

# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Monday 14 March 2016

## **PRESENT**

**Committee members:** Councillors Rory Vaughan (Chair), Hannah Barlow, Natalia Perez, Andrew Brown and Joe Carlebach

**Co-opted members:** Patrick McVeigh (Action on Disability) and Debbie Domb (HAFCAC)

**Other Councillors:** Stephen Cowan, Sue Fennimore, Sharon Holder and Vivienne Lukey

**Officers:** Liz Bruce, Executive Director of Adult Social Care and Health

**Other Attendees:** Clare Parker, Chief Officer, H&F CCG and SRO, SaHF, Dr Tim Spicer, Chair, H&F CCG and Medical Director, SaHF, Dr Mark Spencer, Medical Director, SaHF, Tracey Batten, Chief Executive, Imperial College Healthcare NHS Trust and Dr Julian Redhead, Medical Director, Imperial College Healthcare NHS Trust

## **53. MINUTES OF THE PREVIOUS MEETINGS**

### **RESOLVED**

- i. The minutes of the meeting held on 19 January 2016 were approved as an accurate record and signed by the Chair Councillor Rory Vaughan.

- ii. The minutes of the meeting held on 2 February 2016 were approved with the following amendment, which was proposed by Councillor Hannah Brown and seconded by the Chair. That the resolution under item 49 now read 'That the Committee welcomed the budget proposals and thanked officers for all their hard work'.
- iii. The Chair welcomed Tara Flood and announced her appointment as the Chair of a new resident-led commission on disability. The Disability Commission will look not only at local services but also at national and regional policies that are impacting on the lives of disabled residents of Hammersmith and Fulham. The Committee agreed to the establishment of the commission as its sub-committee.

**54. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Bryan Naylor, Age UK.

**55. DECLARATION OF INTEREST**

Councillor Joe Carlebach declared an other significant interest in all items on the agenda as the Vice Chair of the Royal National Orthopaedic Hospital Trust, Stanmore.

**56. UPDATE ON FUTURE PLANS FOR CHARING CROSS HOSPITAL AND THE IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND THE CCG'S RESPONSE TO THE MANSFIELD INQUIRY**

Clare Parker, Tracey Batten and Dr Mark Spencer gave a presentation covering Shaping a Healthier Future (SaHF) - programme recap and patient benefits to date, the Imperial College Healthcare NHS Trust's clinical strategy, site strategy and estates redevelopment plans, and the Charing Cross local hospital – the vision, the goals, next steps, ongoing engagement and the priorities for the next two years. The presentation was provided in full in the supplementary agenda.

Dr Mark Spencer in response to questions from Councillor Brown stated that the North West London CCG felt the Mansfield report was unhelpful. It did not offer any new clinical or financial evidence that they were not already aware of. They believed strongly that the SaHF strategy was the best way forward to improve and provide high quality patient care and maintain access for all the population. The CCG welcomed recommendations related to additional funding of social services, better advice to Healthwatch and patient groups, and better investment in primary care. Councillor Brown noted that reconsulting, reengaging, and speaking to local residents and the local authority was a key issue raised at the last meeting but not yet addressed. Taking another a look at the demographics which had now changed significantly since the original plan was proposed was a priority. The population density will grow over the next 20 years therefore demands on health care will also significantly increase.

Clare Parker noted that the population information used during the consultation included actual population. The numbers have been consistent

with population projections made at that time. She explained that they were updating the implementation business case to recognise the changes in demographics and a number of new development within the local area.

The population projections seen would not require an increase in the number of existing major hospitals. However there will be a need for additional primary care and hub capacity in relation to Old Oak Common. They would be using those population assumptions to update future acute bed and non acute bed requirements.

She also stated that in terms of capital funding they were in discussions with NHS England and were in the process of submitting an implementation business case which they aimed to have completed by summer 2016. Regarding capital funding, the current figures were between £785 to £985 million. The figures considered in February 2013, at the pre consultation stage, was £535 million. The key changes were due to inflation, contingencies and additional cost associated with extended models resulting from local engagement with the public. This amount would be spread over the construction period. Tracey Batten estimated that 50% of the budget relates to the costs of Imperial College Healthcare NHS Trust.

