



External Services Scrutiny Committee

Date: WEDNESDAY, 20 JULY
2011

Time: 6.00 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Councillors on the Committee

Michael White (Chairman)
Bruce Baker (Vice-Chairman)
Josephine Barrett
Dominic Gilham
Phoday Jarussey (Labour Lead)
Peter Kemp
John Major
John Morgan

Published: Tuesday, 12 July 2011

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

PART I - MEMBERS, PUBLIC AND PRESS

Chairman's Announcements

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1	Apologies for absence and to report the presence of any substitute Members	
2	Declarations of Interest in matters coming before this meeting	
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PART II - PRIVATE, MEMBERS ONLY

10	Any Business transferred from Part 1
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Agenda Item 3

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

8 June 2011



HILLINGDON
LONDON

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors Michael White (Chairman), Bruce Baker (Vice-Chairman), Josephine Barrett, Phoday Jarjussey, Peter Kemp, John Major and Richard Mills</p> <p>Witnesses Present: Gillian Tobin - Practice Manager, The Mountwood Surgery Dr Ian Goodwin – The Mountwood Surgery / Chairman of Hillingdon GP Consortium</p> <p>LBH Officers Present: Linda Sanders, Nav Johal and Nikki Stubbs</p> <p>Also Present: Allan Edwards – Standards Committee Chairman Malcolm Ellis – Standards Committee Vice Chairman Trevor Begg – Hillingdon Link Chairman</p>	
2.	<p>MINUTES OF THE PREVIOUS MEETING - 26 APRIL 2011 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 26 April 2011 be agreed as a correct record.</p>	Action by
3.	<p>MINUTES OF THE PREVIOUS MEETING - 12 MAY 2011 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 May 2011 be agreed as a correct record.</p>	Action by
4.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>	Action by
5.	<p>BRIEFING PAPER ON ORGANISATIONS REGULARLY CALLED TO ATTEND EXTERNAL SERVICES SCRUTINY COMMITTEE (<i>Agenda Item 6</i>)</p> <p>The Chairman welcomed those present to the meeting. Members were advised that one of the main strengths of the External Services Scrutiny Committee was that it brought representatives together from outside organisations. This neutral environment had resulted in improvements in joint working.</p> <p>The Committee was advised that there had been a pause in the passage of the Health and Social Care Bill and that a listening exercise</p>	Action by

had been undertaken by the Government. During this period, representatives from a variety of organisations had been invited to take part in/hold listening exercise events. A report was now being compiled and would be published in the next week or so. Members expressed concern with regard to the overwhelming uncertainty and lack of clarity that the Bill had engendered and looked forward to reading the report.

As suggested in the Bill, the Council had set up a Shadow Health and Wellbeing Board - a Shadow GP Consortium had also been set up. There were approximately 150 GPs in Hillingdon, 9 of which had been nominated to sit on the Shadow GP Consortium. In addition, Councillor David Simmonds (Deputy Leader of the Council and Cabinet Member for Education and Children's Services) and Dr Ellis Friedman (Joint Director of Public Health) had been invited to sit on the Consortium in an observer capacity. The Consortium had started to meet on a monthly basis with its next meeting being held on 9 June 2011. It was agreed that Councillor Simmonds and Dr Friedman be asked to provide the Committee with regular updates from these meetings.

It was noted that there were currently huge financial pressures within the NHS and that Trusts had already implemented changes to cope with these pressures. Councillor Major advised that Central & North West London NHS Foundation Trust (CNWL) had written to those patients/carers that received continence aids to advise that there would be a reduction in the number of continence pads that they were allocated. It was suggested that this put additional pressure on carers that could send them into crisis and could impact on the Council.

The future of the provision of children's heart surgery was another area of concern to the Members. The consultation exercise had been started and would end on 1 July 2011. Officers were in the process of putting together a response to the consultation.

It was agreed that the Committee would need to keep a watching brief on the issues of the Health and Social Care Bill and children's heart surgery. It was also suggested that, if appropriate, the Chief Executive of the local PCT Cluster, the Chief Executive of NHS North West London and the Chairman of NHS North West London Joint Committee of the PCTs (JCPCT) be invited to attend a future meeting of this Committee.

Mr Trevor Begg, Chairman of the Hillingdon LINk (Local Involvement Network), advised that the LINk would eventually be transformed into the Healthwatch body described in the Health and Social Care Bill. This new organisation would be responsible for generating intelligence for commissioners and investigating problems where they existed.

Mr Begg stated that the LINk was a membership organisation and that one of its most important functions was networking with voluntary (and other) organisations in Hillingdon. The LINk Board comprised 15 members and a number of co-opted members. Mr Begg went on to advise that he sat on the Shadow GP Consortium as well as representing the LINks in North West London on the Joint Consortium

Nav Johal /
Nikki Stubbs

	<p>for that area. It was agreed that Mr Begg be asked to provide Members with a monthly briefing note. Mr Begg also offered to meet with Members on a one-to-one basis if they required and suggested that, if further information was required, Jeff Zitron, Chair of the North West London PCT Cluster, could be asked to attend a future Committee meeting.</p> <p>With regard to the Care Quality Commission (CQC), Members were advised that the organisation did not currently deal with complaints. However, it was anticipated that the Government would investigate whether or not the CQC could perform a valuable role in the complaints procedure.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Councillor Simmonds and Dr Friedman be asked to provide the Committee with regular updates on issues relating to the Health and Social Care Bill; 2. Mr Begg provide Members with a monthly briefing note in relation to the Health and Social Care Bill, particularly with regard to the consortia; and 3. the report be noted. 	Trevor Begg
6.	<p>PROPOSED CLOSURE OF THE BRANCH SURGERY AT NORTHWOOD HEALTH CENTRE (Agenda Item)</p> <p>The Chairman had advised that an additional item had been included on the agenda. Mrs Gillian Tobin, Practice Manager at The Mountwood Surgery, and Dr Ian Goodman, partner of The Mountwood Surgery, had been invited to attend the meeting to talk about the proposed closure of the branch surgery at Northwood Health Centre (NHC). It was noted that the majority of the 10,242 patients registered with the Surgery were attending the Mount Vernon Hospital site.</p> <p>Members were advised that the main surgery had been moved from the NHC to the new Mountwood Surgery on the Mount Vernon Hospital site almost four years ago. The retention of a small branch surgery operating from two rooms on the original site had been seen as a transitional arrangement. This branch surgery did not offer nurse appointments, did not regularly open five days a week and did not have space for the storage of dressings and equipment. It was noted that staffing two sites was becoming increasingly difficult and, as such, there had been no clinics at the branch surgery since April 2011. No complaints or requests for clinic appointments at the site had been received since this change.</p> <p>Mrs Tobin advised that the patient survey indicated that virtually all patients were happy with the new Mountwood Surgery which had facilities to accommodate all staff and patients. This new site had a free car park and bus stops within easy reach and provided easy access to the hospital for x-rays and pathology.</p> <p>There were currently four GP practices operating from the NHC site. It was anticipated that the withdrawal of this branch surgery would free up more space for the remaining three practices. Members were</p>	Action by

	<p>reassured that patients would easily be able to transfer to another practice at the NHC site if they did not want to travel to the new Mount Vernon Hospital site. Patients would still be able to retain access to community services for blood tests, etc at NHC.</p> <p>Members were advised that the Surgery was in the process of sending out letters to patients and had consulted with the Patient Participation Group (PPG), PCT, Community Voice, Northwood Hills Residents' Association and Northwood Residents' Association. Mrs Tobin had also contacted the Council's Director of Social Care, Health and Housing. The consultation period would end on 31 July 2011. It was anticipated that, if the proposal was adopted, it was likely to be effective from October 2011.</p> <p>Members were reassured that the proposal would not see any reduction in the number of GPs. It was noted that the number of appointment sessions at The Mountwood Surgery had recently been increased and there was a little more scope for additional expansion.</p> <p>RESOLVED: That the presentation be noted.</p>	
7.	<p>WORK PROGRAMME (Agenda Item 7)</p> <p>Consideration was given to the Committee's work programme for 2011/2012 and the start times of the meetings. As the Committee regularly received evidence from a huge number of external witnesses, it was agreed that the start time of the meetings would remain as 6pm (with the exception of the community cohesion meeting which would start at 5pm).</p> <p>The External Services Scrutiny Committee usually considered different topics at each of its meetings. This enabled Members to undertake light touch reviews and receive updates on matters that fell within the Committee's terms of reference.</p> <p>In addition to these single meeting reviews/updates, the Committee usually established one or two Working Groups during the year to undertake in-depth/major reviews. These successive Working Groups often included Members from the Council's other Policy Overview/Scrutiny Committees and usually comprised approximately four meetings.</p> <p>Members considered possible review topics for the forthcoming year including issues around utility companies, childhood obesity, provision of heart surgery services and alternative medicine. The list of possible reviews was narrowed down and officers were asked to produce scoping reports for the following topics, which would then be considered at the Committee's next meeting:</p> <ol style="list-style-type: none"> 1. Dementia care in Hillingdon 2. Child and adolescent mental health services for children 3. Role, effectiveness and future of SNTs 4. End of life care – impact on families <p>Concern was expressed at the recent news about the financial situation</p>	<p>Action by</p> <p>Nav Johal / Nikki Stubbs</p> <p>Nav Johal / Nikki Stubbs</p>

of Southern Cross and the impact that it could have on Borough residents. Members were assured by the Council's Director of Social Care, Health and Housing, Ms Linda Sanders, that a detailed risk analysis had been undertaken and that contingency plans had been formulated to ensure continuity and quality of care. It was noted that Councillor Philip Corthorne, Cabinet Member for Social Services, Health and Housing, had requested that Members be provided with a briefing note on the matter. Once the situation was clearer, Ms Sanders would report back to the Committee with an update, on a date agreed with the Chairman.

