



CITY OF WESTMINSTER

DRAFT MINUTES

NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE MINUTES OF PROCEEDINGS

Minutes of a meeting of the **North West London Joint Health Overview & Scrutiny Committee** held on Monday 22 July 2019 at 3.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:

Councillor Mel Collins (Chairman)	LB Hounslow
Councillor Daniel Crawford	LB Ealing
Councillor Lorraine Dean	Westminster City Council
Councillor Robert Freeman	RB Kensington & Chelsea
Councillor Lucy Richardson	LB Hammersmith & Fulham
Councillor Monica Saunders	LB Richmond
Councillor Rekha Shah	LB Harrow
Councillor Ketan Sheth	LB Brent

Apologies for Absence: None.

1. WELCOME AND INTRODUCTIONS

- 1.1 Councillor Lorraine Dean (City of Westminster) welcomed Committee Members, Officers and visitors to the meeting.

2. MEMBERSHIP

- 2.1 There were no changes to Membership.
- 2.2 The Committee noted that Councillor Robert Freeman (RB Kensington & Chelsea) would be standing down from the Joint Health Overview & Scrutiny Committee (JHOSC) and that this would be the last meeting he would attend. The Chairman thanked Councillor Freeman on behalf of the Committee for his helpful and constructive contributions, and wished him well for the future.

3. DECLARATIONS OF INTEREST

- 3.1 Councillor Ketan Sheth (LB Brent) declared that he was the Lead Governor at Central & North West London NHS Foundation Trust (CNWL). Councillor Robert Freeman (RB Kensington & Chelsea) declared he was a member of the Council of Governors of the Royal Marsden Hospital; and Councillor Lorraine Dean (Westminster City Council) declared that she was also a Governor at CNWL.

4. MINUTES

- 4.1 **RESOLVED:** That the Minutes of the meeting held on 21 June 2019 be signed by the Chairman as a correct record.

4.2 Issues Arising

- 4.2.1 Minute 7: Case for a Single CCG and Borough Arrangements and Development of Integrated Care

The Committee was informed that the deadline for responses to the consultation had been extended from 24 July 2019 to 24 August 2019.

5. UPDATE ON THE COMMISSIONING REFORM CASE FOR CHANGE

- 5.1 The Committee received an update from Mark Easton (Accountable Officer of NW London Collaboration of CCGs and Rory Hegarty (Director of Communications & Engagement, NW London Collaboration of CCGs) on engagement for the Commissioning Reform Case for Change; and on proposals for governance, local scrutiny and engagement. The Committee also received an outline of the draft operating model, and heard from Dr Madhukar Patel (Chair of Brent CCG), who commented on the initiatives that were being taken forward by Brent CCG.
- 5.2 Since launching the Case for Change on 28 May 2019, the eight NW London CCGs had been engaging with partners and staff to give stakeholders the opportunity to influence the design of the proposed single CCG. This had included meetings with staff, patient groups, GP practices and local authorities. The NHS long-term plan had included the re-organisation of the health service, and it had been proposed that the current number of 190 CCGs in England should be significantly reduced to 44, which would reflect the number Strategy and Transformation Partnerships (STPs).
- 5.3 It was believed that the reorganisation would enable a stronger approach to be taken in establishing best practice pathways; standardising costs; and reducing health inequalities. It was anticipated that the reorganisation would also provide greater opportunities for integration and enable more straightforward decision making.

- 5.4 The core principles under which the single CCG would operate included working together as one system to benefit the whole population of NW London and to address health equalities; and moving away from the payment by results system to place-based budgets based on population need. It was noted that the population had risen by 5% over the past five years, while spending had risen by 18%. Under the new approach, budgets would be used collectively in a more effective way and would focus on prevention and keeping people out of hospital. It was proposed that local sub-committees of the Joint Committee of NW London CCGs would be created at Borough level, with their own leadership, budget and responsibilities. The sub-committees would also have the power to commission local community services and manage primary care. Guidance related to financial arrangements for deficits and surpluses was still awaited from NHS England; and consensus would also be needed for the constitution that would govern the eight boroughs.
- 5.4 The Collaboration of CCGs would continue to engage with stakeholders, and were aiming to present the finalised proposals to CCG Governing Bodies in September for endorsement. If approved, it was proposed that the CCGs in north west London would become a single CCG by April 2020. The Committee noted that the launch would be postponed to April 2021 if it was decided that more time was needed.
- 5.5 Councillor Ketan Seth (LB Brent) asked whether eight CCGs was the optimum number that could be combined, and Mark Easton confirmed that the CCGs within the collaboration had been in the STP footprint for NW London. The Committee also noted that NHS England had required that implementation took place on 1 April as a fixed date. Councillor Daniel Crawford (LB Ealing) commented on the limited timescale and possibility that some boroughs may not have developed the local organisation to the level needed for delivery. Mark Easton confirmed that if the application for merger was not ready by 30 September, NHS England had given assurance that they would accept applications by the end of October based on the approval of governing bodies. The Committee asked to receive copies of the correspondence between the CCG and NHS England.
- 5.6 Mark Easton informed the Committee that the aim was to standardise services across NW London, and that where there was to be a change in service consultation would be carried out on a single or multi-borough basis. Councillor Lucy Richardson (LB Hammersmith & Fulham) suggested that the extension for consultation from 24 July to 24 August 2019 may not provide enough time for adequate engagement. Mark Easton agreed that local engagement was important, and confirmed that the single CCG would be committed to working and talking with people in smaller groups.
- 5.7 Dr Madhukar Patel (Chair of Brent CCG) informed the Committee that the single CCG would obtain information from the Whole Systems Integrated Care (WSIC) dashboard, which was a local based system that drew and collated data from GP services. The dashboard would also contribute to the strategic direction for NW London, and Dr Patel agreed to arrange a demonstration of the WSIC dashboard for the Committee.

