City of Westminster

Committee Agenda

Title: **North West London Joint Health Overview and Scrutiny Committee (NWLJHOSC)**

Meeting Date: **Wednesday 21st November 2012**

Time: **18:30**

Venue: **Council Chamber, Old Marylebone Town Hall, 97-113 Marylebone Road, London, NW1 5PT**

Members:

Councillors:
Cllr Lucy Ivimy (Chairman)
Cllr Patricia Harrison
Cllr Sandra Kabir
Cllr Mel Collins
Cllr Sheila D'Souza
Ms Maureen Chatterley
Cllr Abdullah Gulaid
Cllr Pam Fisher
Cllr Anita Kapoor
Cllr Krishna James
Cllr Sue Jones
Cllr Sarah McDermott
Cllr Rory Vaughan
Cllr Caroline Usher
Cllr Mary Weale
Cllr Sarah Richardson

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact Legal and Democratic Services on 020 7641 2802

Officer Contact for this Committee:
Dr Mark Ewbank - Tel: 020 7641 2636
Email: mewbank@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Members and Officers of any personal or prejudicial interests.

3. MINUTES **Pages**

To sign the minutes of the meeting held on Wednesday 26th September and Monday 1st October

4. NHS RESPONSE TO THE JHOSC **Pages**

NHS North West London to present a response to the Joint Committee's submission to the consultation on reconfiguration.

5. FUTURE DATES OF THE COMMITTEE **Pages**

6. PRESS RELEASES **Pages**

7. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT **Pages**

MINUTES OF THE NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Wednesday 26 September 2012 at 10.00 am

PRESENT: Councillor Ivimy (LB Hammersmith and Fulham) (Chair), and Councillors Bryant (LB Camden), Chatterley (LB Richmond (Co-opted Scrutiny Committee Member)), Collins (LB Hounslow), D'Souza (City of Westminster), Fisher (LB Hounslow), Gulaid (LB Ealing), Harrison (LB Brent), James (LB Harrow), Jones (LB Richmond), Kabir (LB Brent), Kapoor (LB Ealing), McDermott (LB Wandsworth), Usher (LB Wandsworth), Vaughan (LB Hammersmith and Fulham) and Weale (RB Kensington & Chelsea)

1. Apologies for Absence

Cllr Richardson, Mithani and Williams gave their apologies for the meeting

2. Welcome and Introduction

The Chair opened the meeting by welcoming all members of the Committee, the public and the team from NHS North West London to the final North West London Joint Health Overview and Scrutiny Committee in the current round. The Chair explained that this was a very significant meeting as the Committee would seek to clarify any issues they had on the proposals before considering the draft report of the committee. The Chair concluded by apologising for the short amount of time that members had had to consider the draft report. The Chair explained that that was because the report could not be written until the Committee had heard most of the evidence available at its recent meetings.

3. Declarations of Interests

There were no declarations of interest.

4. Minutes of the Last Meetings (4th and 6th of September)

- 4th September

  Mark Spencer, from NHS North West London, stated that the minutes from the 4th September 2012 should be amended to reflect that Dr Jenkins was conveying his own opinions at that meeting and not the opinions of all GPs nor the opinions of Ealing, Hammersmith and Hounslow Local Medical Committee (LMC). Mark Spencer added that Dr Jenkins did not have the authority to speak on behalf of others in this regard.

The Chair stated that Dr Jenkins' evidence could not be reopened for discussion, however she agreed that the Committee should bear in mind the capacity in which Dr Jenkins gave his evidence and that the minutes should be amended to reflect this.

RESOLVED: that the minutes of the meeting held on 4th September be agreed as a correct record subject to minute 4 - - paragraph 29 being amended to read 'Dr Adam Jenkins, Chairman of Ealing, Hammersmith and Hounslow LMC, presented opinions from a GPs perspective. Dr Jenkins stated that similar……'

- 6th September

RESOLVED: that the minutes of the meeting held on 6th September be agreed as a correct record subject to showing that Councillor Richardson was not present and that Maureen Chatterley, Councillor Jones and Ofordi Nabokei were present.

Matters Arising

Cllr Collins explained that he had not been present at the meeting on 6th September but he had noted from the minutes that there had only been a brief discussion regarding patient transport. He had found this troubling as the Committee had agreed in May that patient transport was a crucial issue. The Chair stated that other members agreed with Councillor Collins and it was therefore expected that this issue would be discussed at this meeting.

