

Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 19 July 2023

PRESENT

Committee members: Councillors Natalia Perez (Chair), Genevieve Nwaogbe, and Amanda Lloyd-Harris

Co-opted members: Victoria Brignell (Action On Disability), Jim Grealy (H&F Save Our NHS) and Keith Mallinson (Healthwatch)

Other Councillors

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care)

Guests

Dr Bob Klaber (Imperial College Healthcare NHS Trust)
Jane Wheeler (Director of local care programme, NW London ICB)
Dr Lyndsey Williams (NW London GP clinical lead for end of life and care homes)
Ian Jones (CLCH)
Melissa Mellett (AD, Local Care programme, NW London ICB)
Susan Roostan (NHS North West London)
Merril Hammer (HAFSON)

Officers

Linda Jackson (Strategic Director of Independent Living)
Dr Nicola Lang (Director of Public Health)
David Abbott (Head of Governance)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Emma Apthorp, Councillor Ann Rosenberg, and Lucia Boddington.

Victoria Brignell, Jim Grealy, and Merrill Hammer joined the meeting remotely.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26 April 2023 were agreed as an accurate record.

4. IMPACT OF THE DELAYED REBUILDING OF ST MARY'S HOSPITAL

Dr Bob Klaber (Director of Strategy, Research and Innovation, Imperial College Healthcare NHS Trust) addressed the Committee and provided a verbal update about the delayed rebuilding of Charing Cross, Hammersmith, and St Mary's Hospitals and the healthcare impacts on residents.

A series of photographs showing run-down areas of St Mary's Hospital were distributed in the meeting.

Dr Klaber told the Committee that St Mary's Hospital currently had one ward closed and said there were constant issues across the estate making things difficult for staff and patients. The New Hospital Programme recently announced they were delaying funding for the rebuild beyond 2030, although he noted they had promised funding for a business case for the eventual rebuild.

Dr Klaber said he felt there were opportunities to move further up the list, using a combination of public money and some commercial money from land sales. The Trust calculated they needed around 40% percent of the land for the hospital. He added that Charing Cross and Hammersmith Hospitals could be rebuilt in phases, building on some of the existing good quality infrastructure and replacing the poor infrastructure.

Councillor Amanda Lloyd-Harris noted the refurbishment of Charing Cross was being delayed and asked, if groundwork started in 2024, what the completion date would be. Dr Klaber said he couldn't give an estimate. He noted the business plan was due to be submitted in the autumn. He added that Charing Cross would be a phased rebuild. The business plan would explore how best to deliver that phasing. He said the clear steer from the programme had been that there was potential to have a significant funding envelope brought forward and the trust was doing everything they could to bring it forward. He hoped that could be done in partnership with local authorities.

Councillor Lloyd-Harris said engaging with commercial enterprises was often contentious locally and asked how the Trust planned to deal with that, and what benefits there might be for patients and staff. Dr Klaber said he understood that some people may have anxieties, but by starting with communities and population need, they were much more likely to get to the right answer. He said it was clear that there were ways to do it to create some competition in an open way, to give taxpayers confidence they were getting value for money. He said, things that kicked it into the long grass would make things worse for patients and ultimately cost more money.

Jim Grealy asked if the deteriorating condition of one of the three hospitals could have wider consequences, pushing services to other places. He also asked what the effects of delaying the necessary rebuild would have on care. Dr Klaber said the current state of the buildings was difficult for staff who wanted to deliver the highest quality care, as well as being difficult for patients. He said the impact of estate failure could have knock-on effects in all sorts of spaces. Running services at very high capacities had serious impacts. He said the Trust and its partners needed to work together as a system, to understand patient need – both current and future need – and think about how to run the highest quality systems.

Merril Hammer asked for clarification that Imperial initially understood it would be given money for St Marys, Hammersmith, and Charing Cross Hospitals to complete works before 2030. Dr Klaber said yes, they were part of the initial programme, but there was no specific money attached.

Merril Hammer asked for confirmation that no clear date had yet been given for funding to be given or building works to be completed. Dr Klaber said work and planning around St Mary's hadn't stopped. The Trust was doing everything it could to progress the rebuild. Regarding funding, they had been told it would come after 2030.

Merril Hammer asked for reassurances that Imperial were not considering a Private Finance Initiative (PFI). Dr Klaber said strong financial management was a key part of delivering good care and was important to the Trust. He said the Committee could have confidence that they wouldn't agree to any scheme that would simply defer the financial problem. He said they were trying to be creative and open minded.

