



**CITY OF WESTMINSTER**

**Joint Health Overview & Scrutiny Committee (JHOSC)**

**MINUTES**

**Tuesday 13 March 2018 – 9:30am – Rooms 3.6 and 3.7, 5 Strand, London WC2 5HR**

**Chairman:**

Councillor Mel Collins (LB Hounslow)

**Councillors:**

Councillor Barbara Arzymanow (Westminster CC)

Councillor Michael Borio (LB Harrow)

Councillor John Coombs (LB Richmond)

Councillor Daniel Crawford (LB Ealing)

Councillor Ketan Sheth (LB Brent)

Councillor Rory Vaughan (LB Hammersmith & Fulham)

**1. Welcome and Introductions**  
(Agenda Item 1)

The start of the meeting was delayed until 9:50am to allow time for Members to arrive.

The Chair then invited Councillor Barbara Arzymanow of Westminster City Council to welcome the attendees to 5 Strand.

**2. Apologies for Absence**  
(Agenda Item 2)

Apologies were received from Councillors Catherine Faulks (RB Kensington & Chelsea), Robert Freeman (RB Kensington & Chelsea), Jonathan Glanz (Westminster City Council), Sharon Holder (LB Hammersmith & Fulham), Liz Jaeger (LB Richmond), Vina Mithani (LB Harrow), Shaida Mehrban (LB Hounslow), Theresa Mullins (LB Ealing) and Barbara Pitruzzella (LB Brent).

**3. Declarations of Interest**  
(Agenda Item 3)

Councillor Ketan Sheth declared that he was Lead Governor at Central & North West London NHS Foundation Trust. He was also ambassador for the All-Party Parliamentary Group (APPG) on diabetes.

**4. Minutes of the meeting held on 23 January 2018**  
(Agenda Item 4)

Consideration was given to the Minutes of the previous meeting of the Committee that had taken place on 23 January 2018.

**Resolved:** That the Minutes of the meeting of the Committee held on 23 January 2018 be agreed as a true and correct record, subject to the following amendments:

Date of meeting: The date of the meeting given on page 1 of the Minutes should be 23 January 2018, and not 2017 as stated.

Minute 7: Councillor Vaughan commented that the stability in the status of Charing Cross Hospital until at least 2021 was 'noted', and not 'reassuring' as stated.

**5. Matters Arising**  
(Agenda Item 5)

The Chair advised the Committee that there were two matters arising to be considered before the substantial agenda items:

**Update on response from Councillor Collins to Royal College of Nursing letter**

It was noted that the letter to the Royal College of Nursing had been re-circulated to Committee Members, as agreed.

**Update from London Ambulance Service**

Further information on the success of cross-borough working in the North-West London Region would be circulated, as soon as a written response was received from the London Ambulance Service.

**6. A&E Performance Data**  
(Agenda Item 6)

Rob Larkman (Chief Officer: Brent, Harrow and Hillingdon CCGs) updated the Committee on urgent and emergency care performance for the NHS in North West London, together with comparative resilience across the capital and the country. The Committee also received details on mitigating winter pressures; the performance of the 111 helpline service; partnership working with the London Ambulance Service; and the discharge of patients from hospital.

The national A&E waiting time standard provided that 95% of patients should be seen, treated and admitted to a hospital bed, or discharged, within four hours of arrival. Current planning guidance expected Trusts to be at 90% performance by September 2018, and achieving 95% by March 2019.

Although NW London was not yet meeting the 95% target, A&E performance during January 2018 had generally been over 3% better than the same period last year. Comparatively, performance had also been nearly 5% higher than England and 2% higher than London overall. The NHS considered that A&E performance across the winter months had demonstrated the resilience that had been built into the system.

Councillor Sheth sought clarification of the measures that were in place to ensure that the NHS in NW London continued to move towards achieving the national target. Rob Larkman confirmed that the measures included supporting people to remain healthy; to further develop partnership working; and to become more responsive to the pressures of demand that could fluctuate throughout the year. The NHS acknowledged the variability and struggle for consistency across NW London, and confirmed that they were aiming to provide more joined-up and consistent services.

