

## **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **MINUTES**

**Thursday, 6<sup>th</sup> September, 2012**

#### **PRESENT:**

##### **Chair:**

Lucy Ivimy (LB Hammersmith & Fulham)

##### **Councillors;**

Pat Harrison (LB Brent)

Sandra Kabir (LB Brent)

John Bryant (LB Camden)

Abdullah Gulaid (LB Ealing)

Anita Kapoor (LB Ealing)

Rory Vaughan (LB Hammersmith & Fulham)

Krishna James (LB Harrow)

Mary Weale (LB Kensington & Chelsea)

Sheila D'Souza (LB Westminster)

Sarah Richardson (LB Westminster)

Ms Maureen Chatterley (LB Richmond) (Co-opted Scrutiny Committee Member)

#### **Also Present - Witnesses addressing the Joint Committee**

Simon Cooper - Transport for London

Daniel Elkeles – Director of Strategy, NHS, N.W London

Catherine Jones - Transport for London

Jeffrey Lake - Acting Consultant in Public Health, NHS N.W London

Peter McKenna - Assistant Director of Operations West, London Ambulance Service

Abbas Mirza - Communications and Engagement Officer, NHS N.W London

Russell Roberts – Principal Transport Planner, London Borough of Ealing

Dr Mark Spencer Medical Director, NHS N.W London

##### **Officers:**

Mark Butler (JHOSC Support)

Gareth Ebenezer (Kensington and Chelsea)

Jacqueline de Casson (Brent)

Laurie Lyle (Ealing),

Lynne Margetts (Harrow)

Deepa Patel (Hounslow).

Kevin Unwin (Ealing),

#### **1. Apologies for Absence**

(Agenda Item 1)

Apologies for absence were received on behalf of Councillors;

Mel Collins, Pam Fisher (LB Hounslow),

Vina Mathani (LB Harrow),

Charles Williams (RB Kensington & Chelsea)

Sarah Richardson (LB Westminster)

**2. Urgent Matters**  
(Agenda Item 2)

The Chair requested that each of the individual Overview and Scrutiny Committee's that make up the JHOSC, submit a short report to the next meeting, by no later than the 18<sup>th</sup> September, 2012.

The Chair said that the report should summarise what each Overview and Scrutiny Committee believes are the key issues and main areas of concern relating to Shaping a Healthier Future.

**3. Matters to be Considered in Private**  
(Agenda Item 3)

There were none.

**4. Declarations of Interest**  
(Agenda Item 4):

There were none.

**6 Main Themes of the Meeting**  
(Agenda Item 5)

The Chair welcomed all those in attendance, and advised that the main purpose of the meeting was to consider evidence from relevant witnesses concerning transport issues, and the equalities impacts associated with the programme.

The Chair commenced consideration of the item by inviting Daniel Elkeles, Director of Strategy, NHS N.W London to provide a brief address the Joint Committee, on the transport and travel impact of the new proposals.

Daniel Elkeles advised the Joint Committee that a travel model had been developed using the Transport for London 'HSTAT' travel time database to conduct a travel time analysis.

He said that the main impacts of travel in NW London will be that Ambulance blue light travel will take a maximum of 30 minutes to travel to a major hospital in N.W London, and 95% of the local population of N.W London will be able to get to a major hospital within 18 minutes.

He said that in terms of private car travel, the time taken to arrive at a major hospital will be 54 minutes or less, at any time of the day, and that 95% of the local population will be able to arrive at a major hospital within 32 minutes, even during peak hours.

He said that with regard to public transport, the maximum time taken to arrive at a major hospital from anywhere within the N.W London area, has been calculated at 93 minutes or less at any time during the day, and 95% of the local population can expect to reach a major hospital in the N.W London area within 54 minutes or less, during the rush hour.

He said that overall the proposed reconfigurations are not likely to substantially affect people's ability to receive care, as there was very little difference between each of the different options, and the proposals have a relatively low impact on maximum and average travel times, due to the current proximity of hospitals in the N.W London area. He added that more care would be provided closer to home.

He said that the key issues going forward will remain travel impacts, and the requirement to undertake future joint planning with other related agency groups.

The Chair thanked Daniel Elkeles for his address, and invited Members to comment and ask questions.

In response to a point from a Member of the Joint Committee, Daniel Elkeles advised that residents of Richmond would normally travel to Charing Cross and West Middlesex to access treatment, however, if these hospitals do not become major hospitals under the new proposals, residents of Richmond Borough will be required to travel either to Chelsea, or Westminster hospitals. He added that South London were not planning for Kingston Hospital to be one of their major hospitals.

In response to a point from a Member of the Joint Committee, Daniel Elkeles advised that a great deal of travel information has been analysed to date, including looking at where people would go to access treatment and services under the three different options.

He said that NW NHS London had worked with 'Transport for London (TfL)', to come up with transport journey times, and the difference between each of the three proposed options was small.

