

Minutes of a meeting of the NWL Joint Health Overview and Scrutiny Committee held at Ealing Town Hall at 10.00am on 8th March 2023

Members of the Committee

Councillor Ketan Sheth (Chair)
Councillor Daniel Crawford (Vice-Chair)
Councillor Nick Denys
Councillor Chetna Halai
Councillor Lucy Knight
Councillor Natalia Perez
Councillor Angela Piddock
Councillor Marina Sharma
Councillor Claire Vollum

Others in Attendance

Chris Hilton, COO, Local and Specialist Services, West London NHS Trust
Rory Hegarty, Director of Communications and Engagement, NHS NWL
Rob Hurd, Chief Executive of NHS NWL Integrated Care Service
Pippa Nightingale, CEO London North West University Healthcare NHS Trust
Carolyn Regan, CEO, West London NHS Trust

Virtual Attendance

Roger Chinn, CMO, Chelsea and Westminster NHS Trust,
Martina Dineen, EOC Programme Manager, NHS NWL ICS
Michelle Dixon, Director of Communications, Imperial College Healthcare NHS Trust,
Dr Gareth Jarvis, Medical Director, Central and North West London NHS Foundation Trust
Richard Mountford, Deputy Director Communications, West London NHS Trust,
Clare Murdoch, CEO, Central and North West London NHS Trust,
Ann Sheridan, Managing Director, Jameson Division Central and North West London NHS Foundation Trust.

1. Apologies for Absence

There were no apologies for absence.

2. Urgent Matters

There were no urgent matters.

3. Declarations of Interest

The Chair, Councillor Ketan Sheth (London Borough of Brent) declared that he was the Lead Governor at Central & North West London NHS Foundation Trust.

4. Matters to be Considered in Private

There were no matters to be considered in private.

5. Minutes

The minutes of the meeting of the Committee held on 7 December 2022 were confirmed as a correct record.

6. Elective Orthopaedic Centre – Summary of Consultation and Proposal

Pippa Nightingale provided the Committee with the results of the North West London Elective Orthopaedic Centre public consultation, the key themes and emerging responses, and an update on developing a 'decision-making business case' for the proposal and next steps.

The Committee discussed the report and the following points were made:

- Members asked if the proposal was aligned to the Mayor of London's Six Tests for service reconfiguration and were informed that it had gone through a number of assurance arms, of which the six tests were one, and included the clinical senate and public consultation. All of these were following similar themes but with slightly different nuances and had provided a good insight which had been helpful in highlighting where further work had needed to be done.
- Members commented that they would have like to have seen the detail of how the five key themes identified in the consultation were to be addressed. Pippa Nightingale responded that the more detailed paper would be shared with the JHOSC, when it was ready. It was a timing issue to produce that at the same time as getting the business case completed. Travel was the key theme that NHS North West London (NWL) would be addressing. There would be different elements of travel options for patients depending on their needs, including door to door collection for orthopaedic patients where that support was required. NHS NWL realised that it needed to work with the Greater London Authority (GLA) and Transport for London (TfL) to redirect some of the bus routes and better connect the outer London boroughs to the hospitals. The key message for the orthopaedic centre was that it would only require one journey, as most of the care would be provided locally. The clinical model was about meeting the best national standards to provide better outcomes and minimising disruption for the patient.
- Members asked how far NHS NWL was from producing the final business case and heard that it was 90 percent complete. The remaining work was around setting the final targets and it would not be significantly different from the draft.
- Members expressed strong reservations around how the issue of travel to the proposed orthopaedic centre was being addressed stating that from some parts of NWL a journey on public transport could require a number of transfers, which would be difficult for people with mobility issues. A detailed

travel plan that addressed these concerns and provided clarity needed to be in place. Pippa Nightingale stated that the travel plan would be included with the business case and added that patients, when travelling to the hospital for surgery, were less likely to use public transport. Mapping had shown that a third of the patients for the elective orthopaedic centre from across NWL would be entitled to door to door hospital transport, arising from an assessment of their needs. A longer piece of work needed to be done with TfL about improving accessibility to the hospital for all patients. Rob Hurd informed the Committee that as part of the contract between the Integrated Care Board and the provider collaborative there would be close monitoring which would make reference to the output of the business case including transport. He assured the Committee that their concerns concerning travel would be picked up in that monitoring process.