Councillor Jones asked why the location of the road show that had taken place in Richmond had not been moved. She had asked explicitly at the last meeting for the location to be changed to one that was more accessible for those who regularly used West Middlesex hospital. NHS North West London apologised that the location had not been changed but they were unaware that this had been an action requested from the last meeting. They explained that the road show had been well publicised and that there was a reasonable turnout.

5. Witnesses and Additional Evidence

The Chair allowed three members of the public to address the Committee briefly before the Committee heard evidence from NHS North West London and the Patient and Public Advisory Group.

Robert Sale

Robert Sale informed the Committee that he had come to speak at the meeting not only on behalf of Brent Fightback but also as a concerned member of the public who had relied on the NHS his entire life. He stated that he had experienced difficulty in trying to communicate with Mr Blair who was the lead communications contact for the project, as he had been informed that Mr Blair did not have a telephone, and he often did not reply to emails. Mr Sale explained that he had

asked Mr Blair for a copy of the risk assessment but had yet to receive it, he then asked if the committee had received this document as he believed the risk assessment was fundamental to consideration of the proposals by NHS North West London.

Mr Sale then went onto to reveal his disappointment at the Committee having agreed to a 14 week consultation period when that was only 2 weeks above the legal statutory requirements. He stated that West Sussex had agreed a 20 week consultation period and that Council represented a significantly less number of people than North West London JHOSC did. Mr Sale concluded by urging the Committee to not allow this political driven reform to take place.

The Chair thanked Robert Sale for his contribution and acknowledged that there were risks associated with these recommendations and that these had been considered in a risk assessment. NHS North West London informed the Committee that the risk assessment had been sent to members the day before the meeting. NHS North West London agreed that this had not allowed the members enough time to consider the document to date which was unfortunate.

Emma Tate

Emma Tate addressed the Committee by firstly explaining that she was the Secretary of the Queens Park Area Residents Association, and that the Association had discussed this consultation at its last meeting. She stated that members of the Association had found it very difficult to access the information relating to the consultation, even though they were all fairly well educated. Therefore the consultation was flawed and inadequate as other members of the public may have found it virtually impossible to access the information, especially if they did not have access to a computer or the internet.

Emma Tate also explained that the consultation was inadequate as it was being conducted at a very bad time. Firstly it had taken place when a lot of people were on holiday, and it had also taken place at the same time as the Health and Social Care Act was being implemented. She stated that there should not be any changes to hospital provisions until the public could see and be assured that the out of hospital care offered would be fit for purpose. She asked the Committee if they were seriously going to agree to the proposals knowing that there would only be £120 million available over the next three years for out of hospital care which everybody knew would not be anywhere near enough.

Emma Tate considered the Committee's drafted recommendations as weak and inadequate. She reiterated that the Committee should not allow these changes to happen until they were satisfied that there were sufficient alternatives in place. She concluded by echoing Robert Sale's point of having asked for the risk assessment two weeks prior and still not having received it.

Sarah Cox

Sarah Cox addressed the Committee by explaining that she was also from the group Brent Fightback and that she had lived in and taught in Harlesden in Brent for a number of years. Sarah Cox informed the Committee that North West London, and the country as a whole faced a growing, ageing population and deep health

inequalities. She stated that to tackle these health inequalities, help had to be provided where it was needed most. Sarah Cox explained that there was a great need for help in communities that currently accessed services at Central Middlesex Hospital. These communities faced high birth rates, high incidents of mental ill health, and low life expectancy to name a few of the challenges. Sarah Cox therefore stated that members of the public could not fathom why the Accident and Emergency (A&E) had been closed at Central Middlesex, especially after £62 million was invested into Central Middlesex only 6 years ago for it to provide specialist care for emergencies.

Sarah Cox then questioned one of the reasons for the current proposals, as she stated that the vulnerable were far less likely to seek help than the rest of society and that they would be even less likely to access help if it were far away. She stated that public transport did not provide a direct route for many to Northwick Park, and that car ownership was low among the most vulnerable in society. She explained that more people would choose to go to St Mary's hospital which was in a different Trust and which would likely lead to many problems. She also stated that at present, with NHS staffing levels massively overstretched, visitors provided an invaluable role of providing care to those they visit. However, if people had to travel further to visit patients in hospital, it was likely that the number of people able to visit would decline. Sarah Cox concluded that she would happily support excellent out of hospital care, however it was evident, to her, that this would sadly not be the case.

The Chair thanked all three members of the public for their views, and stated that all these issues would be raised by the Committee. The Chair invited the public to remain for the rest of the meeting.

Witnesses and Additional Evidence

The Chair explained that this part of the meeting would centre on questions that had not been explored so far. NHS North West London stated that they did not have any presentations to make and they agreed to answer any questions the Committee may have.