In response to a question from Debbie Domb, Clare Parker stated that she would report back to the Committee on how CAMHS fitted into the 24 hour access points for mental health. Dr Tim Spicer confirmed that the initial phone line was for adults. There was no reason why it could not be extended to young people with some extra investment to extend capacity and reduce waiting time. Dr Julian Redhead reported that the Imperial College Healthcare NHS Trust was part of a national programme called the 100,000 Genome Project. Research into specific cancer and rare diseases are part of the project. Patients would be able to access the project through their GPs.

**ACTION - Clare Parker**

Councillor Perez expressed concern that there would not be enough time for a meaningful consultation to take place on the new business case. Dr Mark Spencer stated that there was no substantial change to the programme. Therefore, they felt it was not necessary to undertake a full scale consultation. There would be ongoing engagement on parts of the programme as directed by the Secretary of State. He added that this was because the new business case was for capital expenditure. The issues of services and approach had already been consulted upon in the decision making business case. Clare Parker stated that they were not able to elaborate on the details of the new business case at present. She also confirmed that this was the third business case and that they had initially started off with a pre-consultation business case and then progressed to a decision making business case and were now working on their implementation business case. She recognised that there was more that they could do in terms of communication and engagement with the public and the local authority and wants to build on this going forward.

**ACTION - Clare Parker**

Councillor Carlebach noted that it was not only the capital funding but the running costs and depreciation which were required to ensure the affordability of the programme. The Committee was informed that specialist commissioning rates had not yet been finalised. Therefore many NHS Trusts, including Imperial College Healthcare NHS Trust, were on a 2015/16 default roll over tariff. Finance directors were working on financial modelling and income assumptions to develop a budget. Negotiations were on-going with the aim for all specialist commissioning contracts to be signed off by the end of March 2016 for approval by the Imperial College Healthcare NHS Trust Board in April.

Councillor Carlebach expressed concern regarding paediatric services in the area particularly that parents could not access the 7 days a week service at Parsons Green. Dr Tim Spicer agreed to report back to the Committee on the issue. He noted that there are opportunities to build on and enhance the services provided at Charing Cross Hospital.

#### **ACTION - Dr Tim Spicer**

In response to a question from Councillor Barlow on governance arrangements, Clare Parker stated that since April 2013 decision making sat with the eight Clinical Commissioning Groups in NW London. In practice, the CCGs have delegated to one CCG the decision making for each of the changes. For instance, the other CCGs delegated decision making to Hammersmith CCG on the Hammersmith A&E closure. Dr Mark Spencer also confirmed that a working group was looking at the design and implication of the accident and emergency provision at Charing Cross hospital.

Councillor Holder requested a summary of the details of what was in the business case i.e. decision making business case and implementation business case. Clare Parker stated that the decision making business case is in the public domain considered by the joint committee of PCTs in 2013. The first business case produced was the pre consultation business case which went out for public consultation. The decision making businesses case was updated following the consultation. This sets out the proposed configuration of services, the overall clinical strategy and estate strategy. The implementation business case focuses on finance - capital and revenue requirements to proceed with the estate strategy. She could not share numbers because the finances of the Trusts have deteriorated. They will have to revise and update the revenue assumptions and capital requirements and rewrite the business case.

In response to further Member questions, Clare Parker also stated that the strategic planning group and the Health and Wellbeing Board were looking into the sustainability footprint. The CCG is following the decision that had been taken by the Secretary of State in October 2013 on changes to NHS services in North West London.

Councillor Lukey reiterated her comments expressed when the Committee last received a presentation from the CCG and Imperial College Healthcare NHS Trust. She noted that some new services were being developed in the borough and there have been some positive developments to improve service at GP level. She recognised the good joint work between Adult Social Care

led by Liz Bruce and the Imperial College Healthcare NHS Trust and the CCG particularly in dealing with winter pressures. Unfortunately, there had been an amazing increase of 13 percent activity level at Charing Cross A&E.

