Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

20 July 2011

Meeting held at Committee Room 5 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Michael White (Chairman), Bruce Baker (Vice-Chairman), Josephine Barrett, Dominic Gilham, Phoday Jarjussey, Peter Kemp, John Major and Andrew Retter (substituting for Councillor John Morgan) (in part) **Witnesses Present**: Helen Delaitre – Lead for Unscheduled Care, NHS Hillingdon Dr Kuldhir Johal – Local Lead GP for Unscheduled Care/Eastbury Surgery, Northwood David Penfold – Director of Operations, Harmoni Trevor Begg – Chair, Hillingdon LINk Ian Diamant – Vice-Chair, Hillingdon LINk Graham Hawkes – Manager, Hillingdon LINk Gary Jacobs – Executive Director, Groundwork Thames Valley Simon Williams – Divisional Director, North Western London, London Specialised Commissioning Group Peter Kohn – Strategy, Planning and Development Director, London Specialised Commissioning Group Piers McCleery – Director of Strategy and Planning, Royal Brompton & Harefield NHS Foundation Trust Keith Bullen – Borough Director, NHS Hillingdon Sandra Brookes – Service Director, Central & North West London NHS Foundation Trust **LBH Officers Present**: Linda Sanders, Ellis Friedman, Kevin Byrne, John Wheatley (in part) and Nikki Stubbs **Also Present**: Councillors George Cooper and Judith Cooper Malcolm Ellis – Standards Committee Vice Chairman	
8.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor John Morgan. Councillor Andrew Retter was present as a substitute.	**Action by**
9.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* Councillor Peter Kemp declared a personal interest in Agenda Item 7 – Hillingdon LINk: 3rd Progress Report, as he was a Governor at Central & North West London NHS Foundation Trust (CNWL), and remained in the room during the consideration thereof.	**Action by**

	Councillor Phoday Jarjussey declared a personal interest in Agenda Item 7 – Hillingdon LINk: 3 rd Progress Report, as he was a member of the Shadow Board of The Orchard Medical Practice Community Interest Company and a member of CNWL, and remained in the room during the consideration thereof. Councillor George Cooper declared a personal interest in Agenda Item 7 – Hillingdon LINk: 3rd Progress Report, as he was a Trustee of Groundwork Thames Valley, and remained in the room during the consideration thereof. Councillor Judith Cooper declared a personal interest in Agenda Item 7 – Hillingdon LINk: 3rd Progress Report, as her husband was a Trustee of Groundwork Thames Valley, and remained in the room during the consideration thereof.	
10.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**	**Action by**
11.	**NHS 111** *(Agenda Item 5)* The Chairman welcomed those present to the meeting. Ms Helen Delaitre, Lead for Unscheduled Care at NHS Hillingdon, advised that Harmoni had been contracted to provide the NHS 111 service in Hillingdon. Mr David Penfold, Director of Operations for Harmoni, advised Members that research had shown that the public found it difficult to access NHS services when they developed unexpected health care needs. The introduction of new services such as Walk In Centres and Urgent Care Centres had added to the complexity of the unscheduled health care system which meant that many individuals were unclear about the services that were available to meet their needs and how these could be accessed (particularly outside normal working hours). It was proposed that NHS 111 would not be a replacement for the NHS Direct service or the 999 service and that it would provide access to unscheduled non-urgent care. The service would be available 24 hours a day, 7 days a week, 365 days a year and would provide information about the services that were available at the time that the telephone call was made. Members were advised that NHS 111 had already been piloted in County Durham and Darlington, Nottingham City, Lincolnshire and Luton and would now be rolled out in Hillingdon. A soft launch of the two year pilot in Hillingdon would take place on 25 October 2011 to ensure that any issues with the system were ironed out before the public launch in mid-November 2011. It was anticipated that the service would achieve pan-London coverage by 2013 but it was unclear whether it would ultimately be commissioned as a pan-London or local service.	**Action by**

A recent survey undertaken by Healthcare for London had identified that 88% of respondents would use the new service. In addition to this public support, NHS 111 was supported by professional bodies such as the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP). Hillingdon LINk had also been involved with the Hillingdon 111 Project Team in the development of the Communications and Engagements Plan.

It was anticipated that the service, which was locally driven by GPs, PCTs, local authorities and other stakeholders, would make it easier for individuals to access unscheduled health care and would drive improvements in the way that the NHS delivered care. The service would also enable call handlers to direct patients to the right local service first time and would be used by patients when they:

- thought they needed Accident & Emergency (A&E) or urgent care;
- thought they couldn't wait for a GP appointment; or
- didn't know who to call for medical help.

The NHS 111 call handlers would receive two weeks intensive training and would be based in Southall so would have local knowledge – they would be based at the site of the existing out-of-hours call handling centre. However, Mr Penfold stressed that the handlers were not clinicians and that the service would assess the needs of a patient but not give a diagnosis.