It was noted that there were two meetings for which topics had not yet been identified (23 November 2011 and 11 January 2012). Consideration would be given to the subject matter for these meetings at a future meeting.

With regards to the venue for the Committee's meetings, consideration would be given to holding future meetings externally when appropriate. It was noted that the Committee had recently been on two site visits to Hillingdon Hospital to scrutinise the podiatry/diabetic clinic and the newly adopted red tray system for monitoring patients' nutritional intake. Site visits would continue to be arranged when appropriate.

RESOLVED: That:

- 1. with the exception of the community cohesion meeting, all meetings start at 6pm;**
- 2. officers produce scoping reports for the four topics identified by Members for consideration at the Committee's next meeting; and**
- 3. the Work Programme be noted.**

The meeting, which commenced at 7.00 pm, closed at 8.44 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.

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Agenda Item 5

NHS 111

Officer Contact	Helen Delaitre, Project Manager Unscheduled Care, NHS Hillingdon
Papers with report	None

REASON FOR ITEM

To update the Committee on the new NHS 111 telephone helpline.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note and ask questions about the report and presentation.

INFORMATION

NHS 111 is the new, free to call, telephone helpline. NHS 111 will make it easier for the public to access local health services when they need help quickly but for issues that are not life-threatening, or when they don't know who to call.

The introduction of the NHS 111 service is part of the wider revisions to unscheduled care services to deliver a 24/7 urgent care service that ensures people receive the right care, from the right person, in the right place, at the right time. The NHS 111 service will be available 24 hours a day, 365 days a year, via the new free to call, easy to remember three-digit number.

NHS 111 will:

- provide a clinical assessment at the first point of contact, without the need to call patients back;
- direct people to the right NHS service, first time, without the need for them to be re-triaged; and
- be able to transfer clinical assessment data to other providers and book appointments for patients when appropriate.

NHS 111 will work alongside the 999 emergency service and will be able to despatch an ambulance without delay and without the need for the patient to repeat any information.

The NHS expects the introduction of the 111 service to:

- improve public access to urgent healthcare services;
- increase the efficiency of the NHS by ensuring that people are able to quickly and easily access the healthcare services they need;
- increase public satisfaction and confidence in the NHS;
- enable the commissioning of more effective and productive healthcare services that are tuned to meet peoples' needs; and
- increase the efficiency of the 999 emergency ambulance service by reducing non-emergency calls to 999.

PART 1 – MEMBERS, PUBLIC AND PRESS

The new NHS 111 service is now available in four pilot areas - County Durham and Darlington, Nottingham City, Lincolnshire and Luton.

Benefits

The introduction of the new NHS 111 service is expected to provide key benefits to the public and the NHS, by:

- Improving the public's access to urgent healthcare services:
 - Providing a simple, free to call, easy to remember three-digit number, that is available 24 hours a day, 365 days a year; and
 - Directing people to the local service that is best able to meet their needs, taking into account their location, the time of day of their call and the capacity of services.
- Increasing the efficiency of the NHS:
 - Providing clinical assessment that ensures people access the right service, first time;
 - Directing people to the service that is best able to meet their needs; and
 - Rationalisation of call handling.
- Increasing public satisfaction and confidence in the NHS:
 - Improving the public's access to urgent healthcare services;
 - Providing an entry point to the NHS that is focused on peoples' needs;
 - Enabling people to access the right service, first time; and
 - Increasing efficiency of the NHS by directing people to the service that is best able to meet their needs.
- Enabling the commissioning of more effective and productive healthcare services that are tuned to meet people's needs:
 - Identifying the services, which are currently over or under utilised;
 - Providing information on people's needs and the services they are directed to; and
 - Increasing understanding of the demand for each service.
- Increasing the efficiency of the 999 emergency ambulance service:
 - Reducing the number of non-emergency calls received by 999; and
 - Reducing the number of avoidable admissions.

How Does NHS 111 Work?

Dialling 111 will put callers through to a team of fully trained call advisers, who are supported by experienced nurses. They will ask questions to assess symptoms, and give the healthcare advice needed or direct the caller to the right local service.

The four existing NHS 111 pilots are using the NHS Pathways clinical assessment system. This is an NHS owned system that has been developed by a team of NHS doctors, nurses and IT specialists to provide a safe, consistent clinical assessment of a caller's symptoms and to identify the service that is best able to meet their needs. The system has been designed to assess calls about any symptom – from life threatening to very minor – and has been extensively tested, piloted and academically reviewed to confirm its effectiveness. To date more than 1.2 million calls have been safely assessed using NHS Pathways.

The NHS 111 team will, where possible, book an appointment or transfer the caller directly to the service they need. If the caller needs an ambulance, this will be dispatched immediately, just as if the caller had originally dialled 999.

NHS 111 in Hillingdon

Hillingdon has been selected as an early implementer of 111, ahead of pan-London roll out by April 2013. It is expected that Hillingdon will launch 111 in the Autumn of 2011.

SUGGESTED COMMITTEE ACTIVITY

1. Members note the report and presentation.
2. Members to ask questions and seek clarification, as appropriate.

BACKGROUND DOCUMENTS

None.



When it's less urgent
than 999



PART 1 – MEMBERS, PUBLIC AND PRESS

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Agenda Item 6

SAFE & SUSTAINABLE UPDATE

Officer Contact

Nav Johal and Nikki Stubbs, Central Services

Papers with report

Appendix A – Consultation response from the London Borough of Hillingdon

REASON FOR ITEM

To enable the Committee to ask questions about the proposals to reduce the number of centres in London providing children's cancer services from three to two.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note and ask questions about the proposals and the presentation.

INFORMATION

1. Children's heart surgery is complex and becoming increasingly specialised. Following long-standing concerns that some congenital heart services for children are too small to be able to deliver a safe and sustainable service, the NHS Safe and Sustainable review team has undertaken a review on behalf of the 10 Specialised Commissioning Groups in relation to children's heart surgery services in England. The purpose of *Safe and Sustainable* is to canvas the opinions of all stakeholders, including professional bodies, clinicians, patients and their families, to weigh the evidence for and against different views of service delivery and to develop proposals that will deliver high quality and sustainable services into the future.
2. The review aims to develop a national service that has:
 - Better results in surgical centres with fewer deaths and complications following surgery
 - Better, more accessible assessment services and follow up treatment delivered within regional and local networks
 - Reduced waiting times and fewer cancelled operations
 - Improved communication between parents and all of the services in the network that see their child
 - Better training for surgeons and their teams to ensure the service is sustainable for the future
 - A trained workforce of experts in the care and treatment of children and young people with congenital heart disease
 - Surgical centres at the forefront of modern working practices and new technologies that are leaders in research and development
 - A network of specialist centres collaborating in research and clinical development, encouraging the sharing of knowledge across the network
3. Children's heart surgery is an increasingly complex procedure that demands great technical skill and expertise from surgeons and their teams. The review was requested because there

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are concerns that some centres are not performing enough surgical procedures to maintain and develop their specialist skills, and because some centres do not have enough surgeons to guarantee a safe 24/7 service around the clock. There are also concerns that the NHS is too reliant on other countries to train the next generation of children's heart surgeons.