<u>Dr Anne Rainsberry, Chief Executive, NHS North London</u>

Dr Rainsberry responded to the Chair's point that the Committee had not heard evidence that the strategy relating to the reconfiguration of Accident and Emergency would be a success, which was crucial, by stating that in her extensive experience the proposals put forward responded to the issues that the Committee and public had brought up. She stressed that this was the first time that the NHS had consulted on A&E proposals and that she recognised that there were significant challenges. She stated that she was very aware that the changes they wanted to make to hospitals were very reliant on how the NHS provided out of hospital care, and therefore they knew that they had to deliver out of hospital care successfully. She then informed the Committee that unless hospital care was reformed then health inequalities would remain.

The Chair explained to Dr Rainsberry that the Committee had not heard evidence from clinicians who worked within hospitals where significant changes would be

made, they had only heard from a small number of GPs, and therefore the Chair wanted to know if there was broad clinician support for these proposals.

Dr Rainsberry replied to this point by explaining to the Committee that they had established the Clinical Board to help draw up these proposals. This group comprised the Medical Directors from each of the Trusts, who represented their organisations and had sought the views of their organisations. She stated that the Clinical Board agreed that change needed to happen, however she explained it had been difficult to gain a complete consensus on how this change should be implemented. The Clinical Board had considered the standards required for both in and out of hospital care and how change should be delivered, and therefore Dr Rainsberry was satisfied that these proposals were clinician lead and had the broad support of clinicians. She added that clinicians from outside London had assessed the proposals and scrutinised the report. They had made some important recommendations that had been taken on board but they agreed overall that the proposals were sound and that they would improve health care in North West London. She agreed that there would always be anxiety from clinicians with such major change being recommended.

When challenged that these proposals were led by those at the top who hoped to gain support from clinicians as the proposals progressed, rather than the proposals being clinician led, Dr Rainsberry explained that the purpose of having a clinical board was for those who sat on the board to seek and bring along the views of the people they were representing and therefore the NHS could solicit the views of a wide variety of clinicians. She added that there had been a lot of engagement in the process including a number of workshops that had allowed them to harness a wide range of clinical views.

In response to a point raised by Councillor Gulaid regarding health inequalities, Dr Rainsberry explained that addressing health inequality was central to the proposals for change. She informed the Committee that the key ways they wanted to address this issue was by improving out of hospital care, and improving hospital care for local areas. She stated that by working through the Health and Wellbeing Boards this would make a difference to the constituents that councillors represented. She also noted that there would be associated strategies relating to the proposals to help reduce inequalities.

When asked if the new census figures that had been released would impact on the finances allocated to these proposals, Dr Rainsberry explained that the financial modelling had gone through a vast amount of scrutiny by the Health Authority and Department of Health. She added that there was still work to do regarding detail but that the broad financial plan was in place. Daniel Elkeles informed the committee that the financial modelling had been done based on activity rather than population size and therefore it was not expected that the census data would impact significantly on the finances already identified.

A member of the Committee called on NHS North West London to remove their February deadline as such a short space of time would not allow a fully considered outcome

Dr Rainsberry informed the Committee that NHS North West London believed that there was enough time to consider the issues that had been raised, however she

reassured the Committee that if it was felt that there remained issues to be considered by the February deadline then a decision would be delayed, however she was confident that they would be in a position to make decisions by February.

Councillor James raised concerns that services at Central Middlesex were being closed or moved to Northwick Park, which troubled him and his constituents as Central Middlesex had new facilities and he stated that Northwick Park had experienced a worrying mortality rate within the maternity wards. Councillor James also enquired as to how many people had actually attended the road shows that were put on to engage the public.

Dr Rainsberry responded by agreeing that the facilities at Central Middlesex were new and that it was hoped to use this hospital to maximum effect. She also stated that she was not aware of Mental Health services transferring out of Central Middlesex but that she would check and report back to the Committee. It was also noted that the NHS did not have to hand the exact figures of the number of people who attended the roadshows but that they could provide this information to the Committee.

Councillor Kabir stated that at time of constant change in the NHS it was hard to know what the impact of all these changes, including these proposals, would be for the residents of North West London.

Councillor Kapoor stated that it was unacceptable that A&E and maternity would be closed at Ealing hospital. She noted that Urgent Care Centres (UCCs) had become victims of their own success, and rather than supporting services of A&E they were now more of an extension to GPs. She asked if finances could not be redirected into making A&E and maternity departments more effective.

