DRAFT MINUTES

At a meeting of the Joint Health Overview & Scrutiny Committee (JHOSC) on Wednesday, 6 August 2014 at 10:00 am at the Council Chamber, Civic Centre, Lampton Road, Hounslow.

Present:
Councillor Mel Collins (Vice-Chair)
Councillors Theresa Byrne (LB Ealing), Aslam Choudry (LB Brent), John Coombs (LB Richmond), Sheila D'Souza (Westminster City Council), Sharon Holder (LB Hammersmith & Fulham), Joy Morrissey (LB Ealing), Wil Pascal (RB Kensington & Chelsea) and Rory Vaughan (LB Hammersmith & Fulham).

NHS Representatives:
Sarah Bellman (SaHF Programme Communications), Daniel Elkeles (Chief Officer for CWHHE Collaboration) and Dr Mark Spencer (Medical Director of Service Design and Quality)

1. Welcome and introductions

Councillor Collins, Vice-Chair in the Chair, welcomed members to the meeting at Hounslow Civic Centre.

2. Apologies for absence

Apologies were received from Councillors Mary Daly (LB Brent), David Harvey (Westminster City Council), Robert Freeman (RB Kensington & Chelsea), Liz Jaeger (LB Richmond), Vina Mithani (LB Harrow) and Rekha Shah (LB Harrow).

3. Minutes of the meeting held on 20 February 2014

The minutes of the meeting held on 20 February 2014 were agreed as an accurate record.

Matters Arising
Minute item 6 – Shaping a Healthier Future
Daniel Elkeles, Chief Officer for CWHHE Collaboration, reported that they had been asking all the hospital trusts for their business cases. Nearly all of the hospital business cases stated that new buildings would need less space and these new builds would be part funded by the selling off of existing land. West Middlesex Hospital's business case included a brand new maternity building adjacent to the new build.

Action:
Mr Elkeles would circulate a copy of the West Middlesex Hospital business case to members.

The Chair stated that both Ealing and Hounslow had growing populations, whilst health services seemed to be shrinking. He was disappointed that health authorities were not taking up the option of health provision in North-West Brentford. Selling off land seemed like a misappropriation of money.

Mr Elkeles said that they were looking at the best places to put out of hospital provision. With regard to existing facilities Mr Elkeles stated that the maternity building at Ealing Hospital was not fit for providing this type of provision.

Councillor Byrne noted that they were already facing an unknown future for Ealing maternity unit, and a great deal of money had recently been spent on refurbishing the unit. She expressed concerns that the land would be used for housing, and that, whilst housing was needed, the needs of local people were not being considered.

Dr Mark Spencer, Medical Director of Service Design and Quality, said that many changes were likely to happen earlier than originally thought, but they were convinced that they were providing a better service for patients.

In response to a query from Cllr Collins in relation to the future provision of services at Clayponds Hospital Mr Elkeles said that the business case for Ealing Hospital stated that all beds at Clayponds would move to Ealing. The NHS wished to release the Clayponds site.

The Chair suggested they bring the issue of Clayponds back to the JHOSC for further discussion. Cllr Collins said that papers presented to the Hounslow Health and Wellbeing Board setting out Hounslow CCGs future commissioning intentions had included the use of facilities at Clayponds Hospital.

Mr Elkeles said that Clayponds services were being transferred to Ealing. Some of the new Ealing Hospital facilities would be available to Hounslow residents. There was big investment taking place into community facilities in Hounslow, with a new build in Heston. In Ealing there would be new builds in Acton and Greenford.

Resolved –
Members agreed that the Clayponds Hospital closure should be discussed at a future JHOSC meeting as part of an overall review of the disposal of assets on hospital estates

4. Declarations of Interest

There were no declarations of interest.

5. Shaping a Healthier Future - Programme overview briefing

See presentation pack (Agenda item 5).

Members noted the presentation on Shaping a Healthier Future (SaHF) programme overview briefing.

