CITY OF WESTMINSTER

MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Friday 27th February, 2015**, at 10.00am at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors David Harvey, Barbara Arzymanow and Barrie Taylor.

1 MEMBERSHIP

1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the item to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

3 MINUTES

3.1 Resolved that the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 7 August 2014 be approved as a correct record.

4 CENTRAL LONDON COMMUNITY HEALTHCARE: FUTURE STRATEGY AND FOUNDATION TRUST STATUS

4.1 Central London Community Healthcare (CLCH) had requested that they met with Members of the Adults, Health & Public Protection Policy & Scrutiny Committee so their Integrated Business Plan for the next five years could be assessed, and progress made towards Foundation Trust status be reviewed. As the next scheduled meeting of the Committee was not until 11 March, it had been agreed that that CLCH would be invited to make their presentation at a meeting of the Health Urgency Sub-Committee. The Sub-Committee accordingly now received a presentation on commissioner priorities from Pamela Chesters CBE (Chairman, CLCH), James Reilly (Chief Executive, CLCH) and Julie Harris (Divisional Director of Operations, CLCH).

4.2 James Reilly outlined the Commissioner Priorities for CLCH, which were based on the Shaping a Healthier Future Programme and jointly owned Better Care Fund. The Priorities included themes that would establish multi-disciplinary teams based around General Practitioners, and seek to provide better support for people to continue living independently. As one of 19 NHS Trusts that only provided community services, CLCH currently offered a wide range of 74 services which ranged from dentistry and the management of long-term conditions, to the prevention of falls among elderly people and prisoner health care at Wormwood Scrubs. Preventative public health services included weight management and sexual health. CLCH operated in a wide range of locations, with approximately 40% of their work being done individually in people's homes. The Sub-Committee noted that it was the Government's intention that all NHS Trusts should gain Foundation Trust status. In response to the publication of the Francis Report, changes were also taking place across London to ensure that the quality of patient care was maintained.

4.3 High quality multi-disciplinary care was being co-ordinated at locality levels, with patients being supported to self-manage with a named GP acting as care co-ordinator. A positive impact was also being made in working with people with complex needs, and in ensuring a timely response across all services. The Sub-Committee noted that CLCH was moving towards providing seven day and walk-in services to reduce the need for people to go to A&E, and were focusing on patients who were most at risk of repeated admission to hospital and managing their care in a much more proactive way.

4.4 In order to enable people who were nearly medically fit for discharge to return home for treatment, in-reach staff were working in hospitals to assist in early supported discharges. For the second year, CLCH had been commissioned to manage a ward of 20 beds at Charing Cross Hospital, to which people were referred who were medically fit for discharge, but needed rehabilitation or had problems in their care packages. CLCH was also seeking to make changes to end of life services, as at least 30% of people were still dying in hospital.

4.5 The Sub-Committee noted that 90% of Clinical Business Unit Managers were clinicians, and that leadership changes at CLCH had supported more timely decision making which was responsive at a local level. Twenty-three Clinical Business Units had been created, structured into 4 divisions, which would make it easier to work more specifically with local authorities and engage more proactively with local managers.

4.6 CLCH commented that the market had become more based on a commissioned, value for money tendered provision, which focused on the quality and effective use of excellent services. Commissioning also included the intention to achieve economies of scale and growth, and the Sub-Committee noted that CLCH had achieved a 30% reduction in the cost of corporate services. Further savings and efficiencies were being sought, and members acknowledged that as a Foundation Trust, the minimum 1% annual surplus that was currently required could be kept and reinvested in local services. Budgets were also being made more effective through the optimisation of medicine, to ensure the appropriate use of drugs. Foundation

Status would also give the Trust more strategic and financial flexibility to identify step changes and to seek funding.

4.7 Members discussed the recruitment and retention of staff and the process for pay awards, and noted that regular, significant changes occurred as NHS staff changed their employer. Pamela Chesters commented that becoming a Foundation Trust would enable CLCH to provide certainty of employment, which was a business and commercial advantage and would add a depth of opportunity that would also help retain staff. The introduction of mobile working with the use of hand devices would also benefit staff by reducing office and travelling time, and improve the number of hours spent with patients.

4.8 The Sub-Committee discussed how the Trust would be organised, and noted that Governance arrangements would be much more thoughtful in engaging with residents and in being held to account. James Riley commented that the new arrangements would provide for appointed Governors to include an element of staff, alongside resident and commissioner representatives. The Governors would be required to approve the strategy of the organisation, and would have the power to appoint non-executive directors and to veto the appointment of the Chief Executive. CLCH considered the range of Governors to be a statement of their intention to become a community rooted organisation, and to create a standard that would help retain staff.

4.9 Members discussed the availability of property for health care, and noted that 18 of the 116 properties that had been previously owned by the Primary Care Trust had transferred to Community Health, with the remainder transferring to NHS Property Services. The Sub-Committee acknowledged that the availability of premises and the age of the General Practitioners presented specific difficulties within Westminster, and noted that gaining Foundation Trust status would give CLCH the ability to operate on a more commercial basis and borrow funding to buy property.

4.10 CLCH acknowledged the role of Scrutiny in their relationship with the City Council, and noted that following legislation, public health and children's services were now commissioned by the local authority. The Sub-Committee commented on the need for Health Scrutiny to focus on outputs and the quality of performance by CLCH rather than on management, and highlighted the value of effective engagement and consultation. CLCH acknowledged the need to be proactive in partnership working, and similarly recognised the value of joint discussions in cases which involve large contracts, substantial change, or the commission of new services.

4.11 It was suggested that Directors of the Trust attend meetings of the Scrutiny Committee, and that the Foundation Trust application be presented to the main Policy & Scrutiny Committee for discussion and to enable the application to include details of the formal relationship with Westminster. It was also suggested that Committee Members similarly attend the Trust Board to speak about the role of Scrutiny, and it was agreed that this proposal would be discussed with the City Council's Tri-Borough Scrutiny partners in order that it may be taken forward.

4.12 Other issues discussed at the Sub-Committee included the inter-operability between the information systems of different organisations, and the move toward establishing a single, shared care record; integrating services; and implementation of the 2014 Care Act.

4.13 CLCH agreed that it would be beneficial for the City Council to be kept aware of the Trust's Work Programme, and the Sub-Committee proposed that specific issues could be considered jointly through the City Council's Task Groups, which had proved to be an effective approach.

4.14 The Sub-Committee agreed that a joint working protocol between CLCH and Westminster's Health Scrutiny Committee would be drawn up and agreed, which would improve the effectiveness of partnership and improve health outcomes for residents.

4.15 The Sub-Committee thanked the representatives from CLCH for attending the meeting, and for the useful presentation and discussion.

4.16 **RESOLVED:** That

1) A protocol be established for partnership working between the City Council and Central London Community Healthcare; and

2) The Chairman meet with the other Tri-Borough Scrutiny Chairmen to discuss how best to talk to the Directors of Central London Community Healthcare.

5 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

5.1 There was no urgent business to raise.

The Meeting ended at 11:40am.

CHAIRMAN: _____ **DATE** _____