Dr Rainsberry responded to this point by stating that it was evident that the care provided by hospitals needed to be reviewed to ensure a satisfactory level of care was being offered to those who were seriously ill and she stated that currently she could not assure the Committee that the NHS provided this care consistently. She added that there were three options to review the way critical health care was offered and that they were consulting on these options. It was evident that Ealing supported option C, however she explained that clinicians agreed that option A would be the best option and would offer results quicker.

Councillor Vaughan referred to the out of hospital strategy and asked that, given the reconfiguration depended on the success of the out of hospital programme, what criteria would measure success. He asked when would Clinical Commissioning Groups (CCGs) be able to indicate that they were satisfied with the out of hospital strategy in each borough so that the programme could go ahead. He asked what would happen if the success criteria was not met at the same time in all of the boroughs.

Dr Rainsberry replied that the process of creating CCGs would culminate in their establishment on 1 April 2013. Before then the NHS Commissioning Board would be established on 1 October 2012 and would be responsible for authorising CCGs. There would be an extensive process for CCGs to go through. They would be required to produce a strategic plan and then site visits would be undertaken so that the Board could be satisfied that adequate plans were in place. The Board would

have the power not to authorise CCGs or impose conditions on them. However, Dr Rainsberry was confident that the CCGs would be able to successfully go through this process. The out of hospital strategy for the first time established standards of care. It was expected that CCGs would work to implement the out of hospital strategy and this would be done around establishing systems of care, with providers also ensuring safe systems were in place and these would be reflected in the implementation plan.

Councillor D'Souza stated that these proposals had a critical dependence on the out of hospital care strategy being a success and therefore she wanted to know how the out of hospital care was progressing and how they would ensure the continued success of out of hospital care.

Dr Rainsberry stated that the NHS had already engaged with a number of stake holders and that they would continue too after the strategy had been put into place. The Health and Wellbeing Boards and NHS Commissioning Board would also scrutinise the decisions that had been and would be made and they could intervene if they disagreed with what was happening. Dr Rainsberry reassured the Committee there would be a number of checks and balances surrounding the out of hospital care strategy.

Councillor Fisher informed the Committee that he agreed with the case for change however he was worried that the finances would not be there to fully support the out of hospital care strategy. He also enquired what had been done to engage the public with the proposals and he then asked Dr Rainsberry to define urgent care, as the Committee had yet to receive a definition.

Dr Rainsberry firstly stated that she believed that you could never do enough to engage people; however they had tried to engage different groups by holding a number of workshops. She also explained that Health and Wellbeing Boards would be a route for people in North West London to guide and shape the proposal as these Boards would have the ability to do that. She also added that the Health and Wellbeing Board would determine how money would be spent in the future, which should give the strategy the best possible start. However Dr Rainsberry added that the reality was that the NHS' budget was not expanding.

<u>Dr Mark Spencer, Clinical Director, NHS North West London</u>

Councillor Fisher asked for reassurance that the financial deficit that Hounslow PCT currently faced would not be transferred to the CCG. Dr Spencer replied by stating that the current budget would transfer, however he was optimistic that Hounslow PCT would be able to make improvements in their budget before it was transferred in April 2013.

The Chair asked Dr Spencer if the UCCs would have the diagnostic resources and knowledge to function sufficiently. Dr Spencer answered by explaining that currently standards did vary across different UCCs. However, a review was currently under way to develop a clear set of standards for all UCCS and therefore what would be provided in the future would be very different. He also added that currently there were a number of examples of UCCs successfully delivering services with a full range of diagnostic resources available.

Councillor Collins asked the NHS to assure the Committee that there would be a consistent standard of care for acute services, such as mental health and that there would be joined up working to ensure that vulnerable people received consistency in their care.

Dr Spencer gave a practical example of mental health services being provided in a more collaborative way. He detailed that it became very apparent very quickly that there was lack of psychotherapy at A&E and therefore they had allocated finances to ensure this service was available at A&E. He stated that this was already having a positive impact. He also added that in North West London they had improved integrated care for those over the age of 75, those who had diabetes, and were now looking at how to make mental health care more integrated.

Councillor Gulaid commented that he did not believe that there was practical evidence that this strategy would work. He stated that £128 million was not enough to support out of hospital care in North West London over the next three years.

Councillor Hector stated that she believed that there should be a survey given to all GPs to assess what they felt about these strategies. She also added that given the level of violent crime in the south of Brent it did not make sense to have the health care provision in the north of the borough.

Lisa Anderton, NHS North West London

Councillor Kabir stated that transport was one of the most critical issues in terms of the proposals to reconfigure services; however the Committee had yet to receive sufficient information on the support that patients would receive to help them get to hospital. Councillor Kabir added that without having this information it made it very difficult to agree to the reconfiguration whilst being accountable to their constituents.