Councillor Sheth also sought clarification of the reasons that A&E performance at Imperial had continued to be lower than other Trusts in NW London. Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) and Jonathan Pearson (Head of Performance, Acute & Urgent Care, Hillingdon CCG) commented that performance St. Mary's Hospital had been affected by the closure of two Wards due to the condition of the building. Charing Cross Hospital had also experienced staffing problems, and a reduction in the number of available beds in response to infection control.

Councillor Vaughan commended the improvements in the direction of travel, but noted the disconnect that remained between Kensington & Chelsea and Westminster and other boroughs in NW London. Councillor Vaughan sought clarification of what constituted GP extended hours, and Clare Parker confirmed that this included GP services that were provided before 8.00am and after 6.30pm.

Councillor Collins asked for an overview of the time that could be taken from diagnosis to discharge to a proper ward setting. Rob Larkman confirmed that there were clear targets, and that details of the reason for instances of long delays in January, which mainly related to mental health, would be provided.

Councillor Coombes commented on proposals to reduce the pressures on the 111 service, which included reducing annual leave. The Committee noted that the service was contracted, and that the provider had undertaken to improve performance through better management.

Councillor Borio sought clarification of the numbers of agency staff that worked in the NHS111 service, and Rob Larkman agreed to provide details of the percentages involved.

Councillor Coombes asked whether the levels of readmissions were now improving, and whether the government target setting had resulted in a financial penalty. Rob Larkman confirmed that readmission rates had now been reduced, and agreed to provide the Committee with up to date figures.

Councillor Coombes also sought clarity on how ambulance stacking was being dealt with, and which hospitals were affected. Rob Larkman confirmed that the London Ambulance Service (LAS) was co-operating in reducing the problem, which had particularly affected Ealing Hospital. Alternative care pathways and homecare had made a significant impact on the number of ambulance conveyances, and was helping to reduce the amount of stacking that was occurring.

Councillor Arzymanow also commended the overall improvement that had been achieved in performance, and suggested that more information could be given on home safety and how to avoid falls. The Committee noted that Members of Westminster's Adults & Health Policy & Scrutiny Committee had recently been given the opportunity to ride out with the LAS and visit the Urgent Care Centre at St Mary's Hospital.

Other issues discussed included the 'Your Child's Health' pilot in Ealing and Hounslow; the effectiveness of public information campaigns; and underutilised appointments.

**Resolved:** That the update on urgent and emergency care performance for the NHS in North West London be noted.

## 7. **Update on SOC1 and STP Implementation Timelines** (Agenda Item 7)

In response to a request made by the Committee, Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) and Rob Larkman (Chief Officer: Brent, Harrow and Hillingdon CCGs) provided an update on the implementation of the Sustainability & Transformation Plan (STP) for NW London. The programme focussed on three inter-dependent work-streams, which were:

- **keeping people well** - to avoid hospitalisation
- providing **support in times of crisis** – promoting Out of Hospital Care, and
- spending an **appropriate time in hospital** – with patients being discharged as quickly as possible

Juliet Brown (Director of Operations, Shaping a Healthier Future, Ealing CCG) informed the Committee that it was difficult to confirm timelines for implementation, until there was more certainty over the approvals needed for the programmes at St. Mary's and Charing Cross Hospitals. It was similarly difficult to specify timelines for other priorities in the STP, which were ongoing.

Councillor Vaughan asked whether metrics were available for any of the programmes, and Juliet Brown confirmed that data from the wide range of partners involved was being collected in different ways, and was being drawn together.

Councillor Collins highlighted the need for hospital discharge teams to develop stronger links with Housing, which could make a significant contribution to integrated Care. Rob Larkman confirmed that integrated discharge teams were working in hospitals across NW London to support patients, and to ensure that they were discharged in a timely and appropriate manner. Juliet Brown (Director of Operations, Shaping a Healthier Future, Ealing CCG) acknowledged that stronger links with Housing still needed to be developed, and confirmed that discharge teams were including staff from housing. The Committee noted that Hounslow's discharge team had achieved a greater level of integrated services, which included Housing, and agreed that this could be brought to a future meeting for a wider discussion.

Members also discussed the use of Apps, which could enable people to better manage conditions such as diabetes, and to get the physical and mental health support that they may needed. The results of an initial NHS pilot on the use of Apps were to be published shortly.