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care) asked if the Trust expected to sell enough land on the St Mary's site to get all money needed for the rebuild. Dr Klaber said roughly 40% of the land was needed for a hospital but funding from land sales depended on density, build height etc. He said the relationship with Westminster City Council had been very productive, but it was not a 'done deal'.

Councillor Coleman asked for clarification that if the business plan was completed early, then there was a possibility that Charing Cross and Hammersmith Hospitals might move up the list. Dr Klaber said yes, he believed they could get funding for the refurbishment of certain buildings but it was complex and required the right plans. Councillor Coleman commented that the plans seemed highly contingent.

Councillor Coleman asked what impact the worsening estate at St Mary's would have on Charing Cross and other nearby hospitals. Dr Klaber said the estates team could plan to an extent, but it depended on the services affected. Despite excellent work done to keep services running during recent disruptions, there was a limit because of a lack of spare capacity.

Victoria Brignell suggested the Trust could approach rich philanthropists for contributions to the rebuild. Dr Klaber said they were open-minded, and philanthropy was something they were exploring – particularly in relation to research.

Jim Grealy asked if the state of the buildings at St Mary's and other sites meant innovations and improvements to the patient experience were being postponed. Dr Klaber said it went both ways. The state of the facilities had driven innovation in some areas like 'hospital at home', virtual wards, and a more integrated approach. He noted that in other areas such as research it was not practical to realise their vision of research at every bedside. He added that estate failures meant it was difficult to think in a forward looking way and it was frustrating for the organisation and staff to spend so much time dealing with problems.

The Chair thanked Dr Klaber for attending and providing an update. She highlighted the concerns that residents had over the delays, the importance of hospitals that were fit for purpose and met the needs of patients and the community, and the importance of partnership working.

Councillor Coleman noted that the ICB had commissioned a piece of work looking at the impact on patients and said he looked forward to seeing the report and understanding the impact in more detail.

5. NORTH WEST LONDON ADULT COMMUNITY-BASED SPECIALIST PALLIATIVE AND END-OF-LIFE CARE REVIEW PROGRAMME

Dr Lyndsey Williams (NW London GP clinical lead for end of life and care homes) and Ian Jones (CLCH) presented the update on the progress made by the programme team since their previous presentation on 25 January 2023. She said the programme team welcomed the Committee's feedback on engaging on the new model of care before the engagement process was officially launched.

Councillor Amanda Lloyd-Harris commented that the document was much improved from the version presented in January. She said she was glad to see the service was being extended given how important it was for residents to be able to contact someone out of hours. Dr Williams said she hoped the new model of care put patients and those around them, and those left behind, at the centre.

Keith Mallinson welcomed the report. He noted that he had been on a panel at Trinity Hospice recently looking at end of life provision for the LGBT community. The takeaway was around how to make it more personalised. Dr Williams said the LGBTQ+ community was one of the cohorts that they had engaged with members on, and undertaken literature reviews looking at cultural sensitivities. She said she could share more of the work they had done in that area. Dr Williams said holistic assessment and being aware of cultural sensitivities was part of the underlying principle for the new model of

care and said perhaps that needed to be clarified in the engagement documents.

Jim Grealy said he welcomed the extension of hours, he felt it needed to be a 24-hour service to be comprehensive. But he said the report lacked the necessary data to make judgements and felt it was too generalised. Dr Williams said the document presented to the Committee was not the complete model of care document with all the detail and data. The item on the agenda was a progress update on that work. She said it was almost finished and was scheduled to go out for engagement at the end of the month. The initial engagement would be on the 'what', not the 'how' – which would come later. The goal was to ensure they were identifying any unmet needs. She said the proposed model of care would be published at the end of the month.

Jim Grealy said he was concerned about an engagement exercise over the summer and felt many people would miss out on their chance to provide feedback. Sue Roostan acknowledged that summer was not an ideal time for the engagement and said they would look at extending the engagement period if the response rate was below expectations. Councillor Lloyd-Harris said she thought it was essential to extend the engagement period to the end of September or early October. Sue Roostan said they would consider it.

Dr Nicola Lang (Director of Public Health) discussed how important it was for the service to operate 24-7. Dr Williams said there was a 24-7 advice line and they intended for that to continue and expand to all patients. There was also a visiting element that would run 8am to 8pm. Dr Lang suggested changing the wording in the engagement document to make that clearer.

Merril Hammer said the document needed to be clearer about how the new model of care differed from the old model. She also raised concerns about access to beds for end-of-life care. She also noted the paper made it seem as though HAFSON had supported the process, but the HAFSON representative on the group had reported reservations about the way the process had been carried out.