Lisa Anderton responded by informing the Committee that the Transport Advisory Group was beginning to identify these issues and she accepted that the detail regarding transport was lagging behind the rest of the strategy. She explained that the Travel Advisory Group was now starting to look at the detail behind the proposals and these would take into account all the views that had been gathered throughout the consultation. However, she stated that more information regarding travel had been sent to members the previous day but acknowledged that this did not give the Committee any significant time to consider it. She explained that there was no significant difference in the impact on transport between the three different options that had been proposed. She also stated that car parking at hospitals had been identified as a key area and they would be looking to increase car parks although this would be very challenging.

Councillor Collins asked if there would be a uniform extended bus service between one A&E and another department throughout the eight boroughs. It was also stated that the Committee needed certainties not probabilities on the impact that this strategy would have on ambulance times.

Lisa Anderton explained that the impact on ambulance travel times would be minimal as currently travel time on average was 11.4 minutes, and this would only

increase to 12 minutes. Also that the patients care would begin from the moment that the patient was placed into the ambulance.

Councillor James asked NHS North West London if they were aware that none of the three stations closest to Central Middlesex Hospital were mobility friendly. Lisa Anderton replied that they were aware that there was a lack of step free access, and this would be raised at the Transport Advisory Group.

The Chair commented that very little evidence had been provided on patient transport and therefore the Committee would find it hard to make a decision given the absence of information.

Trevor Begg, Patient and Public Advisory Group

Trevor Begg addressed the Committee, firstly by stating that patient transport was a key issue for the Patient and Public Advisory Group (PPAG) as well. He stated that all of the questions that he had heard raised by the Committee were similar to questions that he and PPAG had raised as well.

He then explained to the Committee that he had been involved in the review of emergency care standards that Dr Spencer had mentioned earlier, and it had been evident from this research that there were huge variations in the care provided across different Trusts. He added that this piece of work reinforced the case for change and the urgency for change in how emergency care was delivered. He stated that in the current financial climate, health inequalities would remain unless the way health care was delivered was reformed.

Trevor Begg then discussed one of the key issues regarding the reconfiguration of services which was the provision of the workforce. He stated that after reviewing evidence from a number of Royal Colleges there were likely to be significant challenges in maintaining and securing a skilled workforce. He explained that there would be no quick way to change this situation as this problem had a historical context that could not be reversed. He concluded this point by stating that this issue potentially posed the possibility of increasing health inequality for patients.

Trevor Begg then concluded by informing the Committee that he agreed that current health provisions could not be maintained. However he stated that, looking at the issue of finance, he was concerned that there were risks associated with the speed of the savings proposed and this could impact on the quality of care given.

The Chair asked if Trevor Begg had formed a view regarding the impact that travel would have on people accessing services. He replied by explaining that one of the major issues was the lack of definition of ‘emergency care’ and he stated that he hadn’t really seen enough information to truly understand what the impact would be. He added that he was quite concerned about transport between hospitals and car park provision and that he really hoped that these issues would be detailed in the final business case. He then said that he would want to see checks and balances applied to the process over the next few months to ensure these issues were dealt with sufficiently.

The Chair then asked Trevor Begg what he believed would be the likely success of the out of hospital care proposals. Trevor Begg answered by explaining that he

believed that the success would be variable. He expanded on this by stating that in boroughs where there were fewer financial burdens the chances of success would be higher. He also stated that it would depend on the level of support by the Local Commissioning Boards.

In response to a point made by Councillor Gulaid, Lisa Anderton explained that NHS North West London did not believe that it needed to extended the consultation period as they were satisfied that they had had satisfactory dialogue with all stake holders. However the Committee was informed that if it proved necessary to submit their report after the end of the consultation deadline NHS North West London would still accept it.

The Chair thanked NHS North West London for all of the information they had provided and stated that the Committee still aimed to submit its report within the designated deadline, however she stated that the Committee would still appreciate receiving the information that had been promised to them today.

The Chair concluded the morning by informing the Committee that the views from all the borough's Overview and Scrutiny Committees had now been submitted and that the only thing to note was that they were all very different.

The Committee then broke for a working lunch.

6. **Consideration of Joint Health Overview and Scrutiny Committee Draft Report**

It was agreed that there was not enough time left of the scheduled meeting to discuss the draft report sufficiently and therefore the meeting was adjourned until Monday 1 October 2012 at 4:00pm.