She noted that she had not seen the response to the local review panel and a suggestion by Jeremy Hunt that there would be engagement and discussion around what the A&E might look like, what it would provide, and what a local hospital might have. She stated that there had been no secret meetings between the administration and the NHS about what a local hospital might look like. She was of the view that the Keogh report just seemed to stop every time there was an election was looming.

She expressed her disappointment that there was no real community engagement about what our local hospital services might look like. She expressed the view that the changes seem to be driven by finance. The business plan had to be tailored to meet the budget. She expressed her disappointment that the paper before the Committee scarcely mentioned hospital bed numbers. She asked for response to her question - what was the current thinking about the number of beds that would be provided at Charing Cross Hospital?

Clare Parker responded that in early 2014 they had engaged with the local population and that there had since been further developments within the NHS. She recognised it was long since the original engagement. The NHS are keen to kick start that engagement. She stated that the plan had to be financially sustainable.

#### **ACTION - Clare Parker**

The Leader of the Council, Councillor Cowan asked about the number of proposed rehabilitation and acute beds for the new local hospital at Charing Cross. Dr Tim Spicer confirmed that there were no set numbers at present. The task was to create a balanced base across North West London to meet the needs of population.

Councillor Cowan commented that it was five years since the project had started and that it was originally intended to be a five year plan. He added that there are high levels of patient complaints in NW London and that doctors are discontented with the NHS's plans. He asked why things were taking so long. Dr Tim Spicer stated that it is now a revised plan as well as a dynamic situation and a complex task.

Councillor Cowan commented that it looked chaotic and not sensible to cut acute beds. In response Dr Tracey Batten stated that the financial environment for 2015/16 was tough. The Trust was no longer receiving Project Diamond funding in 2015/16 to reflect the complexity of much of its specialist work. The Trust's financial plan was for an £18.5 million shortfall for 2015/16, but it was now forecasting an estimated £30 million end of year deficit.

She added that there was an increase in activity on admissions as well as a restructure across the NHS Trust and that the future for 2016/17 looked very challenging. The number of beds overall in NW London had increased due to

additional rehabilitation services. She clarified that the Imperial College Healthcare NHS Trust was only a part of that figure and that the final numbers of beds had not yet been finalised.

Councillor Cowan asked how the increase in population would impact on the capability of the proposed five major hospitals. Clare Parker stated that they had taken account of population projections in their thinking. She added that different elements of service provision would be impacted in different ways and in the Primary Care services. She concluded that there were some elements of population projections that were uncertain and levels of detail that were currently unknown. Dr Mark Spencer stated that research from the Royal Colleges and current working practices across the country demonstrated that a major hospital had the capacity to provide for a population of about 500,000 and that, taking into account the population projections for NW London, the proposal did provide appropriate capacity for the future population of the region.

Councillor Cowan expressed concern at the need for information to be shared better. He criticised the level of detail and reiterated his request for more information and detail to be provided. He added that he was not confident of the capability of the NHS and CCG to lead such a major transition especially given the level of conflicting information and the financially chaotic situation they were in and considering the potential detriment to the population. Clare Parker stated that a number of comments in the Mansfield Inquiry report were assertions which had not come from them.

Councillor Carlebach asked whether the estimate of required beds at Charing Cross had taken account of the provision of specific beds and commuter beds that provide for a wider catchment area than NW London. Clare Parker agreed to report back on these points.

#### **ACTION - Clare Parker**

In response to a question from a resident about ambulance service performance times Dr Mark Spencer stated that their modelling had been very accurate in terms of performance times from when the ambulance had arrived but that they had not modelled waiting times for ambulances. Another resident asked about the response to the Mansfield report and complained about the lack of detail in the response from the CCG. He also stated that he had no confidence that residents would be consulted properly on any of the issues. He also felt that there was a lack of honesty and transparency.

Another resident expressed disappointment at the lack of clinical evidence that had been provided in support of the SaHF programme proposals. Dr Mark Spencer agreed to share the relevant papers.