4. There are currently around 30 consultant heart surgeons who operate on children spread across 11 surgical centres in England. A likely outcome of the review is recommendations for a reduction in the number of centres in England that provide children's heart surgery, for specialist surgical expertise to be concentrated in fewer, larger centres and for a national model of care that strengthens the delivery of non-interventional assessment and follow-up care in local hospitals. It is proposed that the number of centres across England reduce from 11 to 7 and that, within this, the number of centres in London reduce from 3 (Royal Brompton & Harefield, Great Ormond Street Children's Hospital and The Evelina Children's Hospital - Guy's and St Thomas's) to 2.
5. The *Safe and Sustainable* review has involved:
 - Engaging with partners across the country to understand what works well at the moment and what needs to be changed
 - Developing standards – in partnership with the public, NHS staff and their associations – that surgical centres must meet in the future
 - Developing a network model of care that strengthens local cardiology services
 - The assessment of each of the current surgical centres against the standards by an independent expert panel, chaired by Professor Sir Ian Kennedy
 - The consideration of a number of potential configuration options against other criteria including access, travel times and population
 - Recommendations on the future shape of children's heart surgery services were made by a Joint Committee of Primary Care Trusts (JCPCT) on 16 February 2011
6. A four month public consultation on the future of children's congenital heart services was then undertaken and closed on 1 July 2011 (Hillingdon's response to the consultation can be found at Appendix A). The outcome of the consultation will now be considered by the JCPCT.
7. Although the public consultation on the future of children's heart services has now closed, the work of the *Safe and Sustainable* review is still ongoing. An independent third party will collect all consultation responses and a comprehensive analysis will be published in a final report which will be submitted to the decision-makers, the JCPCT. The JCPCT will then carefully consider all evidence submitted to it as part of the review to help it evaluate the options and make a final decision on the best configuration for children's congenital heart services in the future.
8. As well as carefully considering the responses to the consultation, the JCPCT will look in detail at the result of tests being carried out to analyse the viability of each option. Over the coming months a number of groups will report in more detail on key aspects of the proposed changes so that the JCPCT is provided with as much information as possible to inform their decision-making. For example, the JCPCT will closely consider the findings of the feedback from focus groups that have taken place across the country, the findings of Health Impact Assessments, the outcome of work being done to test patient flows and the capacity planning information that all Trusts involved in the review have been asked to submit.

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9. The JCPCT is expected to announce its final decision by the end of 2011. Any changes to the provision of children's congenital heart services are expected to be implemented from 2013. A detailed implementation plan will be developed once a decision has been made.

SUGGESTED COMMITTEE ACTIVITY

1. Members note the report and presentation.
2. Members to ask questions of the witnesses and seek clarification, as appropriate.

BACKGROUND DOCUMENTS

http://www.specialisedservices.nhs.uk/safe_sustainable/review-next-steps

http://www.specialisedservices.nhs.uk/safe_sustainable/childrens-congenital-cardiac-services

<http://www.rbht.nhs.uk/about/safe-and-sustainable/formal-response/>

APPENDIX A

EXTERNAL SERVICES SCRUTINY COMMITTEE

2011/12 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
8 June 2011	<ul style="list-style-type: none">• Briefing Paper on Organisations Regularly Called to Attend External Services Scrutiny Committee• Update on Recommendations of Previous Major Scrutiny Reviews
20 July 2011	LINK To receive a report on the progress of LINK in the Borough since the last update received by the Committee in June 2010.
21 September 2011	Safer Transport To scrutinise the issue of safety with regards to transport in the Borough (Safer Neighbourhoods Team, Metropolitan Police Service and British Transport).
26 October 2011	NHS & GPs Performance updates, updates on significant issues and review of effectiveness of provider services: <ul style="list-style-type: none">• Hillingdon Primary Care Trust (PCT)• The Hillingdon Hospital NHS Foundation Trust• Royal Brompton & Harefield NHS Foundation Trust• Central & North West London NHS Foundation Trust• London Ambulance Service• GPs• Hillingdon LINK
23 November 2011	
11 January 2012	
22 February 2012	Crime & Disorder <ul style="list-style-type: none">• Metropolitan Police Service• Metropolitan Police Authority• Safer Neighbourhoods Team• Hillingdon Primary Care Trust (PCT)

PART 1 – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
	<ul style="list-style-type: none"> • London Fire Brigade • Probation Service • British Transport Police • Safer Transport Team
28 March 2012 – 5pm	<p>Community Cohesion Review</p> <p>The review the achievements of the following organisations since March 2011 with regards to Community Cohesion:</p> <ul style="list-style-type: none"> • Metropolitan Police Service • London Fire Brigade • University of Brunel • Union of Brunel Students • Hillingdon Primary Care Trust (PCT) • Strong & Active Communities • Hillingdon Inter Faith Network • Hillingdon Association of Voluntary Services
25 April 2012	<p>Quality Accounts & CQC Evidence Gathering</p> <ul style="list-style-type: none"> • Hillingdon Primary Care Trust (PCT) • The Hillingdon Hospital NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • London Ambulance Service • Care Quality Commission (CQC) • Hillingdon LINk

Themes	Future Work to be Undertaken

PART 1 – MEMBERS, PUBLIC AND PRESS

Appendix B

PART 1 – MEMBERS, PUBLIC AND PRESS



Email address for response: safeandsustainable@ipsos-mori.com

RSLT-SRLZ-JYYY
Safe and Sustainable
Ipsos MORI
Research Services House
Elmgrove Road
HARROW
HA1 2QG

30 June 2011

Dear Sirs

Safe and Sustainable - A New Vision for Children's Congenital Heart Services in England: Consultation Document

Hillingdon Council welcomes the opportunity to respond to Safe and Sustainable, a new vision for children's congenital heart services in England.

The new vision includes proposed standards to ensure consistent quality regardless of where children live, improvements to the way quality is measured, and options for change which include reducing the number of centres in London providing treatment for children with congenital heart problems.

Hillingdon Council starts from the view that children need and deserve the very best possible care available.

We note that one consequence of the review proposals is that children's heart surgery would be removed from Royal Brompton Hospital. We believe that the case for this proposal is not made and that alternative ideas should be pursued, to increase the overall

Councillor Philip Corthorne
Cabinet Member for Social Services, Health and Housing

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benefits of the service without losing all of the expertise and the accessibility of the Royal Brompton and Harefield clinical teams.

Royal Brompton & Harefield provides an acknowledged world-class service and is a centre of excellence, undertaking over 400 children's heart operations each year, with patients coming from all over the world. The outcomes delivered by Royal Brompton & Harefield have been recognised as excellent by both the Care Quality Commission and by Ministers in the Department of Health.

We recognise that there is a need to focus the provision of children's heart surgery in fewer teams, with those teams undertaking a greater volume of work. We also welcome the concept of developing congenital heart networks which would improve sharing of expertise and pooling of resources, in order to achieve the best possible care and outcomes for children.

The proposal to move to two London centres does not appear to fit clearly with the evidence provided in the review, nor are the options being proposed for consultation clearly set out. The consultation document asks:

Do you support the proposal for two Specialist Surgical Centres in London?

Do you support this choice (ie. Great Ormond Street Hospital for Children and the Evelina Children's Hospital) or do you think that the Royal Brompton and Harefield NHS Foundation Trust should replace one of these other two London Hospitals?

The option of two federated teams working from three sites is not sufficiently explored. This option offers these potential advantages:

- Retaining service accessibility
- Maintaining important relationships with other services at the three centres
- Rationalising teams from three to two, thereby increasing team quality, but still utilising the capital infrastructure at three sites.

The consultation document notes that London requires at least two centres, due to the size of the population it covers (including East of England and South East England), and that the two preferred London surgical centres do not include Royal Brompton and Harefield. The consultation document also states that the Joint Committee of Primary Care Trusts has recommended that two designated centres is the ideal configuration for London, and that options involving three London centres should not form part of the public consultation. The consultation document does in fact ask whether two centres in London is the right option.

We do not support the proposal to move to two centres providing services in London, for the following reasons:

1. There appears to be no clear clinical justification for choosing between the centres. All of the three centres (Evelina - Guys & St Thomas's, Great Ormond Street and Royal Brompton & Harefield) currently deliver excellence in clinical services and outcomes. We note that Royal Brompton and Harefield was ranked joint fourth out of eleven (joint ranking with Great Ormond Street) in the pre-consultation business case analysis conducted by the NHS National Specialised Commissioning Team.
2. Continuity of care is vital for children undergoing heart surgery as they grow older. The Royal Brompton & Harefield provides a lifelong service for children with congenital heart disease.
3. Alternative approaches for increased collaboration between London centres have not, in our view, been adequately explored. In 2009, the Royal Brompton & Harefield NHS Trust developed proposals with Great Ormond Street to establish a National & International Service for Children with Heart & Lung Disease'. This outlined a vision for an international benchmark Children's Heart & Lung Service in the UK.

Under the proposals, the new service would deliver clinical care for children with congenital and acquired cardiac and respiratory disease, integrating the best practices of the Royal Brompton & Harefield and Great Ormond Street Hospital with supportive referral and follow up networks of shared care. The service would be committed to excellence in all areas including research. The proposal noted that "All other relevant services, including nationally commissioned specialist services, would be incorporated, with the aspiration of ultimately being located on a single site."

The goals of the proposed new service were:

- to optimise patient outcomes, quality of care and quality of service;
- to improve the quality of working lives and training and development opportunities of its staff; and
- to improve efficiency in the services provided.