In response to a point from the Chair regarding the maximum travel time of 93 minutes, and how many people are likely to be significantly affected by the new proposals, Daniel Elkeles advised that the numbers affected significantly will be in the minority, however he did not have the exact figures with him at the meeting.

He said that such information could be deduced from looking at the 'S' curve statistics, which is used to assess the travel times for the local population of N.W London for various hospital configurations. He gave an undertaking to circulate this information to all Members of the JHOSC.

In response to a point from a Member of the Joint Committee, Peter McKenna (London Ambulance Service), advised that the London Ambulance Service had undertaken a 91 day travel exercise of what investment will be required under the new reconfiguration proposals, and these costs have been factored into the proposed model.

In response to a point from the Chair of the Joint Committee, Daniel Elkeles advised that specific groups such as the elderly and the disabled do currently receive transport services, which are provided by the NHS, and that all hospitals in the N.W London area should currently operate a standard NHS policy on travel concessions.

He added that NHS NW London would discuss the issue of transport mapping with TfL in order to significantly facilitate journey times, however these talks could not take place until a decision on which option to implement has been taken.

He said that in addition, it is hoped that the work that is being carried out with regards to the 'Out of Hospital Strategy,' and the work currently being undertaken with regards to equality impact assessments will help to improve travel arrangements and mitigate impacts on all 'protected groups.'

Abbas Mirza (Communications and Engagement Officer), advised that he was leading the work of the Equalities Impact Steering Group, and said that he had begun work to ensure the participation of hitherto marginalised groups, and that he intended to improve engagement with these groups.

He said that he has spoken with numerous people regarding their concerns, in particular blue light travel and travel to hospices and 'dial-a-rides.' He said that wherever possible he had sought to reassure these people of the importance of arriving at the right hospital for treatment, rather than arriving at a hospital because it is nearer.

In response to a point from a Member of the Joint Committee, Daniel Elkeles advised that the costs of travelling, and the impact on local people of the new proposals is expected to remain at the same or similarly consistent levels. There was expected to be a significant environmental impact associated with the proposals, detailed in the carbon emissions modelling which had been circulated to Members. There were opportunities to offset increased emissions from longer journeys with more care being delivered closer to home.

In response to a supplementary question from the Chair of the Joint Committee concerning car parks, Daniel Elkeles said that NHS NW London would seek to increase car park space capacity at those hospitals where this is possible, however, realistically the increase of car park space or capacity, is only likely to take place at the larger hospital sites.

In response to a point from a Member of the Joint Committee, Daniel Elkeles advised that the NHS NW London's website contains, through the available travel tool, up to date, and detailed information in connection with specific journey times to each of the proposed major hospitals.

At this point the Chair invited Catherine Jones and Simon Cooper, representatives of Transport for London (TfL), to address the Joint Committee.

Catherine Jones and Simon Cooper advised Members that they had first met with clinicians from NW London back in February 2012 to discuss travel times, and that since then a number of meetings had taken place which had led to valuable information sharing and ideas exchange.

They advised that TfL had provided information for the 'Kinsey' travel advisory group report, and that TfL had looked at bus plans and had reviewed and discussed transport modelling, peak and non-peak times of travelling, and had undertaken a number of comparisons between different hospital sites.

They advised that a travel document has subsequently been prepared, and they will arrange for this document to be circulated to all Members of the JHOSC.

In response to a question by the Chair to the TfL representatives regarding whether or not TfL agree with the analysis provided by NW London, Catherine Jones said that TfL had provided the data, however their position is to remain neutral, as the role of TfL as a transport advisory group is to look at issues such as; the planning of routes, journey times, timetables, cost-effectiveness and flows of people. She said that the TfL also works with public liaison groups in each borough to talk about such issues.

Daniel Elkeles said that it was important to note that the vast majority of the current journey's will not change under the reconfiguration proposals. However NHS NW London will continue to consult with all stakeholders on the proposed changes to acute services, so that better outcomes and cost effectiveness can be achieved.

In response to a question from a Member from Richmond Borough Council, Daniel Elkeles gave an undertaking to provide information to that Member concerning travelling modelling in the Richmond area.

The Chair thanked Catherine Jones and Simon Cooper for their contributions, and invited Peter McKenna, 'Assistant Director of Operations West,' London Ambulance Service, to address the Joint Committee.

Peter McKenna advised that the London Ambulance Service had looked specifically at delivering time in the most appropriate settings, and had attended a number of meetings of the 'Transport Steering Committee,' during which the Ambulance Service were advised of the options and proposed changes to current services.

He informed Members that currently the Ambulance Service take the most acutely ill from the start of the patients journey, to specialist sites across London. He said that likewise trauma patients are taken from the start of their journey, to any one of 4 specialist trauma sites across London.

He said that the Ambulance service prefer to travel further if necessary, in order to get to the right place for patients, so that the patients receive the best treatment.

He said that the Ambulance Service had been consulted on the proposed travel times, and had looked at all 3 options, and they were satisfied with the times quoted in each of the options.

