

London Borough of Hammersmith & Fulham

# Health & Wellbeing Board Minutes



Wednesday 28 June 2023

## **PRESENT**

### **Members**

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

Carleen Duffy (Healthwatch H&F)

Dr Nicola Lang (Director of Public Health)

Phillipa Johnson (Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust)

Jacqui McShannon (Strategic Director of Children's Services)

Linda Jackson (Strategic Director of Independent Living (DASS))

Sue Roostan (NHS Northwest London ICB)

Detective Inspector David Nicolls (Met Police)

### **Nominated Deputy Members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)

Nadia Taylor (Healthwatch, H&F)

### **Guests, officers, and other attendees**

Toby Lambert (NHS Northwest London ICB)

Dr Julia Renton (West London NHS Trust)

Michelle Dixon (Imperial College Healthcare NHS Trust)

Merril Hammer (Hammersmith & Fulham Save Our NHS)

Jim Grealy (Hammersmith & Fulham Save Our NHS)

Sharon Tomlin (SOBUS)

Jo Baty (Assistant Director, Specialist Support, and Independent Living)

Julius Olu (Assistant Director for Public Health and Social Care Commissioning)

Councillor Lucy Richardson

Councillor Ann Rosenberg

David Abbott (Head of Governance)

## **1. APOLOGIES FOR ABSENCE**

Apologies were received from Dr Christopher Hilton (Dr Julia Renton attended in his place) and Janet Cree.

Councillor Lucy Richardson, Dr Nicola Lang (Director of Public Health), and Michelle Dixon (Imperial College Healthcare NHS Trust) attended the meeting remotely.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3. MINUTES AND ACTIONS**

The Board agreed the minutes of the meeting held on 28 March 2023 as an accurate record.

*The Board agreed to change the order of the agenda as follows – 6, 5, 4, 7, 8.*

## **4. ICS HEALTH AND CARE STRATEGY FOR NORTH WEST LONDON**

Toby Lambert (Northwest London ICB) introduced the item which presented the Integrated Care System (ICS) Health and Care Strategy for Northwest London for challenge and comment. He noted that the strategy built off the existing work of the JSNA and Health & Wellbeing Strategies. They were gathering feedback from all Health & Wellbeing Boards and would incorporate them into the final strategy.

Toby Lambert noted that the engagement period would run to the end of July. There was a form on their website for residents to provide feedback. Councils could provide feedback through Health & Wellbeing Board meetings and could also provide longer written responses. The Chair noted H&F may share the minutes of the meeting or provide a written submission at the right time.

**ACTION: Linda Jackson / David Abbott**

Councillor Natalia Perez asked if there were groups that the ICS wanted more engagement from. Toby Lambert said each section of the strategy had its own engagement process, but engagement had taken place with partners, the residents forum, and colleagues in communications had been working to build links with each group and community.

Merril Hammer commented that the strategy presented was not specific enough. She said the strategy should clearly articulate the current position, have baseline figures to measure progress against, and outline the plan to get to the desired end point. She highlighted the maternity and children and young people sections as a good example. But she felt it was wrong to put palliative care as something that was being done well, noting they were 10 months late to report. She also felt the mental health section was seriously lacking, with little or no detail about baseline provision, need, demand, measures of inequality, productivity, or staffing.

Toby Lambert said he agreed some sections were more detailed than others, explaining that it was partly an artefact of how the document was produced. He

noted there was supporting data available in the needs assessment on their website, but it was not as comprehensive as he would like.

Jim Grealy discussed the need for a clear articulation of what success and failure in each area. He also said there needed to be a realistic look at what could be staffed with the expected resources. Toby Lambert said the strategy would feed into a joint forward plan, which would have more detail about finances and workforce. He noted that while there were shortages in some key professions, overall, they had more staff than ever before. The challenge was how best to deploy that workforce.

The Chair asked if the joint forward plan would contain detailed targets and outcomes. Toby Lambert said it would.

Jacqui McShannon highlighted transitions from Children's Services into Adult Social Care, mental health, and autism as areas that needed more focus. She warned there was a growing cohort of people whose needs were not being met. The Chair also said the strategy did not include enough on autism. Toby Lambert said there had been similar feedback from others and he would feed it back to the ICP.

Jacqui McShannon said she would also like more focus on the group of children and young people that were considerable risk but low incidence. The Chair suggested it would be more impactful if all the Children's Services Directors from across Northwest London coordinated and produced a joint response to the strategy.

**ACTION: Jacqui McShannon**

Nadia Taylor asked if there was scope to extend the engagement period to ensure a wide range of responses. She also noted the strategy covered a lengthy period and asked if artificial intelligence (AI) and its application in healthcare part of the discussion had been. Toby Lambert said he was personally keen to move from the strategy phase to hard targets and actions. Regarding AI, he said it was part of their research and innovation strategy – and in some areas like population health around hypertension it was already being used to identify people at risk.