This was a major and ambitious proposal to create a new national institution, in new premises. It was a concept which fully took into account all the inter-dependencies between paediatric services, and which was based on the premise that Royal Brompton would be a joint partner and operator in this new National Centre.

During the Safe & Sustainable process, work was undertaken by Royal Brompton & Harefield Trust to expand this collaborative approach to include the Evelina. It is not clear why the review panel appears not to have considered this collaborative approach,

Appendix A

which potentially offers a workable and pragmatic solution. Greater collaboration between existing centres of excellence would also not involve the expenditure of millions of pounds of scarce NHS resources, as does the current recommendation (to create the necessary physical capacity for Royal Brompton & Harefield patients to be treated elsewhere).

4. The Royal Brompton and Harefield Trust have raised a number of points regarding the impact the closure of children's heart surgery services would have on other services at Royal Brompton & Harefield Hospitals, which are not addressed in the consultation document.
5. For example, RBHT indicate that the proposals would
 - jeopardise the viability of the Trust
 - affect the Trust's ability to provide specialist services at Harefield Hospital
 - result in the closure of RBHT's Paediatric Intensive Care Unit, because 90 per cent of cases that go through the Unit involve heart surgery
 - render interventional cardiology and adult congenital heart surgery services unsustainable

If true, these risks would be very worrying indeed. We therefore request that the issues are addressed in more detail so that the London Borough of Hillingdon (and other interested parties) can consider the balance of risks, having access to the views of the specialist commissioners as well as those of RBHT.

Yours sincerely

Cllr Philip Corthorne
West Ruislip Ward and
Cabinet Member for Adult Social Care, Health & Housing

cc: Cllr Michael White, Chairman of the External Services Scrutiny Committee
Mayor of Hillingdon, Cllr Mary O'Connor MBE
Cllr Ray Puddifoot, Leader of the Council
Hugh Dunnachie, Chief Executive
Kevin Byrne, Head of Policy & Performance
John Wheatley, Senior Policy Officer

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HILLINGDON LINk: 3RD PROGRESS REPORT

Officer Contact	Kevin Byrne, Head of Policy, Performance and Partnerships
Papers with report	Appendix A – LINk Information Appendix B – Groundwork Thames Valley Update Appendix C – Hillingdon LINk Annual Report 2010-2011

INFORMATION

Executive Summary

The contract to host Hillingdon's Local Involvement Network (LINK) is with Groundwork Thames Valley and is under a Service Level Agreement to the end of March 2012. We had envisaged this would be last contract with Groundwork as the Government was proposing that a new HealthWatch would be developed from March 2012, however that start date has now been put back until October 2012.

The LINk has moved to new office accommodation and is building on this 'shop-front' presence in Uxbridge to improve accessibility. The number staff hours available to the LINk has increased substantially and better value for money is now being secured.

Membership of the LINk continues to expand and shows that Hillingdon performs well compared to with other authorities in this regard. The LINk is now represented on a broad range of health and social care boards and committees and has developed good working relationships with neighbouring LINks in order to progress sub regional and regional issues.

Introduction

The External Services Scrutiny Committee has considered the operation of Hillingdon's LINk on a number of previous occasions. On 16 June 2010, the Committee reviewed the progress of the LINk after its second year of operation. This is the third report on the progress of LINk to the Committee.

Background

The Local Government and Public Involvement in Health Act, 2007 placed a statutory duty on each Local Authority with a Social Services responsibility to ensure that a LINk was established in its area from 1 April 2008. LINks replaced the former system of Patient and Public Involvement Forums which ended as of 31 March 2008.

LINks are community-based networks of organisations and individuals committed to widening the influence of users of health and social care services in the service planning, development and improvement process. They are intended to build on the work of former Patient and Public Involvement Forums, Overview and Scrutiny Committees and a range of engagement activities co-ordinated by the NHS and social care organisations. LINks provide an opportunity to focus on the whole patient journey and covers all health and social care services at a local level. Further information about LINks including their governance, the powers of LINks and the role of the host organisation can be found in Appendix A.

PART 1 – MEMBERS, PUBLIC AND PRESS

To strengthen the collective voice of patients and carers in the system at both local and national level, LINKs will evolve to become Local HealthWatch. HealthWatch England will be set up as the independent consumer champion within the Care Quality Commission at national level.

This proposal is outlined in the Department of Health's HealthWatch Transition Plan, dated 29 March 2011. More recent information from the Department of Health proposes that, subject to the passage of the legislation, Local HealthWatch organisations will begin in October 2012, with their NHS complaints advocacy responsibilities coming on stream in April 2013.

Groundwork Thames Valley

Groundwork Thames Valley took over as host for Hillingdon Link on 1 January 2010. A LINk Manager is now employed by Groundwork on a fixed term contract.

Groundwork is a local social enterprise and longstanding partner of the Council with a strong record of successful delivery of community based projects. The organisation was approached to provide the host function under a Service Level Agreement. Since taking over this role, feedback from the LINk and other partners is that the host service has improved considerably.

Groundwork has expressed that it is very pleased to be associated with such a successful LINK - especially supporting LB Hillingdon. Groundwork has also agreed to host the LINk for a further year (until March 2012) and this may extend further subject to the move to a HealthWatch.

Cost of the SLA

The Council is providing funding of £120k for LINKs during 2011/12.

Staffing

Having moved the contract to Groundwork, 3 members of staff are now employed full-time (99 hours per week) within the Borough and there is additional capacity for specialist staff to be temporarily employed to undertake specific activities or projects for the LINK.

Office Accommodation

LINK officers were relocated to an office in the Mall Pavilions on a 3 year lease providing improved access to LINKs in a central shopping location. During the last year, a new, user-friendly website has been designed and published, and there has been an increase in the staffing hours of the support team.

LINK Membership

At 31 March 2011, there were 771 members of the Hillingdon LINk entered on the new database including 125 affiliated organisations within Hillingdon. Hillingdon's LINk membership compares favourably with other boroughs: Westminster reports a membership in the region of 400; and Kent, with 5 times the population of Hillingdon, reports a membership of about 950 (figures from 2010).

LINK Achievements in 2010/11

- Through the staff and volunteer members, LINK has continued to work towards last year's vision to 'develop patient and public involvement in Hillingdon.....ensuring all sections of the community have a chance to voice their views'.
- In conjunction with the host organisation, a programme of public engagement events and regular meetings across the Borough have encouraged local people to express their views on the services received, as well as responding to important consultations.
- Community surveys have taken place with Muslim and Somali communities to gauge views on health and social care services to inform future service development.
- As well as continued work with focus groups and White Paper workshops, the LINK has been invited to provide representatives to a number of boards and committees, which has empowered members to continue with the ethos of the LINK in driving change from within.
- Consultations have been progressed throughout the year, and subjects such as Blue Badges, GP Choice, Autism Strategy and Transparency in Outcomes (adult social care) have been explored through various forms of contact with the residents of Hillingdon, across many minority communities.
- Pages 25-36 of the LINK annual report (attached at Appendix C) outline the project work that has been set out and completed in 2010/11. These projects include: the development of the Mental Health Forum; improvement in hospital discharge process; establishing a LINK carer's group intended to use carers' experience to improve services throughout the Borough; as well as quarterly meetings with CQC (Care Quality Commission) to name but a few. A comprehensive list can be found in the annual report: <http://hillingdonlink.org.uk/wp-content/uploads/downloads/2011/07/Annual-Report-1-April-2010-31-March-2011-Final.pdf>

HealthWatch

To strengthen the collective voice of patients and carers in the system at both a local and national level, LINKs will evolve to become Local HealthWatch, and HealthWatch England will be set up as the independent consumer champion within the Care Quality Commission (CQC).

Key Issues

LINKs were established through the Local Government and Public Involvement in Health Act, 2007. LINKs are responsible for both health and social care, wherever funded by public money. Their main powers and responsibilities are:

1. to influence commissioning;
2. to monitor services by entering and viewing;
3. to make recommendations;
4. to request and receive information; and
5. to gather the views and experiences of their community about their local services.

Local Involvement Networks (LINKs) will evolve to become Local HealthWatch.

PART 1 – MEMBERS, PUBLIC AND PRESS

Local HealthWatch will have additional responsibilities for NHS complaints advocacy and for signposting information. The Health and Social Care Bill also states that Local HealthWatch organisations will be 'bodies corporate' and will be able to hire their own staff.

Planning and transitional arrangements to move to a new Local HealthWatch will be progressed in Hillingdon in light of recent announcements about the timetable to establish HealthWatch. Consideration will also be given to ensure representation of local people and strong governance arrangements for the new HealthWatch in Hillingdon.

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence presented to them and, following further questioning of the witnesses, decide whether to take any further action.

BACKGROUND INFORMATION

None.