- 5.8 The Committee discussed the eligibility criteria for continuing healthcare between CCGs, and noted that although there should be no change to existing agreements interpretation could differ between boroughs. Mark Easton acknowledged the need to be consistent, and confirmed that the NHS had been looking to standardise the process.
- 5.9 Councillor Rekha Shah (LB Harrow) sought clarification of how local authority representation on the new single CCG Governing Body would be decided, and Mark Easton confirmed that the proposal currently provided for one local government representative who could be a senior officer. Councillor Crawford suggested that one member may be inadequate, and not reflect the diversity or need across the eight boroughs. Mark Easton agreed to consider increasing the number of local authority representatives on the Board to two; and the Committee confirmed that the two representatives should be officers, provided accountability was maintained. Scrutiny and accountability of the single CCG would continue to be done at meetings of the JHOSC and at borough Scrutiny Committees; and a scheme of delegation was being prepared that would describe how scrutiny and accountability would work.
- 5.10 Councillor Robert Freeman (RB Kensington & Chelsea) commented on integration between local authorities in NW London, and Dr Patel suggested that the single CCG would be the start of a process that would enable the way services were delivered to change with artificial barriers between boroughs being removed. The NW London CCGs currently had an operating deficit of £30 million per year which was being met by NHS England; and it was anticipated that by the third year of operation the long-term recovery plan would enable the single CCG to achieve financial balance.
- 5.11 Councillor Lorraine Dean (City of Westminster) asked how the NW London Collaboration would drive quality after centralisation. Mark Easton confirmed that a NW London Quality Committee was currently operating in shadow form and looking at specialist care. Part of the corporate objectives of the Quality Committee were that each of their providers would get a Continuing Health Care (CHC) rating of 'good' or better. The Collaboration was also beginning to work in a more integrated way, with quality being under a single system with a shared approach. The Committee noted that there would still be an important role for quality to be driven at a local level.
- 5.12 Councillor Dean also asked for details of the initiatives that were proposed to attract people to work in NW London rather than elsewhere bearing in mind the changes that could happen post-Brexit. Mark Easton confirmed that hospitals were already seeking overseas recruitment outside of the EU, and that all of the NHS institutions in NW London were offering to pay application fees for staff who wanted to seek resident status. A new direct entry nursing grade was also being introduced, and additional pharmacists were being sought. Mark Easton acknowledged the need to upskill existing staff and home care workers.
- 5.13 The Committee noted that the CCG was carrying out health inequalities assessments, which would form part of the documentation to governing bodies.

5.14 The Chairman thanked the Committee and representatives from the NHS for attending the meeting and for their contributions. It was noted that the next meeting was scheduled for Friday 20 September 2019.

5.15 **RESOLVED:** That the update on the Commissioning Reform Case for Change be noted.

Actions Arising:

1. That the Committee receive copies of the correspondence between the CCG and NHS England on the submission of applications after the September deadline.
2. That a demonstration of the Whole Systems Integrated Care (WSIC) dashboard be arranged for the Committee.
3. That the number of local authority representatives on the new single CCG Governing Body would be increase to two.
4. That the results of health inequality assessments carried out by the CCG would be circulated to Members of the JHOSC as soon as they were available.

6. OTHER BUSINESS

6.1 No other business was reported.

7. TERMINATION OF MEETING

7.1 The meeting ended at 4.48pm.

(The Minute taker at this meeting was Andrew Palmer.)

CHAIRMAN _____

DATE _____