Councillor Natalia Perez, regarding mental health services, asked if there would be more investment in alternatives to A&E. she also asked if there would be what plans there were to incorporate the feedback and incorporate it in a meaningful way. Toby Lambert said, regarding A&E, there was a new crisis service which took people out of A&E and into an assessment bed where they could be stabilised and moved back into the community with support. They were looking at the most impactful investments. Regarding the feedback he said they would produce a response to the engagement document, summarising the feedback received and report back to the ICP with recommendations about what to include in the final strategy.

Linda Jackson said one of the key issues was that people needed to be able to see the resources that will enable these outcomes to happen. She said the overarching plans needed to be shown to residents. She also asked if there was a public risk register.

Toby Lambert assured the Board that details plans would follow the strategy in the form of the joint forward plan which would bring together estates, the workforce, and

finances. He added that a risk register was also being put together and it included capital funding as a risk.

The Chair asked if the Board should have a meeting on the joint forward plan. Toby Lambert said there was a decision to be made about whether to try and do it all in one piece or have more detailed discussions about each section i.e., mental health.

The Chair asked what was meant by an 'integrated approach to housing' in the strategy and asked if that would entail the ICP putting money into housing to tackle mould and damp. Toby Lambert said it was unlikely that the NHS could put money directly into housing repairs, but he said they could release land for new housing.

The Chair said children with asthma were costing the NHS a lot of money across their lifetime and suggested that it would be a better use of funding to collaborate with the Council to fix the problem at an early stage. Toby Lambert said there were things the NHS could do, and they would think about innovative approaches, but could not make a commitment at the meeting.

Jacqui McShannon said there was some anxiety in Children's Services about the joint forward plan imposing services for local authorities to deliver but without any additional funding. She also raised an issue about engagement on boards, noting that there should be more representation from staff working directly with children, rather than it always being Director-level. She said it would be useful to see a list of all boards and who was represented on them. The Chair agreed and asked Toby Lambert to provide a list. He added that it would be a good step in helping improve understanding and noted the importance of having a constructive relationship.

**ACTION: Toby Lambert**

Jo Baty raised the importance of having a scalable core offer, noting that a lot of children and young people move across boroughs. Previously there were reciprocal agreements in place but those had been lost. She said an integrated early help service and reciprocal arrangements would be welcomed.

Jim Grealy objected to phrasing in the document suggesting that ethnicity was one of the main social determinants of health. Toby Lambert said he would ask for it to be rewritten.

**ACTION: Toby Lambert**

Merril Hammer asked if the joint forward plan was amendable. She also asked if the engagement phase for the strategy could be extended beyond the end of July. Toby Lambert said he would prefer to move on to the planning stage but if groups wanted to come back after the end of July with further input, they would take that on board. Regarding the joint forward plan, he said it would be amendable.

The Chair thanked Toby Lambert for attending.

## **RESOLVED**

1. The report was noted.

**5. DELAYED REFURBISHMENT AND REBUILDING OF CHARING CROSS, HAMMERSMITH AND ST MARY'S HOSPITALS**

Michelle Dixon (Director of Engagement and Experience at Imperial College Healthcare NHS Trust) presented the item about the delayed refurbishment and rebuilding of Charing Cross, Hammersmith, and St Mary's Hospitals.

The Chair asked for clarification that the planned rebuild of St Mary's Hospital in Paddington, and extensive refurbishment and some new build at both Charing Cross Hospital and Hammersmith Hospital had been pushed back beyond the original commitment of 2030. Michelle Dixon said the hospitals were still in the programme and would receive funding for a business case and enabling works (e.g., upgrading a building's power supply), but the bulk of capital funding would not be committed until after 2030.

The Chair asked if the Trust had received any response to their bid for enabling works made in August 2022. Michelle Dixon said they had not received a response yet.

The Chair asked how much money the Trust was having to spend each year on backlog maintenance. Michelle Dixon said they spent between £7-8m every year on each of the main sites.

The Chair asked for confirmation that if residents saw building works it was maintenance. Michelle Dixon said they could receive money for some enabling works before 2030, but not expansion or refurbishment.

The Chair asked if other hospitals in the core group of forty were slower to complete their business plans, was there scope for the Trust to jump the queue? Michelle Dixon said she anticipated that to be the case. She noted that Charing Cross and Hammersmith could do phased works rather than a complete rebuild. The Trust was hoping to be able to use its land as leverage to get upfront funding before 2030. The Chair asked if there was support from the Government for that. Michelle Dixon said they were speaking to the New Hospitals Programme about it.

Jim Grealy said that residents expected new hospitals to be completed by 2030, but now we learn there is no money guaranteed until 2030 and rebuilds take a long time. He asked when the hospitals would be finished. Michelle Dixon said they were hopeful that the land strategy would enable works to be done before 2030 but if that did not work it would be the late 2030s. She was concerned that the buildings at St Mary's would not last that long though.

Merril Hammer asked if the Trust were planning to use money from land sales to help pay for the rebuild, would the Trust be refunded for that. And if not, what might that money have been used for if not spent on the rebuild. Michelle Dixon said the money would always be used to offset building costs.

Nadia Taylor asked what the impact on patient services would be during the planned rebuild. Michelle Dixon said the state of the buildings impacted on patients every day. She highlighted the ingenuity of the estates teams in keeping services running.