**Resolved:** That progress in the implementation of STP programmes in North West London be noted.

## **8. Performance Metrics for Shaping a Healthier Future Programme and STP (Agenda Item 8)**

At the last meeting in January, the Committee had sought clarification of when the changes that were needed at Ealing Hospital could be made. In response Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) informed the Committee that two different sets of metrics needed to be taken into account. These were how the outcome of the changes would be monitored on an ongoing basis; and how the NHS could be confident that it would be safe to make changes, with adequate resources and physical capacity both being available.

Tim Spicer (Chair of Hammersmith & Fulham Clinical Commissioning Group, and Medical Director for Shaping a Healthier Future, NW London) also confirmed that further discussions had taken place, and that the NHS should be nearer making a decision when the Committee next met.

Councillor Collins asked how staff morale was being maintained, and how staff could be attracted if vacancies occurred. Clare Parker confirmed that Ealing Hospital was part of the wider North West London Trust, and that people were employed to work for the overall Trust rather than a specific hospital. Managers also had regular conversations with staff to keep them informed of the proposed changes.

The Committee agreed that the proposed changes would need to be further discussed at a later meeting, when more detail on the metrics was available.

**Resolved:** That the discussion of performance metrics for Shaping a Healthier Future and the STP be taken forward at a future meeting.

## **9. EQUALITIES IMPACT ASSESSMENT**

The Committee further discussed the findings of the Equality Impact Assessment (EIA) of the North West London Sustainability & Transformation Plan (STP), which had looked at the overall effects of the programmes and delivery plans in relation to the public health profile for North West London. The EIA had been undertaken by the NHS North West London Collaboration of CCGs, and published in April 2017.

Clare Parker (Chief Officer: Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs) reported that screening had indicated 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. Clare Parker confirmed that there would be further assessments of specific proposals within the programme.

Councillor Collins highlighted the need for elected Members to be kept informed, and that residents were reassured that the proposals and changes were being closely monitored.

As this was the last meeting of the current administration, Members wished to record their thanks to the representatives from the NHS for their valuable and important contributions towards the work of the Committee; and towards gaining a shared understanding of the important issues that affected the health and wellbeing of residents across NW London.

## **10. ANY OTHER MATTERS THAT THE CHAIR CONSIDERS URGENT** (Agenda Item 10)

### **Healthwatch Central West London – ‘Charing Cross Hospital: Experiences of Today, Questions for Tomorrow’**

Councillor Coleman presented a report from Healthwatch Central West London, that aimed to build a comprehensive picture of the current situation at Charing Cross Hospital. The report also provided patients’ views and experiences, which could inform key decision makers in deciding future actions. Patients had felt it important that they were central in the way services were being shaped and delivered, and the report had recommended that a clear and robust communications and development strategy be developed, with clear information being provided on how decisions about the future of the Hospital would be made.

### **Future Work Programme**

Councillor Collins suggested that the Committee’s Terms of Reference should be reviewed by officers and discussed at the next meeting, which should take place by the end of September. He also proposed that other issues for consideration at future meetings could include accountable care; integrated care; mental health; and the proposed reconfiguration of acute hospitals.

Councillor Vaughan commented on the need for a more structured timetable of meetings, and suggested that the Committee should appoint a Vice-Chair, with the

first meeting of the new Committee following the local elections being treated as an Annual General Meeting.

Councillor Sheth suggested that a pro-forma for commissioning reports from the NHS could be prepared, that would set out details what was being requested together with timescales.

Members noted that Ian Duke (Scrutiny Officer) would be leaving the London Borough of Harrow, and wished to record their thanks for all of the work he had undertaken in supporting the Committee.

Councillor Collins wished to record his personal thanks to all Members of the Committee, together with the officers for the work and support that they have given.

The Committee thanked Councillor Collins for acting as Chair of the Committee, since its first meeting in 2014.

**Resolved:** That

- (i) a more structured timetable of meetings should be agreed, with the next meeting of the Committee taking place before the end of September;
- (ii) the Committee's Terms of Reference be reviewed at the next meeting; and
- (iii) issues for the future work programme should include accountable care; integrated care; mental health; and the proposed reconfiguration of acute hospitals.

The meeting ended at 11:45am.