The meeting adjourned at 2.00 pm

London Borough of Hammersmith & Fulham

Monday 1 October 2012
At 2.00pm

PRESENT

Committee members: Councillors Lucy Ivimy (Hammersmith & Fulham), Chairman, Mel Collins (Brent), Sheila D'Souza (Westminster), Pamela Fisher (Brent), Abdullah Gulaid (Ealing), Krishna James (Harrow), Anita Kapoor (Ealing) and Mary Weale (Kensington & Chelsea) and Ms Maureen Chatterley (Richmond).

Officers: Gareth Ebenezer (Kensington & Chelsea), Nahreen Matlib (Harrow), Deepa Patel (Hounslow), Sue Perrin (Hammersmith & Fulham) and Kevin Unwin (Ealing),

Also Present: Peter Molyneux,

1. WELCOME AND APOLOGIES

The Chairman welcomed everyone to the re-convened meeting.

Apologies were received from Councillors Jon Bryant, Pat Harrison, Sandra Kabir, and Rory Vaughan

2. JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE: REVISED DRAFT REPORT

Mr Molyneux introduced the report, which had been revised in line with members' comments, including e-mails and 'Exploring Scope for Consensus by JHOSC', circulated by Councillor D'Souza.

Members worked through the revised report and agreed the following amendments:

2. Executive Summary (numbering taken from report)

2.1 Overall Case

Page 2, 5th paragraph, 1st sentence: the word 'compelling' was debated and agreed that is should remain. This paragraph did not mean that the committee believed five Accident & Emergency Departments (A&Es) to be the right number, but that it accepted the Clinical Programme Board's proposals as being clinically appropriate

and financially viable. The JHOSC supported the case for change, the rationale and the argument, but it was outside the capability of the committee to determine the appropriate number of A&Es.

2.2 Main Areas of Concern

Members discussed the order of the issues and agreed that 'Out of Hospital Strategy' should be first, followed by 'Urgent Care Centres'.

'Urgent Care Centres' (UCC) should reflect members' concerns in respect of the lack of a definition of an UCC and the range of services to be provided.

'Workforce' should refer to staff retention.

'Local Hospitals': 'some local hospitals' should be replaced with 'the future of hospitals not designated as major hospitals'.

'Measurable Outcomes' 'the region' should be added.

'Equalities Impact and Non-urgent Transport' should refer to 'analysis at borough level'.

''Public Understanding' should be expanded to include 'future role of UCCs is not understood and will need effective communication'.

Last paragraph, second line: 'stakeholder events' to be included.

2.3 Recommendations

3. Should be explicit in respect of the trigger points for the implementation of the proposals and the actions should be for Clinical Commissioning Groups (CCGs) and Health and Well-being Boards.

4. Should refer specifically to UCCs.

5. Should also be actions for CCGs.

6. 'in advance of any decisions being taken in respect of 'Shaping a Healthier Future'' should be deleted.

7. 'Involvement' should replace 'Engagement' and recommendations seven and nine should be combined.

10. Recommendation to be embodied in text.

3. Main Themes

3.1 Case for Change

4th paragraph, 1st sentence should be amended to ……failure to adopt *one of the options…..*

Integrated Vision: 1st sentence: 'integrated health, care and housing' should be replaced with 'integrated health and social care'.

Option Appraisal: 2nd paragraph, 1st sentence should refer to various members.

Delivery: 3rd paragraph should be deleted.
5th paragraph, last sentence should refer to the lack of a similar level of analysis.
6th paragraph should be deleted.

Non-Emergency and Urgent Care Services: 2nd paragraph should refer to 'most members'.

Impact on Care: 6th paragraph, last two bullet points should be incorporated in the narrative.

NHS Trusts' Wider Plans: 2nd paragraph, 1st sentence, 'Charing Cross Hospital'' should be replaced with 'Charing Cross, Ealing or Central Middlesex Hospitals'.

Measurement; this paragraph should be deleted.

3.3 Out of Hospital Care

The preliminary results from the NW London Integrated Care Pilot should be referenced.

3rd paragraph, 1st sentence, add 'through their local Health and Well-being Boards'.

5th paragraph, last sentence, add 'and Healthwatch'.

Equalities Impact: 1st paragraph, 2nd sentence add 'and from borough to borough'.

3.5 Risk Analysis

The high level of risk attached to doing nothing should be noted.

The risks identified by members would not be amended, as this had been attached as a document previously sent to the NHS.

Final paragraph, delete 'as a project of this size and complexity '.

3.6 Underlying Assumptions

Pace of Change: delete first paragraph.

Public Educations: add reference to the lack of public understanding of the role of an UCC and the need for further explanation and communication.