#### **ACTION - Dr Mark Spencer**

Clare Parker confirmed that the Welbourn review of the organisation and governance of SaHF had cost around £50,000 in response to a question from a resident. She also confirmed that clearly the Mansfield report felt there was more they could do to improve the governance of SaHF.

Dr Tim Spicer added that when the initial planning for Charing Cross was complete in the autumn they will set out their future engagement plans. In

response to another resident question he also stated that healthcare can be better delivered through a differentiated approach that recognises the needs of different population groups, and that it is expected there would be a consultant based at Charing Cross accident and emergency who would deal with particular issues such as frailty. The issue of who would be transported where to receive treatment was undecided.

A resident proposed that every household in the Borough be involved in a proper consultation and that the truth be told as she feared in the future good care provision would not be there. She added that it was an inappropriate description of urgent care for people to have to diagnose themselves. Dr Tim Spicer stated that there would be cases where facilities would not be on site and that patients would be stabilised in those situations.

The Chair, Councillor Vaughan, asked what would happen if the business case were to be rejected by the Treasury or the NHS. Clare Parker stated that their strategy was clear which was more care out of hospital and that they were confident of getting the capital needed. She also confirmed that level of future engagement would depend upon the level of difference between the final plans for Charing Cross and the changes we previously consulted on.

In summing up Councillor Vaughan stated that there was deep scepticism and opposition to the plans over a number of strands. That there should be an in-depth consultation for the new business case at the earliest opportunity and communication in more detail confirming the shape of the changes and proposals for accident and emergency. He added that he highlighted that a good point was raised by a resident that every household should be consulted and informed. He also clarified that there had been a financial escalation of costs and wondered what the plan would actually be. He requested that they come back with figures on hospital capacity and figures for rehabilitation and acute beds across the Borough.

#### **ACTION - Clare Parker**

Councillor Cowan concluded the discussion stating that it was a disappointing paper which had been many months in the waiting. That it was almost an insult and bordering on ridiculous. He added that the lack of clinical evidence only led to a complete lack of clarity. He went on to say that there was no public backing for the proposals and concern that they would be putting healthcare at risk in NW London. His final comment was that he did not think the CCG should be invited back until they could provide what had been requested and it was simply not good enough.

#### **RESOLVED**

1. The Committee requested that the CCG provide clinical evidence to support their plans for five major hospitals.
2. The Committee requested that there be an in-depth consultation on the new business case at the earliest opportunity involving each household in the Borough.
3. The Committee requested more detail on the shape of the changes and proposals for Charing Cross accident and emergency.

4. The Committee requested the CCG provide information on CAMHS, Paediatric services, details of the financial contingency and the proposed numbers and types of hospital beds across the Borough.

**57. UPDATE ON CO-PRODUCTION IN COMMISSIONING**

Councillor Vaughan stated that this item would be postponed until a future date could be arranged as the representative from Sobus had to leave.

**RESOLVED**

The Committee requested the report come back to a later meeting.

Councillor Fennimore commented that it was exciting work and she looks forward to it coming back to the Committee. She also updated everyone on the opening of the White City food bank which had taken place earlier in the day.

**58. WORK PROGRAMME**

The Chair reminded Members to consider the remaining work programme for this year. Councillor Brown suggested that Antibiotic prescriptions was an interesting topic for a future meeting.

**59. DATES OF FUTURE MEETINGS**

The dates of the future meetings are 18 April 2016, 14 June 2016, 12 July 2016 and 12 Sept 2016

**60. ANY OTHER BUSINESS**

Councillor Carlebach expressed best wishes on behalf of the Committee to Sue Perrin and James Reilly.

Councillor Holder reminded Members of the Neighbourhood forum taking place this Wednesday.

Councillor Lukey updated the Committee that the Salvation Army had decided not to put their property on the market and to continue with their provision which was excellent news for the Borough's residents.

Meeting started: 7.00 pm

Meeting ended: 9.50 pm

Chair .....



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