In relation to the implementation of the out of hospital strategy Councillor Pascal said that recent findings from a hospital discharge working group showed that although different primary care agencies were doing a good job, there were communication issues between agencies. This was leading to some cases where patients were not getting the care or adaptations they needed at home. IT systems were still not working together to maintain patient data.

Cllr Pascal asked how far along SaHF were in enabling out of hospital services to give better results to allow more people to be looked after out of hospital. He felt that timing was an issue in relation to other hospital changes.

Dr Spencer responded that a wide range of projects were taking place and work was ongoing to integrate IT systems with ambulance services, outpatient services, A&Es, UCCs etc. They could come back with the details on what they were doing in each borough.

Dr Spencer said the big hospital changes were some years away and they were fairly

confident that out of hospital services would be in place two years before these.

Mr Elkeles reported that Kensington and the two tri-boroughs partners would be agreeing community independent services. The boroughs' three CCGs and Health and Wellbeing Boards would be signing plans off in September and new services should be in place in April. Brent had done a lot of work on STARRS[1], and other boroughs were using this as a model. They were trying to make services as consistent as possible across boroughs. Acceptance criteria and discharge policies would be much stronger if consistent.

The Chair noted that JHOSC had achieved an agreement to extend the implementation of changes from three to five years. They believed that out of hospital services must be in place before any reconfiguration of major hospitals were implemented.

Dr D'Souza asked how important GPs and providers of primary and community care were in creating the ground on which hospital changes could take place. She asked if there was a strategic view for work at this level and where the amalgamation would take place. She pointed out that a fall in the GP population would diminish their willingness to take on more responsibility for community care, which could have an impact on keeping people out of hospital.

Dr Spencer said they were aware that a significant proportion of GPs in London were nearing retirement. The small business model of practices did not fit with today's larger populations. The estate for GPs in London was very expensive. In North West London practices were coming together to do more joint working, e.g. one GP practice would be open in a locality each weekend. Some networks were very well formed and putting legal structures in place. Some GPs were moving into bigger hubs. Dr Spencer said they could provide the Committee with details on what they were expecting in each borough at a future meeting.

Mr Elkeles reported that three practices were closing in Westminster and they were working with NHS England to find provision elsewhere for patients. There was now a huge amount of investment going in to Westminster, including four new primary care units, to try to fix the problem of a previous lack of investment.

Mr Elkeles said the NHS could not prevent GPs from selling off their practices. The CCGs were working with NHS England on how to provide GP services across areas. There was a risk of conflicts of interest so they were trying to work more with lay members.

Councillor Vaughan said he shared the concerns about what was being done to ensure that particular changes at Ealing and Charing Cross Hospitals did not take place until the out of hospital service were sufficient in each borough. He stated that they had asked this question many times but had not had a satisfactory answer.

Councillor Pascal requested an update on out of hospital primary care and hospital transfer at future meetings so they could follow progress made.

Resolved –

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[1] STARRS offers a range of health care, rehabilitation and reablement for patients in Brent.

It has been developed by the Trust, NHS Brent and Brent Social Services and aims to reduce hospital admissions and help reduce the length of stay of patients in hospital by continuing their care at home.

Description of service
Working across a number of organisations STARRS provides a range of services including rapid response, discharge support and rehabilitation. It also facilitates access to community health beds at Willesden Hospital and social care. Patients are referred by clinicians from one of our three hospitals or by their GP.

Members agreed that they would prioritise reviewing the delivery of the Out of Hospital Strategy in their work programme including the receipt of regular updates from health colleagues on progress with out of hospital primary care work.

6. Briefing on Accident & Emergency Unit reconfiguration

See presentation on the Accident & Emergency Unit reconfiguration (Agenda item 6).

Dr Spencer gave a presentation on assuring a safe transition for the closure of Central Middlesex and Hammersmith Hospitals Accident and Emergency Departments.

In response to a question from Councillor Byrne, Dr Spencer reported that Northwick Park Hospital would be getting twenty extra beds and would have a new A&E in October with extra staff from Central Middlesex. They were sure that Northwick would be closing less often, although it was still the most challenging hospital in North West London.