Governance

The legislation requires that the:

- Local authority commissions a 'host organisation'
- Host cannot be local authority or NHS body
- Local authority is accountable for delivering 'arrangements' to secure LINks

This arrangement results in a tripartite arrangement between the Council, host organisation and LINk.

Overview and Scrutiny Committee

The legislation creates a formal relationship between the LINk and Overview and Scrutiny function:

- *LINk has a power of referral on health and social care to OSC*
- *Duty on OSC to respond, decide and take into account information provided*
- *Receipt of Annual Report including transparent budget information*
- *Replicates Patients Forum relationship*

The detail of this relationship is now documented in a protocol agreed by ESSC on 23rd September 2009.

The Role of LINks

LINks cover any health or social care service that is funded by the taxpayer, except those that apply to children. The main roles of LINks are to:

- *Promote & support local involvement in commissioning, provision and scrutiny of health and social care ('Care services')*
- *Obtain and feed in views to those who carry out or manage these functions*
- *Make reports and recommendations on care service improvement*

Powers of LINks

The legislation provides legal powers to enable the LINks to:

- *make reports and recommendations and get a reply within a set period of time (20 working days proposed);*
- *ask for information and get a reply within a set period of time (Freedom of Information Act requirements will apply);*
- *go into some types of health and social care premises to see what they do (independent sector provided services excluded);*
- *refer issues to the local overview and scrutiny committee and get a response (20 working days proposed).*

Role of the Host Organisation

The role of the host organisation is to:

- *help and support the LINk in its activities;*
- *manage the budget for the LINk;*
- *report back to the Council on expenditure, activity and achievements of both the host organisation and the LINk;*
- *provide advice and support to the LINk, including the setting up of governance arrangements and the resolution of disputes;*
- *ensure that the LINk enables representatives from all the different communities to have their say and get involved.*
- *assist with access to relevant information from the Department of Health, the NHS, the Council, voluntary sector organisations, etc;*
- *enable the LINk to set a local agenda driven by the priorities and interests of local communities.*

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**Groundwork Thames Valley
&
The Hillingdon LINk**

- GTV took over as Host on the 1st January 2010.
- Existing HAP UK staff transferred across under TUPE regulations.
- Rocky start with the admin assistant having to be replaced and the manager experiencing extended sick leave, then resigning.
- Graham Hawkes brought in initially as an interim (temp) LINK Manager - now employed by Groundwork on a fixed term contract.
- Admin assistant also replaced by fixed term contract post - Business Support Officer.
- LINK Manager and BS Officer successfully implemented required business processes through 2010.
- BS officer left at end of March 2011 (end of contract) and processes maturing so lower level support engaged (temp).
- LINK Manager now expanding activities and becoming involved in the technical aspects of LINK's work giving greater support to Board.
- Feedback from outgoing Chair on Link Manager's performance was very positive.
- Groundwork very pleased to be associated with such a successful LINK - especially supporting LB Hillingdon.
- Groundwork agreed to host the LINk for a further year (to March 2012) and this may extend further as the introduction of Healthwatch is delayed.

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Hillingdon Local Involvement Network
The Public Scrutiny of Health and Social Care

DELIVERING OUR VISION!



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Annual Report 2010 - 2011

www.hillingdonlink.org.uk

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CONTACT DETAILS



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Chair – Trevor Begg: chair@hillingdonlink.org.uk

Vice Chair - Ian Diamant: vicechair@hillingdonlink.org.uk

Complaints/Returning Officer – John Andrews: john.andrews@hillingdonlink.org.uk

INTRODUCTION

FOREWORD

Local Involvement Networks (LINks) were established under the Local Government and Public Involvement in Health Act 2007 and under section 227 of the Act, there is a legal requirement for LINks to publish an annual report by 30th June, on their activities during the previous financial year, (1st April - 31st March).

A copy of the Act can be found at:

www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1.

VISION STATEMENT

In our Annual Report 2009 to 2010 we stated that “The strategic vision of the LINk over the next 12 months was to develop patient and public involvement in Hillingdon in light of the major changes taking place in the local health and social care economy..... ensuring all sections of the community have a chance to voice their views.”

Hillingdon LINk has remained focused throughout the year on this vision and we are equally determined that 2011 will be no different. With the potential development of shadow GP consortia, a North West London NHS strategy that will involve major service reconfiguration and financial cuts, the London Borough of Hillingdon’s implementation of personal care budgets and NHS Hillingdon’s anticipated requirement to consult on likely changes to services, such as PALS, significant work streams are expected this coming year.

With the far reaching implications of NHS White Paper “*Equity and excellence: Liberating the NHS*” it has never been more important than today, in this radically changing health and social care economy, that Hillingdon LINk continues to deliver on our mandate to involve and support our community in ensuring it has a strong, engaging voice, that is not only heard, but is influential in protecting and shaping the services we receive.

Expectations are that the next year is extremely likely to be a pivotal time for health and social care and going forward it must be recognised by all stakeholders how important it will be to develop and prepare for the possible establishment of HealthWatch in 2012, should it become statute, through a smooth and seamless transition from LINks. At Hillingdon LINk we believe that this is a critical factor to stability and we will endeavour in our duty to ensure this happens and that patient involvement and independent scrutiny of services is guaranteed to positively influence health and social care in Hillingdon in the future.

LONDON BOROUGH OF HILLINGDON PROFILE



Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is countryside and woodland.

It is the home of Heathrow Airport, RAF Northolt (the largest RAF airport in the UK), Brunel University and contains 3 hospitals, Harefield, Hillingdon and Mount Vernon.

The council shares an almost equal boundary with the NHS Hillingdon (Hillingdon Primary Care Trust), which was one of the first Primary Care Trust in the country, established in 2001. Hillingdon has 50 GPs who serve a population of 266,000; some of these patients come from the surrounding boroughs of Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow.

The London Borough of Hillingdon has been in existence since 1965 and has 22 electoral wards within 3 localities;

Ruislip and Northwood: is in the north of the borough has 8 wards named Cavendish, Eastcote and East Ruislip, Harefield, Manor, Northwood, Northwood Hills, West Ruislip, and South Ruislip.

Uxbridge and West Drayton: in the central part of the borough consists of 7 wards named Brunel, Hillingdon East, Ickenham, Uxbridge North, Uxbridge South, West Drayton, and Yiewsley.

Hayes and Harlington: in the south of Hillingdon has 7 wards named Barnhill, Botwell, Charville, Heathrow Villages, Pinkwell, Townfield, and Yeading.

Population*

The Office of National Statistics estimated population of Hillingdon at 263,527 in 2010. Each locality had roughly one third of the Hillingdon population residing within their boundaries and the population of Hillingdon is expected to grow by 9.7% over the next 10 years.

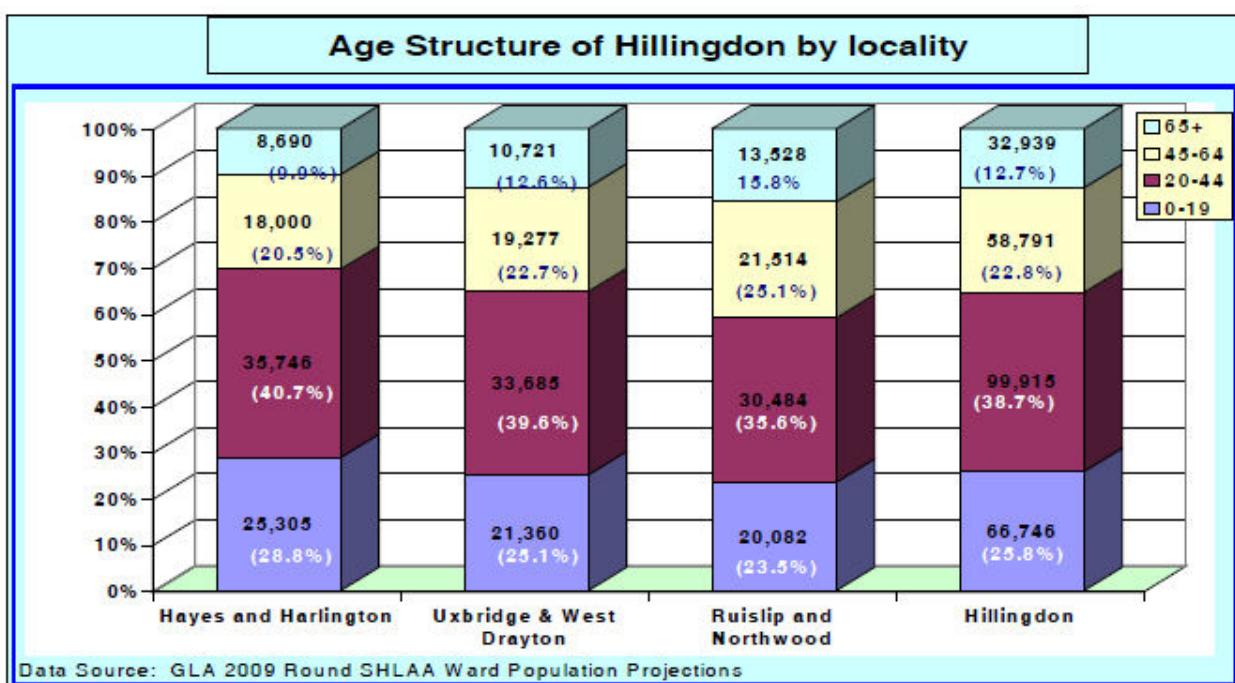
Table 1: Total populations in the three localities:

	Wards by locality		
	Ruislip and Northwood	Uxbridge and West Drayton	Hayes and Harlington
	Eastcote and East Ruislip (5%) Gavendish (4%) Manor (4%) Northwood (4%) Northwood Hills (4%) South Ruislip (4%) West Ruislip (4%) Harefield (3%)	Brunel (6%) Hillingdon East (5%) Uxbridge North (5%) West Drayton (5%) Yiewsley (5%) Ickenham (4%) Uxbridge South (4%)	Barnhill (5%) Botwell (5%) Charville (5%) Pinkwell (5%) Townfield (5%) Yeading (5%) Heathrow Villages (4%)
Total population	83,536	84,129	83,484
Locality population as % of total Hillingdon population	33.13%	32.91%	33.96%

Age*

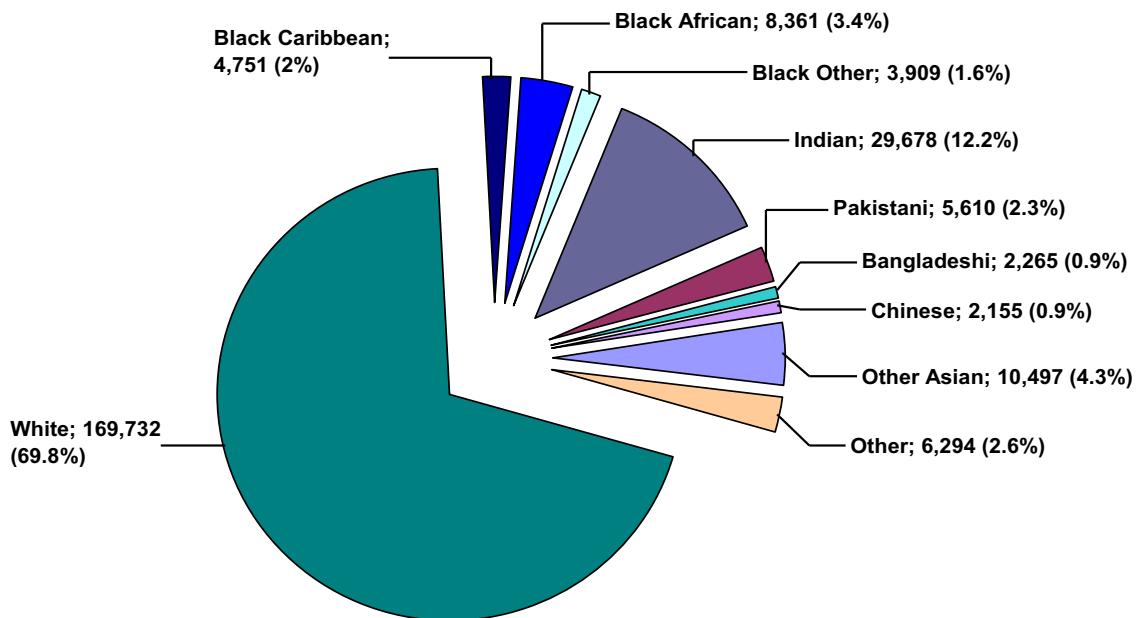
Information on age of residents is important because need for services varies by age; for example the need for chronic disease management will be greater in the elderly population while need for sexual health and maturity services will be greater in the younger population.

The Greater London Authority (GLA) 2009 estimates show that the age distribution in each ward varies considerably, with more wards in the north of the borough having higher proportion of older population and wards south of the borough having higher proportion of child population under 19 years old.



Ethnicity*

Hillingdon Population by ethnicity, 2010



Source: GLA EGPP 2007 PLP Low

Ethnicity is closely linked to health status, outcomes and inequalities. Black and minority ethnic (BME) groups, which make up nearly 30% of Hillingdon's population, generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. In Hillingdon for example a higher concentration of ethnic minority communities can be seen in poorer areas. With Hayes and Harlington having the highest proportion of BME communities at 34.6% of the population, compared to 15.1% in Uxbridge and West Drayton and only 13% in Northwood and Ruislip.

Life expectancy

Life expectancy is simply the number of years a person is expected to live. When comparing areas, it is common to observe life expectancy at birth. Hillingdon's male life expectancy (78.0) and female life expectancy (82.7) is similar to England (2005-07), which means a baby born in Hillingdon can expect to live similar number of years as the England average. However, there are marked inequalities within the borough. The gap between the male life expectancy between Townfield and Eastcote and Ruislip ward is 8.1 years and difference between female expectancy between Bowell and Eastcote and Ruislip is 7.4 years. (JSNA -2010)

Mental Health

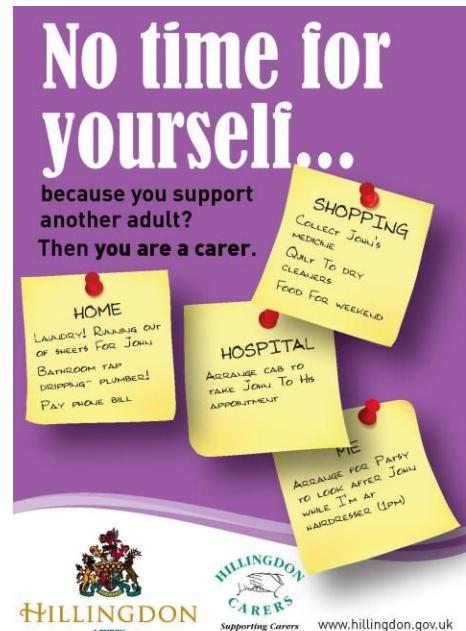
In 2008/09, the prevalence of depression was 6.5% of GP register population which was lower than England average (8.1%). Uxbridge and West Drayton locality had highest prevalence of depression (7.1%) as compared with Hillingdon and the other 2 localities.

In 2008/09, the prevalence of mental health problems was 0.67 % of GP register population in Hillingdon which was lower than England average (0.75%). The prevalence of mental health problem was more or less similar in the 3 localities in Hillingdon.

In 2008/09, the prevalence of Dementia was 0.28 % of GP register Population in Hillingdon which was comparatively lower than England Average (0.43%). However, in Ruislip and Northwood locality the prevalence of Dementia (0.41%) was higher than Hillingdon on the whole and the other 2 localities in Hillingdon.

Carers

In the 2001 Census over 23,000 Hillingdon residents identified themselves as carers and it will not be until the results of the 2011 census are known will we know the true extent by which this has increased. However there are only 1,280 people within Hillingdon in receipt 23 of carers allowance according to DWP Feb 09 information. What we do know is the current estimated value of contribution from carers has increased by £120,100,000 in the last 6 years from £209,800,000 in 2002 to £329,900,000 in 2008.



**Referenced and compiled from Hillingdon's Joint Strategic Needs Assessment 2011. A full copy of JSNA 2011 is obtainable from the London Borough of Hillingdon at www.hillingdon.gov.uk*

SUMMARY FROM HILLINGDON LINK CHAIR



TREVOR BEGG, Chair

The rapidly changing health and social care landscape, the financial pressures imposed on local providers during the last 12 months and the uncertainty created by the Health Bill has made for a challenging environment. Despite this we have made major steps forward, developing our partnership work with a range of groups and providers, and promoted and protected the patient involvement agenda. This has enabled us to achieve a range of outcomes, the main, although far from only the ones, are highlighted in this summary and featured in the main body of the report

I would like to thank everybody for their efforts over the last 12 months as significant progress has been made to the benefit of local patients and carer's. Particular mention should be given to the excellent work of Graham Hawkes the LINK Manager, The Mall Pavilion Shopping Centre and our best wishes and thanks to Gaynor Brown a founding board member who is moving to Somerset, we wish her well.

Key achievements I wish to highlight are:

- Resource Partnerships with the Mall Pavilions and McLaren Perry that significantly enhance our operating capacity, potential and effectiveness with an implied financial value of £40,000.00.
- Our Vice Chair Ian Diamant's work at national and pan London level to ensure Hillingdon LINK are involved in the development of Health Watch ensuring the experience and lessons learned in Hillingdon are not wasted.
- The Hospital Discharge project.
- A key partner in developing Patient and public involvement and communication strategy in the re-configured NHS across North West London, ensuring the patient voice will be heard.
- The HESA Centre and Orchard GP practice projects that will deliver major benefits to both patients and the local health and social care economy. These initiatives epitomise the "Big Society" concept, achieve the large cost efficiencies the current climate demands yet still deliver improved outcomes for local people.
- Somali Community Survey and EMAP report that produced many recommendations that have been adopted as well as referenced in the JSNA, other reports led to us giving evidence at scrutiny hearings.