He said that the major consideration for the Ambulance Service is how the proposals will impact upon the London Ambulance Service capacity to ensure that appropriate response times can be maintained.

In response to a point from a Member of the Joint Committee, Peter McKenna said that average blue light times in London were generally 12.7 minutes. He added that statistically heart attack patients in London, have a better chance of survival than in any other major city in the UK.

In response to a supplementary question from a Member of the Joint Committee, Peter McKenna advised that where a heart attack patient attends their local hospital seeking treatment, there is an immediate transfer policy in place to take them to a major hospital, where the patient can receive specialist treatment.

In response to a question from a Member of the Joint Committee, Peter McKenna advised that the Ambulance service supports the proposed changes, and have identified what their requirements will be to adapt to the changes, however this cannot be confirmed until final decisions on the options are made.

The Chair thanked all those who had contributed to the item concerning the impact of the new proposals on travel and transport.

The Chair then invited Jeffrey Lake, Acting Consultant in Public Health, NHS NW London to advise the Joint Committee, on the impact of the new proposals in relation to equalities matters.

Jeffrey Lake advised the Joint Committee on the main findings of the equalities impact strategic review, which he said is in response to the legislative requirements of the Equalities Act 2010, which requires public sector bodies to demonstrate compliance with public sector equality duty.

He provided a brief presentation on the equalities assessment work currently being undertaken in N.W London, and summarised the methodology undertaken in assessing the potential impacts of the reconfiguration proposals with particular regard to those with 'protected' characteristics, who are people considered to have a higher propensity to require access to major services, and those who are most likely to be vulnerable to change.

He said that, such groups typically include; age, disability, gender reassignment, race, religion and sexual orientation. He said that from these demographics, profiling is done and a map is created and critical areas identified.

He said that much of the equalities work carried out seeks to identify disproportionate needs for services closer to home such as; 'accident and emergency (A&E), elective complex and non-complex surgery, emergency surgery, obstetrics and paediatric services.

He said that overall the impact on equalities was positive, with little significant difference between each of the three options. He added that this information has been shared with the public health teams.

In response to a question from a Member of the Joint Committee, Daniel Elkeles advised that across all of the protected groups there were advantages in terms of care being provided closer to home, which obviates the need for travelling to hospital for treatment.

He said that the new proposals also enable more care to be provided in the community. He said that an example of this, is the integrated care pilot for diabetes, where consultants can see the patient in their local GP practice.

In response to a question from a Member of the Joint Committee concerning the absence of any mention of mental health services in the proposals, Jeffrey Lake said whilst it is true that proposals concerning mental health were not mentioned specifically, current local mental health services will not change significantly. He said that mental health services will however be bolstered in A&E departments, and 'Urgent Care Centres' will also be accessible for mental health patients.

In response to a question from a Member of the Joint Committee, Jeffrey Lake said that all three options were considered from an equalities perspective, and the findings remained generally consistent throughout.

In response to a question from the Chair of the Joint Committee, Jeffrey Lake said that current models of good equalities practice include efforts to liaise with groups from different ethnic communities within Ealing, such as the; Afro-Caribbean, Bosnian and Herzegovinian, Somali and South East Asian communities.

Dr Mark Spencer, Medical Director, NHS NW London, said that it was important to note that the issue of equalities was one of the main drivers that had led clinicians in NW London to look at change to improve care across all of its sites. He said that currently there were examples of disparate care across NW London, and the new proposals sought to put this right, and redress the balance.

At this point the Chair invited Russell Roberts, Principal Transport Planner, London Borough of Ealing to address the Joint Committee.

Russell Roberts said that the Borough had identified a number of issues that they would like to see addressed, including;

- An independent validation of the travel modelling undertaken to date
- More detailed explanation of why Hillingdon and Northwick Park hospitals had been selected as major hospitals in the initial phase of options development described in the Pre Consultation Business Case
- A potential over-estimation of levels of car ownership in London, as levels were below the national average

In addition it was felt that further detail was required on the following:

- services provided outside of hospitals
- services to be provided at urgent care centres
- the impacts of the proposals regarding the expected population increase in Ealing, in line with the new census.

Sheila D'Souza (LB Westminster), said that she believed that the out of hospital strategy will be absolutely pivotal to the success of the proposed reconfiguration.

She cited diabetes as an example, and said that she hoped that specialists will provide better care, and bring services into local communities, thus providing better outcomes for the local population.

Rory Vaughan (LB Hammersmith & Fulham), said that it was important to recognise that new census data indicates that populations across NW London are increasing significantly, and that this needs to be borne in mind when considering the impact of the new proposals.

The Chair concluded the proceedings by thanking all those present for their attendance and contributions to the meeting.

**7 Date of Next Meeting**  
(Agenda Item 13)

**Resolved:** That the next meeting of the JHOSC take place on Wednesday, 26<sup>th</sup> September, 2012.

The meeting ended at 10.00pm