Councillor Byrne noted that travel times seemed to focus on ambulance times and not on travel times for visiting family and friends and transport between services.

Dr Spencer said they recognised the challenge faced by carers in having to travel further, but this should be balanced against patients getting better care.

Councillor Byrne advised that there had been a large amount of concern expressed on Acton and Ealing community websites about the use of the word ‘change’ rather than ‘closure’. Dr Spencer said that the user groups had wanted the word ‘change’ as most patients would continue to use the sites and people would read the posters in more detail.

Sarah Bellman, SaHF Programme Communications, confirmed that both Trusts responded to social media where they saw concerns expressed.

Mr Elkeles advised that these reconfigurations were not linked to the out of hospital strategy but to safety changes. There would be no change in bed numbers as the out of hospital changes were not yet in place.

The Chair expressed concerns about quality assurance given that the programme was not due to be completed until late August/Early September and the closures would be on 10 September. He was surprised that the public information campaign was marked for completion a month after the closures, given that such campaigns usually took place before decisions were made. Cllr Collins stated that he thought there would be an ongoing need to make sure people knew of the changes that had taken place.

Dr Spencer said it was normal to have work outstanding at this point in the programme. They would continue to review the plan and the A&E closures would not be implemented until everything was in place.

Dr Spencer advised that the public information campaign period would continue past the closure dates as they would continue educating the public about using the urgent care centres (UCCs).

The Chair noted they had previously been told that the London Ambulance Service would be receiving an increase in funding of 2.3 per cent but would be reducing operations by 19 per cent. He asked how this cut equated with an increase in funding and with the expectation that they would be providing services to six A&Es from September. He added that the London Ambulance Service had carried out surveys of average timings to and from A&E and hospitals

and agreed that the original timing in the briefing was inaccurate. He stated that, although it was only a four second difference, cumulatively it would have a greater impact when A&E numbers went from nine to five whilst the population in North West London continued to increase. Dr Spencer said that the London Ambulance Service had increased their manpower and he was assured there would be an expanded service.

In response to a question from Councillor Byrne relating to access to information from an equalities perspective, Ms Bellman said that they were carrying out equality assessments, including in Ealing. They would be providing information in easy read and in different languages. They were also working with the police so that they knew where the A&Es were and where else people could go for care. They had leafleted community and faith groups and businesses. They were also working face to face with community leaders.

Dr Spencer said they had carried out an equality impact assessment (EIA) and in summary the findings were that the poor and needy were most impacted and would benefit the most from the centralisation of services.

Councillor Byrne found this to be a sweeping statement. She said that the most vulnerable in the community were also those least likely to have personal transport to get to these services, as well as their family and friends. She asked if this had been taken into consideration. Dr Spencer responded that this had been fully covered in the EIA; there was a chapter on transport for vulnerable patients.

Mr Elkeles said that the vast majority of those using Hammersmith and Fulham A&E would be able to receive the care they required at the UCC.

Councillor Vaughan asked how they would measure whether the 10 September changes had worked. He asked what types of performance indicators they would be looking at to ensure that the message had got through. Dr Spencer responded that they had detailed patient trackers monitoring the number of people at each site and how they got there, and a centralised tracking database. They did a huge amount of monitoring in each A&E and this would continue. It included waiting times and access to diagnostics.

The Chair expressed concerns about not keeping on A&E staff for a few days after 10 September closures just in case of a major incident. He was also concerned that they would be closing the two A&Es on the same day as these were two different hospitals with different clientele.

Dr Spencer said that neither Central Middlesex nor Hammersmith were primary respondents in North West London. They did not take on major accident patients.

Mr Elkeles said that they had thought very carefully about whether to implement the closures together or separately. It was felt that if they closed one, the staffing at the other was so critical that it could not cope with patients from the other, given that it would be the closest alternative. They had chosen the timing very carefully to be the least disruptive. Mr Elkeles advised the JHOSC that in the days running up to the closure of the A&Es and through the closure process he would be chairing a telephone conference with managers and clinicians to ensure that the transition took place safely. Mr Elkeles said that if any issues arose he would be well placed as chair of this telephone conference to lead the response.

