



**CITY OF WESTMINSTER**

# **DRAFT MINUTES**

## **Health Policy & Scrutiny Urgency Sub-Committee**

### **MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Thursday 29th June 2017**, at 4.00pm in Rooms 3.6 & 3.7, 3rd Floor, 5 Strand, London WC2 5HR

**Members Present:** Councillors Jonathan Glanz (Chairman), Barbara Arzymanow and Barrie Taylor.

**Also in attendance:** Councillor Jan Prendergast.

#### **1 MEMBERSHIP**

- 1.1 There were no changes to membership. Apologies for absence were received from Councillors Susie Burbridge, Patricia McAllister and Gotz Mohindra.

#### **2 DECLARATIONS OF INTEREST**

- 2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

#### **3 MINUTES**

- 3.1 At the recent meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee on 19 June, it was agreed that the updated Minutes of the meeting on 29 March would be submitted to the Sub-Committee for sign-off.
- 3.2 **RESOLVED:** That the Minutes of the meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee held on 29 March 2017 be approved as a correct record.

#### **4 NHS PLANS AND PRIORITIES**

- 4.1 Westminster's Clinical Commissioning Groups (CCGs) had requested the opportunity to present NHS Plans and Priorities for Westminster to Committee Members. As there was no capacity on the Agenda for the meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee on 19 June, and as the next meeting would not be until September, it had been agreed

that the presentation would be made at a meeting of the Health Policy & Scrutiny Urgency Sub-Committee. It had also been agreed that the presentation would provide the opportunity for the Central London CCG to present their draft Strategy for Primary Care and Community-Level Commissioning for 2017-20.

4.2 The Sub-Committee Heard from Chris Neill (Deputy Managing Director, Central London CCG); Philippa Mardon (Deputy Managing Director, Central London CCG); and Dr Paul O'Reilly (Governing Body GP member – Central London CCG). The Committee also heard from Ashfaq Khan (Collaborative Pharmacy Manager for Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs); and Dylan Champion (Interim Head of Health Partnerships – Westminster and Kensington & Chelsea). Helen Mann (Healthwatch Programme Manager) and Carena Rogers (Healthwatch Engagement Lead for Westminster) also attended the meeting, and provided a user perspective on the items being discussed.

4.3 It was noted that the presentation and covering report on improving health and care in Westminster included input from the West London CCG, and that the Central London CCG would be addressing the Sub-Committee on behalf of both organisations.

#### 4.4 Improving Health and Care Together in Westminster

4.4.1 The Sub-Committee received a high-level summary which provided an overview of the priorities of the local CCGs. Members also received an update on planning, with a particular focus on the draft Primary Care Strategies that were being developed by the CCGs and were now subject to consultation. The plans and priorities included:

- improving Local Specialist Services - including the work being undertaken to improve the St. Mary's Hospital site;
- transforming Community Services - including district nursing and specialist services provided in people's homes; and
- strengthening Primary Care and General Practice in the area.

4.4.2 Members also received an update on the delivery of the North West London Sustainability & Transformation Plan (STP), and how it aligned with the Westminster Health & Wellbeing Strategy. The local NHS was continuing to work with the Health & Wellbeing Board and with officers at the City Council in the Better Care Fund plan, and in strengthening and renewing joint working in commissioning services for children and young people.

4.4.3 The Sub-Committee discussed the roles and responsibilities within the health service, and noted the culture change that was being sought by NHS England, which required CCGs to work more closely with partners and to take the experiences of GPs and patients into account when making improvements. Sub-Committee Members highlighted the need for the CCGs to acknowledge the requirement for them to formally consult with local authorities, which had been set out in the 2012 Health & Social Care Act. It was also agreed that the discussion at the Sub-Committee would be in addition to any further consultation that may be required.

- 4.4.4 The CCG commented on the efficiencies being sought in pathways for Community Services, which included direct commissioning with providers to enable better contract management. The Sub-Committee discussed the potential impact of the proposals, and highlighted the need to remain aware of any unforeseen circumstances that may arise while the changes were taking place. Work was being undertaken to further develop the Community Independence Service, which sought to develop more effective partnership working when patients were discharged from hospital, and it was noted that City West Homes wished to become an active partner in providing community care.
- 4.4.5 Work on Intermediate Care was ongoing, and the use of existing beds was being reconfigured to enable more patients to continue rehabilitation at home with the support of Community Services. The CCG confirmed that the City Council would be included in the formal consultation if any significant changes were to be made in bed base use and numbers.
- 4.4.6 The Sub-Committee discussed the processes for community discharge, and commented on the aim to develop a local market for acute and mental health care. Although the CCGs were seeking to provide services on a large scale, they acknowledged the need to recognise that different groups of people had different levels of need.
- 4.4.7 Members discussed the proposed changes to services, and suggested that it could be better to continue to offer people the good treatment currently provided, rather than a wider service which could be of poorer quality. The Sub-Committee expressed concern that the proposals for podiatric services could affect some patients and groups more than others, and could put GPs under pressure to make a means test assessment of individual patients. Concern was also expressed that there could be duplication in the advice and guidance being offered by the CCGs' Weight Management Service with that being provided by Public Health.
- 4.4.8 The Sub-Committee highlighted the importance of effective service monitoring, and the CCG's confirmed that Equality Impact Assessments (EIAs) had been carried out, and that arrangements for performance management put in place. Members asked to receive details of the criteria and findings of EIAs that had been undertaken, and agreed that the Assessments were an important issue which could be added to the Committee's Work Programme for more detailed discussion later in the year.
- 4.4.9 The CCG presented the proposals for the Choosing Wisely scheme for North West London, which sought to achieve savings through GPs asking patients if they were willing to buy certain medicines or products without a prescription. The list of medicines and products which could be bought without a prescription included Paracetamol and Antihistamines, and GPs would not see people on these issues regularly unless there was a need for a medical opinion. It was intended that waste would be reduced through patients being asked to order their own repeat prescriptions. Consultation on the proposed scheme was ongoing.