It was anticipated that NHS 111 would reduce the number of non-emergency 999 calls, avoidable ambulance journeys and unnecessary hospital referrals. It would also improve access to unscheduled health care services by providing a simple, free to call, easy to remember three-digit number that was available all day, every day. Furthermore, the service would enable the commissioning of more effective healthcare services by:

- identifying those services that were under or over utilised;
- providing information about an individual's needs and the services that they were directed to; and
- increasing the understanding of the demand for each service.

Mr Penfold explained that NHS 111 would be operated in conjunction with NHS Pathways and the London Directory of Services database (DoS). NHS Pathways was a clinical decision support tool (software) for triaging telephone calls from the public (based on the symptoms that they reported when they called) and had been in use elsewhere in the NHS for more than 4 years. A clinical assessment would be undertaken by the call handler which, as each call progressed, would give leads to a pre-determined level of care for the patient based on the information provided. Once the clinical assessment had been completed, an automatic search would be carried out using the web-based London DoS to locate an appropriate service in the patient's local area that offered the specific clinical skills needed within the timeframe required.

Work was currently underway to populate the DoS database with information on the various health care services currently commissioned

locally in the Borough.

It was anticipated that, as well as providing a more comprehensive and timely service to the public, NHS 111 had the potential to save millions of pounds. Future developments included:

- the potential for call handlers to make GP appointments for callers, which would increase the number of patients attending the surgery and reduce the number of hospital attendances;
- the creation of speed dial transfers so that callers who needed one of the emergency services could be immediately transferred to the correct service; and
- the London Ambulance Service using NHS 111 for triage following the Olympics in 2012.

Members were reassured that at the end of an assessment, if the caller was not happy with the outcome, they would be able to speak to a doctor or nurse (whichever was most appropriate). There would also be systems in place to identify repeat callers and, if the caller chose not to be anonymous, their GP would receive an automatic feedback message about the outcome of the call.

As this pilot service was directed at Hillingdon residents, callers from outside of the Borough would be advised that the service did not operate in their area.

It was noted that the Hillingdon 111 Project Team was working with NHS London to ensure that publicity for the service was produced centrally in a joined up way with the three other pilot London boroughs. This awareness raising campaign would include posters and would be done in consultation with the LINk and other stakeholders. Members were asked to contact Dr Johal with suggestions for publicity to raise awareness of the service locally.

Ms Linda Sanders, the Council's Director of Social Care, Health and Housing, suggested that the pilot was arguably a missed opportunity to provide a whole system approach to health and social care. For example, it could have been useful for the call handlers to have been based at the Civic Centre which was open 24/7 and from where all out of hours LBH Housing were to be based, e.g., TelCareLine Repairs Management Services, out of hours Emergency Duty Team, Home Carers, etc. In the absence of co-location, Ms Sanders advised that work would need to be undertaken to ensure that there was a seamless out-of-hours service provided that included referral to these Council teams. Ms Delaitre advised that the incorporation of these local services into DoS could be included as the next step. Ms Sanders advised that it would be better for the DoS to only cover NHS provision as other directories existed and should not be duplicated.

Mr Penfold offered to attend a future External Services Scrutiny Committee meeting to update Members on NHS 111 following its launch in Hillingdon in November 2011. In the meantime, he advised that the Hillingdon 111 Project Team would continue to work closely with the Hillingdon LINk.

	RESOLVED: That: **1. the report be noted; and** **2. Ms Delaitre, Dr Johal and Mr Penfold be invited attend a future Committee meeting to give an update on NHS 111 following its launch in Hillingdon in November 2011.**	Nav Johal / Nikki Stubbs
12.	**SAFE & SUSTAINABLE - A NEW VISION FOR CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND** *(Agenda Item 6)* Mr Simon Williams, Divisional Director, North Western London at the London Specialised Commissioning Group, advised that the Safe and Sustainable review of children's congenital heart services in England had been undertaken following requests from clinicians and parents for an improved service. An independent panel of experts, chaired by Professor Sir Ian Kennedy, reviewed all 11 centres in England that provided these services against various criteria and scored each of them accordingly. The children's cardiac surgeons had agreed that the clinical evidence showed that each of the centres needed to be undertaking at least 400 procedures every year (preferably 500 with a push towards undertaking 700+ each year to match international levels) and that the team at each centre comprise at least four highly skilled surgeons. Of the 2,000+ possible combinations available, the Joint Committee of Primary Care Trusts (JCPCT) then narrowed the options to its preferred four which were then assessed by the following weighted criteria: access and travel times (14); quality (39); deliverability (22); and sustainability (25). It was proposed that the number of centres providing children's congenital heart services be reduced from 11 to 6 or 7 (this would include a reduction from 3 to 2 centres in London). Currently, approximately 1,250 such surgeries were undertaken each year in the three London centres, which would mean that, in order to reach the number required, patients would need to be diverted from other areas. Mr Williams advised that, during the consultation period, the Royal Brompton & Harefield NHS Foundation Trust (RB&H) had raised concerns about the impact that the withdrawal of the service would have on other services provided by the Trust. As a result, a further independent review of the proposals would be undertaken in September 2011 to look at the impact on RB&H. The findings would then be compiled for the JCPCT in November 2011 so that a decision could be made. Mr Piers McCleery, Director of Strategy and Planning at RB&H, advised that closure of the Trust's Paediatric Intensive Care Unit (PICU) would result in the closure of all its paediatric services. He expressed concern that this would reduce the Trust's income by approximately £10m and would take around 3-5 years to build additional services to regenerate this income. Mr Williams believed that the PICU would be unviable without the provision of surgery and that its withdrawal should not impact on the Trust's other services.	**Action by**