Resilience: delete paragraph.

3.7 Consultation Process

Public Engagement: note the Committee's request for a detailed breakdown of numbers reached through the consultation process.

Consultation Period: Acknowledge the extension of the consultation period at the request of the shadow JHOSC.

Patient Involvement; Note the stakeholder events and the establishment of advisory groups by some CCGs.

Meeting ended: 6.20 pm

L Ivimy
Chair

Contact officers: Gayle Fentiman
Democratic Services Officer
Legal and Procurement
London Borough of Brent
☎: 020 8937 4617
E-mail: gayle.fentiman@brent.gov.uk

Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
London Borough of Hammersmith and Fulham
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

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North West London

NHS North West London
15 Marylebone Road
London
NW1 5JD

Councillor Lucy Ivimy
Chair, North West London Joint Health Overview and Scrutiny Committee

5th November 2012

Dear Cllr Ivimy,

Re: Formal Consultation Response to 'Shaping a healthier future'

I would like to thank you for the *North West London Joint Health Overview and Scrutiny Committee – Formal Consultation Response to 'Shaping a healthier future'* and to share our response. However it should not be taken as the only response we intend to make, rather we hope to engage with the JHOSC on a regular basis going forward to work through the issues and concerns that councillors have.

I appreciate time the Committee has given to scrutinising the proposals for changes to healthcare which has been very helpful to us in highlighting issues of local concern. The review process has influenced our ongoing work as we move into the next phase, particularly regarding specific points raised on travel and urgent care centre proposals.

We are now considering the feedback from the consultation and how this impacts upon proposals for change.

On 28 November Ipsos MORI will present their analysis of the consultation and the programme will be holding a workshop with key stakeholders to test our plans for future work. We would welcome your attendance.

The event is being held at the Hilton Metropole, 225 Edgware Road from 5.30pm to 9pm (Registration from 5pm). JHOSC members should have already received an invitation but if you haven't, the registration form is at http://healthiernorthwestlondon.eventbrite.com

We currently hope to be ready to make recommendations to the Joint Committee of PCTs in February 2013 and we look forward to continuing to work with you over the coming months as our plans develop.

Yours sincerely,

Anne Rainsberry
Chief Executive

North West London

cc Cllr Kabir, Vice Chair, NWL JHOSC
Sue Perrin, Scrutiny Officer
Jeff Zitron, Chair, NHS NWL
Dr Mark Spencer, NHS NWL
Daniel Elkeles, NHS NWL
Lisa Anderton, NHS NWL

North West London

Shaping a healthier future

Response to Joint Health Overview and Scrutiny Committee

05 November 2012

Introduction

This report is NHS North West London's reply to the formal consultation response on 'Shaping a healthier future' from the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

We welcome the positive support noted for the case for change and the vision for the future of healthcare services in North West London. This includes your acceptance of the evaluation process followed to reach the consultation options.

We acknowledge the areas of concern noted, some of which are addressed with each of the recommendations set out below. Some of these will be more fully addressed at a later stage in the process; as implementation plans are developed or during decision making.

Recommendations

1. *Proposals for out of hospital care are developed further, with the direct involvement of non-NHS partners, to arrive at agreed resource models for each borough. Action: Health and Well-being Boards.*

High level implementation plans were developed for the Pre-Consultation Business Case (PCBC) and we agree that plans need to be developed further. These are now being worked up in more detail and will be included with the Decision-Making Business Case (DMBC). This detail will include borough-level plans for implementing out-of-hospital proposals, which will align to 2013/14 commissioning intentions. As with the earlier plans, Clinical Commissioning Groups (CCGs) will be discussing these with Health and Well-being Boards. CCGs are also progressing implementation of the integrated care model of local health and social care, working with local authorities.

We have also commissioned work to explore the impact of the out-of-hospital (OOH) strategies on carers; the outputs of this work will inform the decision-making process and support the detailed planning of each CCG's OOH initiatives over the coming years.

2. *More information is produced on how patient flows will change in the new system and what will happen to patients borough by borough. Action: NHS NW London.*

Further modelling now being carried out for the development of the DMBC and this information will need to be considered as part of the further work on the Equalities Impact Assessment and travel analysis (see recommendation 8 below).

This will include further sensitivity analysis to understand how new population growth assumptions suggested during consultation could impact potential options.