4.4.10 The Sub-Committee acknowledged that medicines could be bought cheaper directly from a local chemist or supermarket than by prescription, and that the process of procuring medicines could also add to the overall cost. Members expressed concern that the list of non-prescribed medicines could be too extensive, and that the role of GPs could become unclear. Although it was acknowledged that pharmacists could give good advice, it was suggested that if put in place, the scheme should be part of a national strategy rather than a local initiative. It was also suggested that savings could be achieved by GPs holding their own stock of some of the cheaper, more freely available medicines.

4.4.11 Members recognised the benefits of pooled funding for the provision of services, but highlighted the need for money provided by the City Council to be allocated for Westminster residents rather than for shared tri-borough services. The CCG agreed to provide details of the funds that were being received from NHS England for local commissioning, together with local initiatives that were also being driven by NHS England, which included cancer services and the STP. The Sub-Committee also sought details of the reconciliation of GP numbers in Westminster within the context of the STP.

#### 4.5 Central London's Primary Care Strategy: Community-Level Commissioning in Westminster 2017-2020

4.5.1 The Sub-Committee received details of the vision for the provision of health and services in Central London for the period 2017-2020, which would be based on transformed and sustainable primary care. To achieve this, the CCGs were seeking a new approach to supporting people, which would be founded on increased engagement and integrated working between partner services across health, care and the voluntary sector. It was intended that patients would also have access to a much broader range of services, which would include wellbeing, sports and leisure. The draft Strategy was about to be published for consultation, prior to being formally adopted.

4.5.2 In developing the Strategy, the CCG had focused on the annual budget for the health and care sector in North West London, which was currently between £400 and £500 million. The CCG was keen to integrate services locally, and to also integrate the way the funding was used.

4.5.3 Although the Strategy did not solve all of the existing problems, the CCG felt that the proposals were the best option in seeking to mitigate pressure in a number of areas. These included optimising economies of scale without diminishing the local relationships to manage work-load crisis, and beginning to move toward mitigating the issue of premises. The CCG invited suggestions and advice from the City Council as how the proposals could be further improved.

4.5.3 The Sub-Committee discussed the proposed Strategy, and highlighted the need for the CCGs to establish a full engagement programme that will ensure effective public consultation and involvement. Healthwatch considered that inadequate notice was being given for people to be able to attend workshops on the proposed changes, and suggested that a lack of engagement could result in scepticism in future consultation. The CCG acknowledged that public

involvement needed to be systemic, and confirmed that consideration was being given to how it would engage with patients in future. It was noted that user panels and patient participation groups could be self-selecting, and did not necessarily give a representative view of service users.

4.5.4 Members highlighted the benefit of partnership working in raising capital and in making premises available for GP services, together with the need for the City Council to be included in property discussions where additional capital could be gained through Section106 agreements. The CCG agreed that it would seek to work more closely with Westminster on the development of new buildings and estates such as Chelsea Barracks, and in the Church Street regeneration. The Sub-Committee also highlighted the need to ensure that an adequate number of GPs and GP practices would be available in areas of major residential development; and to take into account opportunities for sites which may be situated on the border between different CCGs.

4.5.5 The Sub-Committee discussed the proposals and associated consultation for the Choosing Wisely scheme, which sought to achieve savings through patients buying routine medicines or products without seeking a prescription. The CCG considered that the scheme would align with the self-care agenda, which encouraged patients to take back control and avoid waste by ordering the medicines that they needed. Members expressed concern over safety issues that could arise from medicines being stockpiled or out of date, and acknowledged the benefits of GPs having a good awareness of the medication being taken by patients. The Sub-Committee also highlighted the importance of the patient experience and effectiveness of the system being monitored, should the scheme be introduced.

4.5.6 Members commented on the current lack of facilities for needle exchange and disposal in Westminster, and stressed the need for the service to be expanded. Other issues discussed included improvements in the management of diabetes that had been achieved through investment in data monitoring; and the value of signposting in GP surgeries.

4.6 The Sub-Committee noted the CCGs' Plans and Priorities and the draft Primary Care Strategy, and agreed that further consideration would be given to the issues that had been raised.

4.7 The Sub-Committee thanked the representatives from the Central London CCG for the presentations; and also thanked Healthwatch Westminster for their contributions.

## **5. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

5.1 There was no urgent business to raise.

The Meeting ended at 6:10 pm.

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_