Mr McCleery stated that he was unhappy about the business case behind the proposals as only two of the centres in England currently met the criteria for undertaking 400 procedures each year with a team of 4+ surgeons. RB&H was one of these two centres (the other was Great Ormond Street Hospital (GOSH)) and yet it hadn't been included in the JCPCT's preferred options. It was noted that RB&H had been granted a judicial review in this regard which would take place on 29 September 2011.

Members were advised that RB&H had worked with GOSH in 2009 to produce proposals to bring together children's heart and lung services in a phased process over a number of years. These proposals would have resulted in a jointly owned and operated service. Further work had also been undertaken in 2010 by the three London centres to provide better outreach services. Mr McCleery advised that Mr Williams had been involved in this work.

It was noted that, although the Safe and Sustainable consultation had closed on 1 July 2011, the deadline for Overview and Scrutiny Committees to submit responses was 5 October 2011. Consideration would be given to the Committee submitting a response.

Members queried whether Safe and Sustainable was a cost cutting exercise. Mr Williams advised that the proposals would not result in a reduction of primary care cardiovascular services (PCCS) and that it was likely that additional funding would be provided to improve standards in the support infrastructure. Mr Peter Kohn, Strategy, Planning and Development Director at London Specialised Commissioning Group, added that Safe and Sustainable was a whole system process than had been clinically led. He advised that there was widespread support for the principle of the review.

Mr Williams stated that consideration had previously been given to a single network in London prior to the launch of the consultation. The consultation had involved parents of children that used the services and illustrated their anxiety regarding diagnosis and ongoing care – these were services that the parents wanted delivered locally. However, it had been clear that parents would travel considerable distances to get the right treatment for their children.

The consultation had received more than 30,000 responses and had included a number of stakeholder events across the country. A series of focus groups had also been held with parents at each of the centres. Further work had been undertaken to consult with hard-to-reach groups.

It was noted that the proposals would result in longer journey times for some parents but that these distances were still deemed 'acceptable'. It was thought that this was not such an issue in the South East of England as the proposed centres were not that far apart but would be more significant in the North. Mr Williams advised Members that the NHS provided a retrieval service which picked up children from their locality and transferred them to the relevant hospital for surgery. Mr

	Kohn added that only 50% of children with congenital heart problems required surgery and that 80% of these children only needed surgery once. Parents were then keen for their children's follow-up appointments and after care to be delivered locally. Members acknowledged that parents were prepared to travel considerable distances to get the right treatment for their children. As such, it was queried why consideration was being given to geographical location of the centres. It was suggested that, to get the best treatment for children, it would be better to keep those centres that performed well. The retention of centres that were not performing as well would mean that more resources would be needed to bring them up to an acceptable standard. Mr Williams advised that, of the centres that were currently delivering children's congenital heart surgery, there was no issue about the surgical quality. However, he confirmed that improvements would need to be made to the infrastructure that supported the surgery at some of these centres. Members were advised that there was not a shortage of highly skilled surgeons in England – there was approximately the right number – but that these were spread across too many centres and too many teams. It was suggested that a better option for parents would be the creation of two surgical teams in London that operated from the three existing centres. Mr Williams advised that parents had made similar suggestions. He confirmed that the primary aim of the review was to improve the service delivery. Mr McCleery supported the idea of a collaborative approach as it would be better for sub-specialisation. **RESOLVED: That:** **1. the presentation and report be noted; and** **2. consideration be given to the Committee submitting a response to the consultation.**	Nav Johal / Nikki Stubbs
13.	**HILLINGDON LINK: 3RD PROGRESS REPORT** *(Agenda Item 7)* Mr Kevin Byrne, the Council's Head of Policy and Performance, advised that Groundwork Thames Valley (GTV) had taken over as the Host for the Hillingdon LINk contract 18 months ago. During the last year, significant progress had been made by the LINk. Mr Trevor Begg, Chair of Hillingdon LINk, thanked GTV and Mr Graham Hawkes, Hillingdon LINk Manager, for their support over the last 12 months. Work that the LINk had been involved in during this period included: • the provision of support and assistance to the patients on Daniels Ward and their families; • setting up in one of the units at the Pavilions Mall – this unit had been provided rent free to the LINk; • the hospital discharge project; • HESA Centre and Orchard GP Surgery projects; • Somali Community Survey and EMAP report; and • Responding to national consultations. It was noted that the Lord Howe, Parliamentary Under Secretary of	**Action by**