- Leading the development of NWL LINk joint working via the NWL LINk Chairs forum. This has generated cost efficiency savings and greater levels of influence with statutory bodies for the benefit of patients.
- Working with carer's to raise their profile, promote their agenda and improve their services. In particular the NHS failure to pass on respite care funding, an issue still to be resolved and surely a false economy.
- Supporting the relatives and residents of Daniel Ward.
- Responding to National Consultations
- Our Work with CLAHRC and NHS London Innovation Funding, this included playing a significant role in the allocation of funding.
- Continued development of the LINk infrastructure, partnerships and profile moving towards a Health Watch model to ensure a smooth transition.
- The work of LINk members on committees, boards and strategy groups and the influence they have had.

As an organisation we have identified areas where we can improve and have developed a model of continued learning from each project we undertake. We are confident this will enable us to continue to grow and transition to HealthWatch in an effective and cost efficient manner, whilst dealing with the challenges presented by the changing environment.

Our key priorities in this regard are more training and support for LINk representatives, an enhanced engagement programme and the development of partnership working with GP's.

My thanks to the local authority for their continued support and we look forward to an interesting, challenging and successful 2011/12.

Trevor Begg
Chair

STRUCTURE AND OPERATING MODEL

Hillingdon LINK is a membership organisation governed by a set of Rules that provide for the election of a Board. Board election takes place every other year for a Board membership of 15. The Board can co-opt a further 5 members.

The Board has 4 posts that it elects from Board members. These posts are:-

- Chair
- Vice Chair
- Treasurer
- Complaints and Returning Officer

The LINK has a comprehensive set of Policies and Procedures to govern its day-to-day operation, including code of conduct, enter and view and conflict of interest policies, and adheres to the Nolan Principles. A full range of policies can be found on our website.

The Rules require for 4 general meetings a year, which are held in public, one of which is the AGM. Special General Meetings can be called at one month's notice by the Board or at the request of a minimum of 20 members.

The Board meets on a monthly basis, a full schedule of meeting dates are listed on our website.

Board meetings are held in public with the provision for a part 2 being held in private when sensitive matters are discussed.

The Board of Hillingdon LINK is made up of the volunteer members presented on page 7. They come from a wide range of backgrounds and experiences and form a diverse representation of the communities across the London Borough of Hillingdon.

The Board's various responsibilities include:

- Steering the work of the LINK and deciding on a work programme.
- Promoting the involvement of a wide range of communities and individuals in the LINK.
- Maintaining a constructive relationship with the people who commission and run local care services.
- Deciding on the use of the statutory powers of enter and view 'authorised representatives' and agreeing reports and recommendations arising from visits.
- Deciding on the use of statutory powers to ask for information and receive a reply within a set timescale.
- Agreeing which issues to refer to Overview and Scrutiny Panels.
- Formally agreeing Hillingdon LINK reports and recommendations, including the Annual Report which is sent to the Secretary of State and the Care Quality Commission.
- The Board has powers to form Working Groups to focus on particular areas of interest. These Working Groups are accountable to the Board.

HILLINGDON LINK BOARD

Elected Members:

Name:	Role:	Date Elected:	Represents:	Area of Interest
Trevor Begg	Chair	02/2010	Individual	Dementia, residential and nursing care, NHS commissioning and PPI
Ian Diamant	Vice Chair and Treasurer	02/2010	Individual	Legislation and Finance, Mental Health
John Andrews	Complaints and Returning Officer	02/2010	Individual	Governance, Disability
Ann Temmink	Board Member	02/2010	Individual	Community Health
Angela Wegener	Board Member	02/2010	Individual	Disability
Cllr. Beulah East	Board Member	02/2010	Individual	Hospitals
Gaynor Brown	Board Member	02/2010	Individual	Dementia, Children's Health
Judith Lever	Board Member	02/2010	Individual	Health
Michael Hill	Board Member	02/2010	Individual	Renal, Transplant

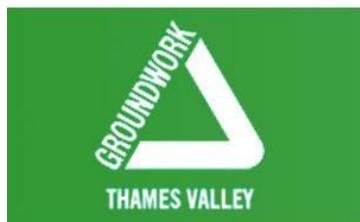
Co-Opted Members:

Name:	Role:	Date Co-Opted:	Represents:	Area of Interest
Mustapha Aden	Board Member	08/2010	Tageero	BME Communities, Mental Health
Ann Chad	Board Member	08/2010	Individual	Voluntary Sector, Social Services
Ted Hill	Board Member	01/2011	HAVS	Voluntary Sector
Baj Mathur	Board Member	02/2011	Individual	Carers

Former Board Members Who Resigned:

Name:	Role:	Date Resigned	Represented:	Area of Interest
Catherine Herriott	Board Member	01/2011	HAVS	Equality and Diversity

THE HOST – GROUNDWORK THAMES VALLEY



Groundwork Thames Valley (GTV) is an independent local charity, committed to social, economic and environmental regeneration. GTV works with partners to improve the quality of the local environment, the lives of local people and the profitability of local businesses. More information can be found at: www.groundwork-tv.org.uk

GTV's partners include local authorities, community groups, government and businesses.

GTV's projects focus on building stronger neighbourhoods, training, stimulating enterprise, integrating the economy and the environment and realising young people's potential. Projects range from small community schemes to major national and regional programs that use the environment to engage and motivate local people to improve their quality of life.

GTV is part of the Groundwork federation of about 50 local Trusts in England, Wales and Northern Ireland.

Groundwork Thames Valley contact details:

Groundwork Thames Valley Colne Valley Park Centre Denham Court Drive Denham Uxbridge Middlesex UB9 5PG	Switchboard: 01895 832 662 Fax: 01895 833 552 Website: www.groundwork-tv.org.uk Company Registration No.: 1982077 Charity Registration No.: 293705
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The Host Role and Responsibilities:

The job of the host organisation is to support the LINK to do its work.

The following are included within the role of the host organisation:

- Help and support the LINK in its activities;
- Manage the LINK budget;
- Provide advice and support to the LINK, including the setting up of governance arrangements and the resolution of disputes;
- Ensure that the LINK enables representatives from all communities to have their say and get involved;
- Assist with access to relevant information from the Department of Health, the NHS, the local authority, voluntary sector organisations, etc;
- Enable the LINK to set a local agenda driven by the priorities and interests of local communities.

SUPPORT INFRASTRUCTURE

Since April 2010 there has been a restructuring of the support staff provided to the LINk by the Host, Groundwork Thames Valley, which has led to the following improvements that have given us a solid foundation to move the LINk forward this year.

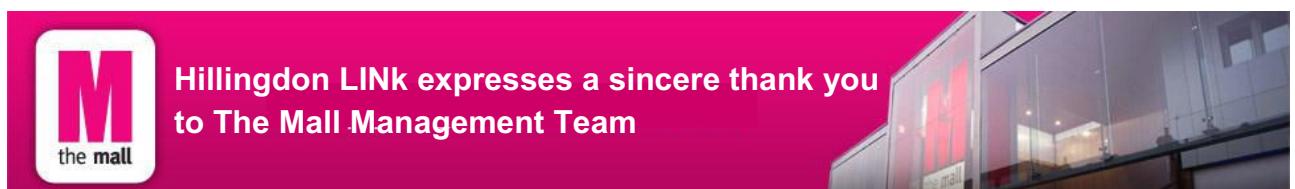
- A new, user friendly, multifunction website has been designed and published.
- The office infrastructure have been transformed to give full support to all office functions
- There has been an large increase in the staffing hours of the support team

Through an excellent relationship built with The Mall Pavilions and their generous provision we secured a 3 year lease on a shop unit within the Pavilion Shopping Centre. This is providing an excellent opportunity, in a central shopping location, to have a local community "showroom" space to promote the LINk and to be used by other organisations within Hillingdon who offer health and social care services, advice and advocacy.



Hillingdon Women's Group recently ran a workshop and offered legal advice to local women as part of their celebration to commemorate the Centenary of International Women's Day and their Silver Anniversary.

There are plans currently being finalised for both, the Cancer Care Centre and Disablement Association of Hillingdon (DASH) to offer advice and advocacy at weekly drop in centres. The Royal Brompton and Harefield NHS Foundation Trust have also contacted us with a view to run an awareness day, from the premises, for their Breathe Easy Group, which helps people with the smoking related disease COPD, Chronic Obstructive Pulmonary Disease.



www.themall.co.uk

VOLUNTEERS

The Hillingdon LINK is a volunteer-led organisation, and volunteering lies at the heart of all that we do. We appreciate and rely on the range of experiences and skills that all our volunteers bring to our organisation.