- Responding to a request for more information about the context for the centre, Pippa Nightingale reassured the JHOSC that the clinical model for the centre had not changed from that previously stated. Patients would continue to have choice at the point of referral from their GP, if they chose to come to the elective orthopaedic centre the model was clinical care locally by the GP and the local hospital, and one visit to the centre. Rob Hurd added that from an NHS NWL perspective, services were not considered on a hospital by hospital basis, there was an overall waiting list for NWL and the additional capacity provided by the centre would significantly reduce inequality of access and waiting times. The experiences of other places that had implemented this type of service was that you needed to focus on transport, provide the door to door service, and have the care remaining local.
- Members asked whether clinicians and other staff groups were in support of the proposed service, especially if they were based elsewhere and would be travelling across NWL to the centre. Pippa Nightingale replied that work was currently being undertaken with staff groups, however a lot of the nursing and support staff posts would be filled with new recruits, staff were not just being moved. The work plans for surgeons would be changed to accommodate them moving around. There was a commitment from the clinicians to the proposal, as they saw the benefits from the same service model at the South West London Orthopaedic Centre.
- Members queried whether recruitment would be happening locally and were informed that there was a lot that could be done by the NHS to recruit local people. However as a range of posts were being recruited to, the adverts would go far and wide to attract expert staff, as well as people from the local community.
- The response rate to the consultation from Hounslow residents was seen as being quite low and members asked whether further engagement would be taking place. Pippa Nightingale said that there would be a communications campaign for residents, patients, and GPs which would consider who needed to be communicated with throughout the pathway. There would also be a branding campaign for the elective orthopaedic centre and the key area would be way finding so there was no confusion about where the hospital was and how to find the orthopaedic centre within it. The messaging about the service could also be cascaded by local authority partners through their links.
- Responding to questions about the waiting list for elective orthopaedic surgery and how the centre would assist with that, Pippa Nightingale said that there

was a two year backlog in the NHS and patients were assessed by clinical need. Orthopaedic patients were not the top priority if they had no life or death need, although they were often in pain and discomfort. Having the centre would mean a more efficient service in terms of the number of operations that could be done each day, without the pressure of supporting an Accident and Emergency Service as it was a non-urgent hospital site. The backlogs were broken down by borough and not one borough would be disadvantaged above another.

- Members asked if future funding for the centre would be impacted if the NHS returned to a payments by results model and were informed that the Integrated Care System fully supported the service. As well as providing better outcomes for patients and a more efficient service, it economically made sense.
- That for those patients who chose a local option for their orthopaedic surgery, how would it be ensured that the quality of those services was as high and how would waiting lists at those services be monitored. Pippa Nightingale stated that there were national metrics for each hospital and speciality which could identify adverse outcomes or where patients had a quicker recovery and those would continue to be monitored. Waiting lists would constantly change, the GP could see where the waiting lists were and discuss that with the patient when they were making the decision about where they wanted to be treated.
- Members queried why the quantitative survey for Harrow had the lowest number of responses at 6% compared to 28% for Hillingdon. Pippa Nightingale said that she would follow this up outside of the meeting and respond to the Committee in writing.

The Chair summarised the discussion.

Information Requests:

- To receive a response to the query regarding the disparity across North West London boroughs in the response rate to the quantitative survey.
- To share the final business case for the elective orthopaedic centre with the committee as soon as possible.
- To share the final travel plan for visitors, patients and staff with the committee when it becomes available.

Recommendations:

- To recommend that a specific travel plan is developed that addresses travel related concerns expressed in the consultation to reassure patients and stakeholders.
- To recommend that there should be monitoring of the quality of the elective orthopaedic services provided locally and at the centre located within Central Middlesex Hospital, to ensure that they are consistent and of the same standard.
- To recommend that more detail is supplied on how the NHS is implementing the consultation feedback on transport when this issue next comes back to JHOSC.

- To recommend that a communications campaign for the elective orthopaedic centre is delivered in conjunction with local government and other stakeholders.

7. North West London Integrated Care System Update

Rob Hurd introduced the report updating members on a number of current work streams being delivered across the North West London Integrated Care System.

The Committee discussed the report and the following points were made:

- Members noted that the Butterworth Centre, which provided advanced dementia care, was due to temporarily close from 31 March and asked what arrangements had been put in place for the patients that were there. Rob Hurd replied that equivalent beds had been identified for those patients, alternative provision would be put in place with no overall reduction in capacity. Details of where those beds were located would be provided to the Panel in writing. The change in service provision had been driven by a set of circumstances which NHS NWL had to respond to, it had not been planned.
- Members asked if residents and patients would be involved in the formative stage of the development of a new musculoskeletal (MSK) model of care and what the timescales were for this work. Rob Hurd informed the committee that there was set of contractual arrangements in the service which were coming to an end and needed reviewing. NHS NWL was considering its procurement processes, the funding for services, the ability to build in co-production at the start, and the ability to vary contracts for different service models. Currently the focus was on stabilising the services, post September there would be the opportunity to build into new contracts the involvement and engagement for service design processes that would form part of the future service provision. The Committee requested further detail in writing on how the changes to the MSK and Ophthalmology Services would be progressed, the engagement that would be undertaken and the early input that the Committee could have.
- Members asked about what had been done to benchmark NHS performance in NWL against other areas, particularly for A&E waiting times and discharge delay and requested that the Committee regularly received comparative performance data. Rob Hurd said that NHS NWL had some of the most advanced business intelligence data in the country and that, as well as continuing to provide a performance report, he would provide comparative performance data for the Committee.
- Members asked when the workforce strategy was due to be delivered and were informed that it was a component part of the Integrated Care System Strategy. There would be an engagement process during April to June on the content prior to publication, however publication would be delayed until any serious issues of concern that might be raised were addressed. The Committee requested that the Workforce Strategy be shared with it.