Councillor Natalia Perez asked about contingencies in case of extreme scenarios like flooding. She also asked if the Trust was exploring land deals for Charing Cross and Hammersmith. Michelle Dixon said they were only looking at a land deal for St Mary's because it required a complete rebuild. Regarding contingency plans, Michelle Dixon said there were multiple contingency plans in place. If certain areas are offline then they can move things around, or move to a different site, but if there was a critical mass of problems then it could become challenging to manage.

The Chair noted that experts had advised that if the buildings were not upgraded in the next five years, they would become impossible to fix. Residents have complained about the awful condition of the corridors and other spaces at St. Mary's. He asked for clarification that the Trust would only be getting money for St. Mary's before 2030 if they raised it themselves and not from the Government. Michelle Dixon said she did not expect any capital from the central funding pot if they could not leverage the land.

The Chair asked what happens to the hospitals and patients in Northwest London if the Trust cannot raise the money. Michelle Dixon said they were hopeful they can get the deal done. They would also continue with contingency planning, but they would have to start thinking about moving services off the site. Building experts have told them that parts of the estate will not be viable much further into the future. It would impact care to the hundreds of thousands of people that are treated at St. Marys.

Toby Lambert said 'plan B' was the continued ingenuity of the estates team, but there were limits. They were looking at how to mitigate the problems collectively with the three other nearby hospital trusts. He added that the impact would be sub-optimal and there would be negative impacts on patients and fewer people would be treated if capacity were constrained.

The Chair asked how many people were treated at St. Marys annually. Michelle Dixon said there were around one million contacts across the Trusts, with around 350k at St. Mary's.

Linda Jackson asked how much the backlog maintenance budget was. Michelle Dixon said it would cost around £105m to get on top of the backlog, but they did not have the full amount, so they prioritised the most essential works each year.

Linda Jackson asked what the St Mary's rebuild would cost. Michelle Dixon said it would cost between £1.5bn and £1.7bn, taking land sales into account. Linda Jackson noted that at present, the hospital was not receiving either the rebuild cost or the full maintenance costs required.

Merril Hammer asked what the chances were of the programme falling through if the Government changed at the next election. Michelle Dixon said the £20bn for the New Hospitals Programme was already committed in the spending round.

The Chair noted that a floor-by-floor refurbishment of Charing Cross had been announced in 2018 and asked why the Trust was only working on the business case

now. Michelle Dixon said there had been other priorities like St. Marys, and business cases took a long time to produce and required additional funding.

The Chair thanked Michelle Dixon for attending.

## **RESOLVED**

1. The briefing note was noted.

## **6. BETTER CARE FUND**

Toby Lambert (NHS Northwest London ICB) introduced the item.

The Chair raised concerns about the most recent Better Care Fund (BCF). He explained that the BCF was normally agreed locally with the Council and the NHS, with the aim of getting people out of hospital as quickly and safely as possible. However, this year the Finance Department of the ICP was not acting in an appropriate way and was refusing to approve the budget. This had led to people being stuck in hospital for weeks and weeks.

Toby Lambert said the ICP was not happy about the current situation and conceded there were better ways to manage it. He noted that while the amounts had not been fully signed off as of the date of the meeting, the overall quantum remained. Any money committed would be paid.

He understood the unhappiness around how it was communicated and the transparency, but the ICP had to follow the national guidance and ensure the money was being used effectively as they were accountable for it. He said he would feed the Board's comments back to the ICP.

Linda Jackson commented that the BCF had been worked on jointly since 2015. It funded a lot of contractual services. She suggested the ICP should sign off the funding stream for 2023-24 with a condition saying there would be a joint review of next year's spend.

Linda Jackson added that in terms of outcomes Northwest London had reported consistently reliable performance on discharge and had been leading in London for months. She said holding back discharge money put the area's performance on discharges at risk and had done damage to a lot of challenging work by colleagues at the ICS. The situation had challenged local partnerships and damaged trust and relationships with the ICP. She urged the ICB to sign off the funds for 2023-24 and agree to work together on 2024-25.

Sue Roostan (NHS Northwest London ICB) said she understood the comments from the Council, but they were looking for a level of consistency around the minimum level of contribution. She noted that it was not a cost saving exercise, it was about consistency across the boroughs.

The Chair said this approach had done more damage than anything since the start of the ICS arrangements. They had not engaged early and showed no understanding of how local authorities worked. He said it needed to stop this year. The Council committed to do everything it could to work with and inform their finance team about how we work and the differences between the local authorities in the area. He asked the representatives from the ICB to take the Board's comments back and work with colleagues to rebuild the trust that has been lost.

Toby Lambert said took the points made on board and would take them back.

The Chair thanked Toby Lambert for attending.

**7. WORK PROGRAMME**

The Chair asked members to send any work programme suggestions to the clerk.

**8. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:

- 20 Sept 2023
- 13 Dec 2024
- 12 Mar 2024

Meeting started: 6.25 pm  
Meeting ended: 8.36 pm

Chair .....

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