3. *Milestones for how the Out of Hospital proposals will be implemented, to what standard and what measures will be used to track reductions in acute admissions and the trigger points for the implementation of the "Shaping a Healthier Future" proposals. Actions: Clinical Commissioning Groups and Health and Well-being Boards (HWBs).*

It is important to note that the 'Shaping a healthier future' proposals include the out-of-hospital proposals and those for local hospitals – the recommendations aim to improve the whole healthcare system. Therefore we agree that it is essential to ensure that out-of-hospital services are working well. Patient safety is critical and we remain committed to ensuring services remain safe when any changes are made. During proposed implementation we expect some services to be 'double run', particularly while capacity in community services is developed.

Whilst a high-level implementation plan was developed for the PCBC, the programme is now undertaking more detailed implementation planning to ascertain the timetable for any transfer of services between proposed local and major hospital sites. The programme is working with proposed local hospital sites and CCGs during decision making to develop the service models for local hospitals and these will feed into the DMBC.

4. *Plans are produced which set out how all parts of the population will be educated in how to use the new models of provision – in particular Urgent Care Centres. Action: Directors of Public Health.*

The Urgent and Emergency Care CIG is working to develop the common Urgent Care Centre (UCC) specification to be used across NWL; this will include quality standards for future contracts to ensure UCC services are safe and consistent across North West London. The CIG will also be defining the expected case mix and activity levels, which will inform the activity modelling to support decision making. This work has included focus groups with user groups to gain better understanding of strengths/ weaknesses of current services and patient's view of how services could be improved.

Whilst we are developing these specifications we will develop communications plans to ensure all residents and other users understand how to make the best of their NHS. We will continue with a programme of stakeholder engagement and, as part of more detailed implementation planning, will include considerations for public education programmes to ensure the public know how and when to access services such as primary care, community services, UCCs and hospital care. This will need to be aligned to ongoing promotion of the NHS 111 service, which goes live across London in April 2013.

5. *Joint commissioning between local authorities and CCGs and between the CCGs themselves should be strengthened to deliver better coordinated care. Action: Health and Well-being Boards and Clinical Commissioning Groups.*

We agree and welcome the involvement of HWBs and a key element of our vision is integrated, more coordinated care. We remain committed to this and recognise the importance of close working with social care colleagues to deliver this.

CCGs presented the OOH strategies to Health and Well-being Boards for discussion and will discuss the more detailed OOH plans and corresponding commissioning intentions as both develop.

6. *Measurable standards and outcome measures are developed. Action: NHS NW London.*

The proposals were developed to deliver clinical benefits and we produced a benefits framework (included in the PCBC) to manage the delivery of these benefits. The benefits framework will be further developed during this next phase to include key performance indicators (KPIs) and reporting mechanisms.

7. *Involvement of staff in the development of the proposals will help to create greater ownership and ensure smooth implementation together with a Workforce Strategy. Action: NHS NW London, provider organisations and Trades Unions.*

We will continue to engage with staff on all sites as proposals are developed. There are plans in place to develop the analysis of workforce requirements to the level required for decision making. Three Clinical Implementation Groups (CIGs) have been established and will define more detailed workforce requirements for their specialties and a strand looking at the out-of-hospital workforce requirements. A Transformational Workforce Strategy is being developed to support this, owned by both commissioners and providers.

We are developing implementation plans with providers to detail the timetable of staff migration and then providers will need to put in place workforce plans and appropriate change management policies and plans following any decisions. This will include engagement with Trade Unions.

8. *Detailed equalities impact assessment is developed and also plans for mitigation are developed. Action: NHS NW London, Transport for London and London Ambulance Service.*

The programme commissioned an Equalities Impact Review for the PCBC and this outlined a number of areas for further consideration. We have since commissioned a more detailed Equalities Impact Assessment (EqIA) to ascertain the specific impacts on protected groups to support the development of the DMBC, this work is planned to conclude in December. An Equalities Steering Group has been set up to oversee this

work, and includes patient representatives, Directors of Public Health and equalities leads.

Further travel analysis is being undertaken to address key focus areas and look at any issues raised during consultation, including those raised by the JHOSC. This analysis will provide the necessary detail for the EqIA; which will ascertain specific impacts on protected groups with relation to access on public transport.

We will continue to work closely with Transport for London and the London Ambulance Service, along with other key stakeholders, through the Travel Advisory Group (TAG). This group will review the further analysis and produce recommendations for mitigating actions for any significant impact. This will include any additional information arising for the EqIA.

9. *That the JHOSC is constituted to provide continuing scrutiny of the development of proposals and the responsiveness to this report and other responses received to the consultation. Action: Local Authorities.*

We welcome the ongoing role that scrutiny provides and will continue to work with you as the proposals develop, so that you are able to consider the further work described above and to keep you informed in advance of your consideration of the planned decision making in February 2013.