The Chair summarised the discussion.

Information Requests:

- That NHS North West London provides comparisons to other London Integrated Care Systems' performance on key metrics as part of the regular performance report sent to the committee.
- To provide more information on the planning work being undertaken for the roll out of the spring 2023 Covid booster.
- To receive details on how the NHS will ensure that patients who need to be moved from the Butterworth centre will be moved seamlessly into alternative care.
- To provide the JHOSC with the details of the final North West London workforce strategy when it becomes available.

8. Inpatient Mental Health Bed Capacity across North West London

Carolyn Regan, Clare Murdoch and Chris Hilton provided the Committee with a report on current adult inpatient mental health bed capacity across the North West London Integrated Care System.

The Committee discussed the report and the following points were made:

- Members expressed serious concerns that the proposal for the changes to mental health beds in North West London were not being formally consulted on, stating that enhanced engagement was not sufficient. Chris Hilton thanked the Committee for the feedback that had been given about the decision to following an enhanced engagement approach, this had been the advice received from the London Regional Team at the start of the decision making process, however lessons would be learned. It was however important to acknowledge that the facilities in Ealing were below the quality and safety of the services that the Trust would wish to offer.
- Members stated that it was concerning that mental health beds were being lost when there was a mental health crisis and asked why had there not been advance planning to adapt these wards. Chris Hilton replied that in relation to the services in Ealing for adults in acute mental health crisis, a number of options were considered to make the facilities safe and fit for purpose and the estimated cost for refurbishment for the Wolsey wing was over £19 million pounds. Carolyn Regan added that a building from 1831 was difficult to convert for modern health services and welcomed any of the Committee members who had not yet seen the building to visit.
- Members suggested that 12,000 responses to the survey was fairly small for a major service change, when considering the population size across the three boroughs that were impacted.
- In response to the Committee's concerns on the mental health estate and lack of investment, both Carolyn Regan and Claire Murdoch said that they would be happy to bring the mental health estates strategy to the JHSOC and to work with the JHOSC on this going forward.
- Members requested reassurance that the spend on mental health services for the residents of Ealing, Hammersmith and Fulham would not be negatively impacted and received a commitment from Carolyn Regan to increased spend on mental health services and an agreement to share some of the data on that with the JHOSC.

- Committee asked for summary of impact that the service change would have on the patients and carers as a result of going from bedded provision to community based and had that patient and carer safety has been adequately considered. Chris Hilton said that they would be evaluating all of the feedback and were happy to share that and the impact assessments.
- Members asked if it would be possible to adapt part of the Gordon building so that beds could be made available for acute cases. Claire Murdoch replied that formal consultation would be launched in July on the model of care, currently the service was intensively engaging with LA colleagues and services users. There had been significant investment in mental health, and as the national director and local Chief Executive she would oppose anything that sought to take money out. With regard to beds, the service was looking at what could be done to create more beds in Westminster and also whether the ground floor of the Gordon building could be used for a mental health hub. It was clear that there were crisis pressures in the Urgent and Emergency Care Pathway, however that did not always mean that the answer was more beds.

The Chair summarised the discussion.

Information Requests:

- To provide further information on the current spend by West London NHS Trust on mental health services across the three boroughs, the spend available per resident, and how the money was allocated so that the JHOSC can effectively scrutinise the future development of mental health services across North West London.
- To receive details on how the move towards community based mental health care will impact residents, referencing results from integrated impact assessments undertaken.
- To receive feedback from patients and carers from West London Trust's enhanced engagement when available.

Recommendations:

- To recommend that the NHS work with the JHOSC to engage on a mental health specific estate strategy by bringing this item to a future JHOSC meeting.
- To recommend that the NHS works with the JHOSC to shape the future public consultation on the Gordon Hospital.

9. North West London JHOSC Recommendations and Information Requests Tracker

The Committee noted the report.

10. North West London JHOSC Work Programme Update

The Committee noted the report.

The meeting ended at 11.55am.