further feedback from the committee as soon as possible. NHS will also provide further information including another half day session and any further documentation required by the Committee.

JHOSC Draft work programme: Attached for information and comment

The Chair introduced the JHOSC draft work programme and invited members comments on how the items should be prioritised.

Following discussion by the Committee it was agreed that the following matters would be prioritised:

the future of hospitals without accident and emergency departments
premature discharge
risk assessment

It was agreed that the NHS estate and the financial analysis would be addressed at the half day event to be arranged at Westminster City Council. Officers were instructed to make arrangements for the event.

Action:
Officers to prepare and organise half day meeting to be held in Westminster before the 12 July JHOSC.

Mr Elkeles asked the Committee whether, aside from the content of the

consultation documents, it was content with the consultation plan.

The Committee agreed that it was content with the consultation plan.

Date of Next Meeting 12 July 2012 (Kensington and Chelsea)

The date of the next meeting was noted.

The meeting finished at 21.02.