Dr Williams said they would look at the language around what was new or enhanced. She said she hoped all of the issues raised would be addressed in the final document. Regarding HAFSON's involvement, she said she would look again at the references in the final document. Dr William's also encouraged Merrill's HAFSON colleague to contact her to give them an opportunity to provide feedback.

Linda Jackson (Strategic Director of Independent Living) welcomed the update and said it showed the changes asked for by the communities and this group had been incorporated. She then asked at what point there would be a formal consultation on the changes, given it was a significant service change. Sue Roostan said there would be an engagement process on what was required, then when considering how to deliver the service there would be consideration of whether there needed to be a formal consultation.

Keith Mallinson informed the Committee of his experience of the current service. He said the process around his partner's death had been seamless and he praised the service and the effort the teams put in.

Councillor Coleman asked if the anticipated consultation would be carried out over the Christmas holiday. Sue Roostan said if a consultation was necessary, they would try to avoid another holiday period given the engagement was taking place in summer.

The Chair thanked Dr Williams and colleagues for attending. She noted the Committee's concern about the engagement period and reiterated the request for an extension. She also noted the points made around the engagement document and the importance of using the right language around cultural sensitivities.

6. POST COVID SYNDROME SERVICES UPDATE

Melissa Mellett (AD, Local Care programme, NW London ICB) presented the update on the post-Covid service offer in North West London. She noted that a new service was due to open at Charing Cross Hospital in September. The goal of the new service was to reduce the waiting list to a maximum of 6 weeks for those waiting for the acute service. The recommended approach was to move to a community first model which would mean patients were seen quickly and then referred to the Post-Covid Acute Service if necessary. She also noted the post Covid population statistics and said there was a health inequalities programme focused on ensuring those numbers represented the entire population.

Councillor Amanda Lloyd-Harris asked how they planned to actively increase GP referrals and asked why they did not believe the current figures were reflective of the community. She also asked about the impact of isolation and asked if there had been a concerted effort to see those people face-to-face as it might be better for their mental health. Melissa Mellett said some GP's had been referring at higher rates than others, and population health reviews suggested there were inequalities. Regarding face-to-face assessments – she said triage was done by clinicians and they would try to pick the best solution, while also considering patient need.

Councillor Lloyd-Harris noted the inclusion of digital tools and resources and asked what considerations there were for people who didn't have access to them. Melissa Mellett said it was just one aspect of the service, people could still go to their GP.

Councillor Genevieve Nwaogbe noted that 127 patient referrals were accepted but 125 were returned to their GP. Melissa Mellett said in the beginning there were significant challenges with referrals from primary care settings. The digital record had key information missing so had to be sent back, but each of those cases was carefully managed and followed back into the service.

Councillor Nwaogbe asked if there was a breakdown of those rejected for further support by ethnicity. Melissa Mellett said the figures in the briefing showed both accepted and rejected together.

Keith Mallinson noted it seemed as though older people were not coming forward and asked if the service would be working with organisations like Age Concern to encourage participation. Melissa Mellett said each borough was running different engagement activities to get underrepresented cohorts to come forward.

Jim Grealy asked how the ICS was informing the public of the condition. He had concerns that poorer people were not being referred and there could be a need going unaddressed. Melissa Mellett said they were trying to ensure information about it was made widely available.

Merril Hammer raised concerns that some people had not been taken seriously by GPs at an early stage and would be reluctant to come back now. She asked how the service planned to reach those people. Melissa Mellett said she didn't believe GPs hadn't taken people seriously, but rather the symptoms presented could fit into multiple categories.

Linda Jackson asked if data was being captured about the difference the interventions had made to patients. Melissa Mellett said they had used the standard friends and family questions, but those were too generic. The digital Living with Covid service would provide richer data.

The Chair asked how the service was being funded and how to ensure it was sustainable. Melissa Mellett said it was funded by NHS England in one-off payments. Funding had been secured this year but was not yet secured for next year. She agreed it was important to find a sustainable solution.

The Chair noted Councillor Ann Rosenberg, who had suffered with Long Covid wanted to ask a question but wasn't able to attend – she wanted to know if any research was being done to understand the condition. Melissa Mellett confirmed research was being done and offered to meet with Councillor Rosenberg to discuss it with their clinical lead. Councillor Lloyd-Harris suggested there may be some lessons from the beginnings of ME (chronic fatigue syndrome).

The Chair asked about support for children and young adults. Melissa Mellett said that was part of the second phase of the programme, Janet Cree was leading a workstream on the topic and colleagues could provide feedback at a future meeting.

7. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:

- 15 November 2023
- 31 January 2024
- 27 March 2024

Meeting started: 7.02 pm
Meeting ended: 9.19 pm

Chair

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