In response to a question from the Chair, Mr Elkeles explained that over 70 per cent of staff in Hammersmith and Central Middlesex A&Es were agency staff. Mr Elkeles stated that this situation was not safe and did not provide a basis for good care.

Councillor Byrne suggested that the solution to this issue would be to close one of the A&Es and move staff to the other. She stated these closures were leaving the residents of East Ealing with no A&E access between West London and Central London. In response, Dr Spencer said they had discussed the proposals in length and it had been decided that closing both A&Es at the same time had been felt to be the safest option.

At the end of the discussion Members thanked Dr Spencer, Mr Elkeles and Ms Bellman for attending the meeting. Members agreed that they would review the implementation of the A&E closures at a future meeting in the autumn.

7. NWL JHOSC - Next meeting and future arrangements

See briefing on North West London JHOSC next meeting and future arrangements (Agenda item 7).

Resolved –
Members agreed to hold a meeting in early October covering the following items:

1. Election of Chair and Vice-Chair;
2. Re-adoption of the terms of reference; and
3. Structured work programme for 2014/15.

Councillor Vaughan noted that some members were working full-time and would prefer evening meetings. He therefore suggested they alternate meetings between evening and daytime.

Councillors Pascal, Morrissey and Dr D'Souza commented that they were not in disagreement with the SaHF proposals presented to them. However, they had concerns about progress with the out of hospital and care pathway work.

Councillor Pascal requested that they receive updates on progress. He said it was not clear how changes were being achieved and to what timescales. He requested they be kept informed if any problems arose with 10 September closures and be told how these were being addressed.

Councillors Vaughan, Byrne and Choudry noted that they were not in agreement with the majority of SaHF changes.

8. Any Other Business

The Chair advised that he had two issues to bring to the committee's attention. Firstly, the Chair related to an email he had received from a Mr James Guest who was an independent lay member of both the NW London NHS Patient and Public Representative Group (PPRG) and its Transport Advisory Group (TAG). The email set out concerns about transport issues related to the SaHF programme. He noted this email would be passed on to Health colleagues.

It was noted that the email was from an individual member of TAG and was not sent on behalf of TAG.

In the email Mr Guest set out concerns he had in relation to how members of the PPRG had been engaged in the development of outline business cases relating to the proposed changes to hospital services. Mr Guest also raised a concern that issues relating to transport had been omitted from information provided to the JHOSC. This omission was ascertained from his reading of the published reports to the JHOSC.

Action:
The details of the concerns raised by Mr Guest to be circulated to the JHOSC and colleagues from the Shaping a Healthier Future Programme. Members agreed that the issue of patient and visitor transport and how this was being addressed should be added to the JHOSCs work programme. In doing so all key stakeholders input including Transport for London would be sought.

Secondly, the Chair suggested that the JHOSC should look at how the disposal of the NHS estate was taking place under the Shaping a Healthier Future reforms particularly with regard to the disposal of buildings surplus to requirement and subsequent selling of land for development. He said there was a need to ensure that such developments where utilising section 106 agreements to maximise the return for the public. Cllr Collins felt it was important to look beyond selling land for housing in a simplistic manner and attention should be given to broader community infrastructure needs. They should also be negotiating Section 106 money for affordable housing and the provision of NHS services. He expressed concerns about the NHS not receiving the full value of its assets.

Councillor Pascal commented that these sell-offs would likely be subject to planning policy and may be different between boroughs. He therefore suggested that a particular site may benefit from a combination of an NHS and local authority view.

The Chair said that the JHOSC should seek legal guidance on this issue.

Resolved –
Members agreed that the issue of estate management with a focus on the disposal of assets for redevelopment be added to the JHOSC work programme

The meeting finished at 12:03 pm.

CHAIRMAN _____ DATE _____