	State for Quality, and representatives from the Department of Health had attended a meeting at the HESA Centre in Hayes Town Centre. Consideration was given at this meeting to cross boundary working between the North West London LINks and the potential transition into Health Watch. Mr Ian Diamant, Vice-Chair of Hillingdon LINk, advised that future work included: • A review of the Well-Being Centre at Boots in September 2011; • Provision of community equipment; and • Work towards the transition of the LINk into Health Watch. Mr Diamant thanked Mr Keith Bullen, Borough Director at NHS Hillingdon, for his prompt responses to queries and Councillors East, Kemp and Major for their regular attendance at LINk Board meetings. He stated that he would be recommending that these Councillors be made regular members of the Board which would enable them to remain in the room during the consideration of confidential information. Mr Gary Jacobs, Executive Director at GTV, advised that GTV had been pleased to take over as the Host for the LINk. This role had complemented the other work that GTV had undertaken in the community. Mr Jacobs thanked Mr Hawkes for the excellent work that he had completed at the front end of the operation. Members congratulated the LINk and GTV for the improvements that had been made and the outcomes achieved over the last 12 months. Work was ongoing with regard to carers' respite funding that had been put in place by the Government in 2010. The LINk would continue to pursue this funding and establish how many hours of respite were available to Hillingdon carers. With regard to publicity and advertising, it was noted that the LINk did not have a large budget and its success had been largely down to the dedication of staff and volunteers. The LINk communicated regularly with the Gazette and had received publicity in the Hillingdon People. **RESOLVED: That the report and presentation be noted.**	
14.	**UPDATE ON RECOMMENDATIONS OF PREVIOUS MAJOR SCRUTINY REVIEWS** *(Agenda Item 8)* Consideration was given to the update on recommendations of previous External Services Scrutiny Committee major reviews. It was noted that, with regard to action taken in relation to recommendation 10 of the Transition from Child to Adult Mental Health Services report, Ms Linda Sanders, the Council's Director of Social Care, Health and Housing, advised that: *In Hillingdon, all complaints managers are independent of front-line services and offer support (including making arrangements for advocacy) should individuals need representation to make a complaint or raise a concern. Arrangements for making a complaint are made at times and places which meet the needs*	**Action by**

	of service users and their carers. Actions to resolve complaints are agreed with the complainant and, where necessary, complaints managers work together across health and social care to ensure a resolution is reached. **RESOLVED: That the report be noted.**	
15.	**WORK PROGRAMME 2011/2012** *(Agenda Item 9)* Consideration was given to the Committee's Work Programme and the four scoping reports. Ms Sandra Brookes, Service Director at Central & North West London NHS Foundation Trust (CNWL), advised that dementia and children's mental health were key issues for CNWL. She went on to state that, with regard to dementia, the Committee could look at early intervention and how resources could be shifted from longer care to improve this intervention. Furthermore, drugs and alcohol had strong links to reoffending and end of life care was linked to the NHS 111 work. It was suggested that sentencing policy could be included in a review of re-offending. Whilst this was something that could be investigated as part of the review, it was noted that the scope of reviews needed to remain focussed. Members agreed that the Committee's first major review during this municipal year would be on re-offending and that the second review would be on dementia. Councillor Kemp requested that he be part of the Working Groups that would be set up to undertake each of these reviews. Councillor Judith Cooper, Chairman of the Council's Social Services, Health and Housing Policy Overview Committee, advised that she would discuss the children's mental health scoping report with her Committee Members as a potential review topic. **RESOLVED: That:** **1. the report be noted; and** **2. the a Working Group be set up to look at re-offending as the Committee's first major review of this municipal year.**	**Action by** Nav Johal / Nikki Stubbs
16.	**MINUTES OF THE PREVIOUS MEETING - 8 JUNE 2011** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 8 June 2011 be agreed as a correct record.**	**Action by**
	The meeting, which commenced at 6.00 pm, closed at 8.55 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki Stubbs, Democratic Services Manager / Nav Johal, Democratic Services Officer on 01895 250472 / 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.