We believe the opportunities offered by the Hillingdon LINK are rewarding and interesting, and offer real opportunities to change and improve health and social care within the Borough. It is important to us that we make a difference to local services; and we are committed to providing the support, encouragement and structures that enables our volunteers to make that difference a reality.

We currently have volunteers working in a number of roles:

- As LINK Board members
- Promoting the LINK at engagement events
- Facilitating focus groups and workshops
- Representing LINK at meetings, boards and committees
- Proof reading documents and reports
- Carrying out Enter and View visits
- Office administration
- Preparing reports and documents
- Carrying out surveys



Helping people into work

An important part of our work this year has involved supporting people who are looking to get back into work, such as those recovering from long term illness. Working with individuals and other voluntary agencies, we have been able to use our volunteering roles to offer people a stepping stone back into the workplace, as part of their rehabilitation. Our aim for 2011 is to expand on this initiative and give more people this opportunity.

TRAINING

Hillingdon LINk has put its staff and volunteer members through a variety of training courses during this year. Including

- ◊ Enter and View Part 1 and 2
- ◊ The Effective Patient and Community Representative Programme
- ◊ Report Writing
- ◊ Compact Law
- ◊ Communication and Public Speaking Skills
- ◊ GP Commissioning

Arguably the most important of these was our **Enter and View training**, where we commissioned an experienced consultant to carry out in house training for assessors who will conduct the “enter and view” inspections for the LINk. The training was carried out over 2 sessions and 10 members have successfully completed the course.

Authorised Representatives for Enter and View are:

Trevor Begg
Stella Begg
Gaynor Brown
Judy Lever
Ann Temmink
Harry Temmink
Natalie Morris
Wendy Pursey
Rashmi Varma
Graham Hawkes



The Effective Patient and Community Representative Programme, looks at empowering people to contribute effectively as patient and community representatives, and articulate the views of patients and communities so they can effectively influence decision making at a senior level.

It is planned that the skills, knowledge and understanding developed during this programme will be used to develop a similar in house training course for volunteer members, who represent the LINk on boards, committees and working groups.

PUBLIC ENGAGEMENT

Whether as a one off event, or by regular meetings, by letter, email or face to face, Hillingdon LINk has continued to extensively engage with thousands of people, through our membership, with members of the general public, organisations and community groups.

Through a variety of different ways and methods, which we have laid out in this report, we have persistently been reaching out across the communities of Hillingdon, to ensure that the profile, impact and awareness of the LINk can be raised and the potential of the LINk fulfilled.

Although we measure and assess the number of people we have engaged with through data collection and monitoring methods, and have indicated this number in brackets against each listed activity, it is fair to say that the full impact of our engagement is unquantifiable.

For example, at the Ruislip Manor Fun Day we spoke face to face to over 300 people and distributed 200 leaflets. Our stall location was prominent and could potentially have been seen by thousands of people who attended the event.

Likewise it is impossible to quantify the impact of articles that are published in the local newspaper but with editorial being printed on the Hospital Discharge project's workshops,



changes occurring within health and social care under the White paper proposals, the HESA Centre and its planning application, the possible closures of dentists and doctors surgeries in Harefield and West Drayton respectively and other referenced mentions, Hillingdon LINk has ensured that its engagement through the media has added to its exposure to a wider audience within the borough.



MEETINGS

In addition to the monthly Board meetings, Public meetings and AGM, which are held publicly throughout the year by the LINk, members of Hillingdon LINk are also regularly involved in direct meetings, with individuals, voluntary, and other organisations. These have resulted in many objectives being achieved and contributed to various work plan projects being instigated and have been instrumental in joint working initiatives with other

organisations, such as The Hillingdon Hospital, Hillingdon Community Health, NHS Hillingdon, Hillingdon Carers, SAHAN, Age UK, Hillingdon Women's Centre and Tageero.

Prime examples of the outcomes that are achieved, can be demonstrated by the meetings that we initiated with Harmoni, the Out of Hours GP service and CNWL Older Adults Service at the Woodlands Centre

During the meeting with Harmoni we discovered that the Out of Hours GP service was mainly isolated from the mainstream services. There was very little interaction with other agencies, other than for palliative care patients, they have no access to patient's records, other than special notes provided by GPs on individual patients and there was a need to make greater use of this service to support patients, particularly those with long term conditions when they are discharged.

As a result of our meeting, we have ensured that the awareness of Harmoni and their out of hours service for GP's, within the Borough and the walk in centre at The Hillingdon Hospitals A&E, has been significantly raised. Harmoni have been the focus of a section of the second discharge workshop and recently, by our instigation, they presented at the Voluntary Sector Health and Social Care Forum.

Work to raise awareness continues with publicity being developed with both the LINk and the voluntary sector. With the reconfiguration of the Urgent Care Centre at THH and the possible 111 pilot within Hillingdon, further development of the work with Harmoni is still required and we are planning to table discussions with the new GP Consortia to discuss the access of patient records for Harmoni and the Out of Hours GP service.

The LINk initiated meeting with the CNWL Older Adults Service at the Woodlands Centre has culminated in the first of a series of LINk facilitated meetings, with the Woodlands Centre and key voluntary sector organisations, where joint working opportunities have been identified. Proposals for voluntary sector led carer support groups and a therapy support group for both Woodland's Wards are currently being built upon. An evening social group for the carers of and people with early onset dementia, one to one carer support and a weekend activities group are also currently being investigated.

We have regular contact with local MP's and Councillors, having meetings to discuss the important issues affecting our borough.

Recently, The Hillingdon LINk Board and other leading organisation members joined with



Chairs from the LINks across North West London to welcome guests from the Department of Health, Lord Howe, Parliamentary Under Secretary of State for Quality and Joan Sadler, National Director for Patient and Public Affairs, at a meeting held in Hayes Town's Hesa Centre, to discuss the cross boundary working of the NWL LINks and the way forward for LINks in their potential transition to HealthWatch.

COMMUNITY ENGAGEMENT

With the enthusiastic involvement of staff and the valued support of volunteers, Hillingdon LINK has continued to engage with the general public by attending a number of regular and one off events across the borough, these include:

- Expert Patient Program (20)
- Ruislip Manor Fun Day (300)
- Streets Ahead Hayes (100)
- Streets Ahead Ruislip (100)
- Streets Ahead West Drayton (65)
- Older People's Assembly (70)
- Local Disability Forum (90)
- Carers Conference (95)
- Carers Fair (250)
- Hillingdon's Social Care Health and Housing Conference (80)
- Hillingdon Voluntary Sector Health & Social Care Forum (25, *monthly*)
- Cornerstone (28)
- Nurses Day at Hillingdon Hospital (200)
- Nursing Home Relatives Group (14, *monthly*)
- Residential Providers Forum (25)
- Amicus Union (45)



This promotion of the LINK and our work is encouraging people to become involved in the shaping of local health and social care services. It is giving local people the opportunity to express their views on the services they receive and is enabling the Hillingdon residents to become aware of and respond to important consultations. This was especially the case when we consulted extensively and engaged borough wide on the Governments Health White Paper and the four subsequently released subsidiary papers at the following locations:

- Hillingdon Hospital (800)
- Mount Vernon Hospital (300)
- Sainsbury Supermarket Hayes (50)
- Hillingdon Association of Voluntary Services AGM (70)
- Hillingdon Carers AGM (70)
- Uxbridge Library (100)
- BMA Patient Advisory Group (30)



COMMUNITY SURVEYS

Muslim Community Survey; Hillingdon LINk carried out a survey, prior and following Friday prayers, at the Islamic Education & Cultural Centre, Hayes Town, in July 2010 to give the Muslim community the opportunity to give us their views on their experiences of the Borough's health and social care services. This survey was also made available electronically on our website and was also distributed by the centre through its emailing list. (1000)



Somali Community Report; This survey was commissioned to seek the views of the Somali community in Hayes and Yeading as part of an investigation into concerns expressed to Hillingdon LINk by leaders of the Somali community.

With the help of Hillingdon LINk member organisations based in Hayes, the survey was carried out by Somali speaking interviewers and focused upon two subjects:

1. What is the experience of people within the Somali community accessing their Doctor (GP)
2. What are the social issues faced by the Somali community; especially the impact upon the community by the use of Khat.

“a gripping report” and “a very important piece of work”

The results of this survey and our subsequent published report have been received with much interest. It has been described as “a gripping report” and “a very important piece of work”. By their request it has been submitted to the Borough's External Services Committee and The Residents and Environmental Services Policy Overview Committee, where its submission formed part of the evidence in their current review of Khat. Information from the report has also been used in the development of the annual Drug and Alcohol assessment. This will include adopting one of our main recommendations for a multi-agency approach to dealing with the Khat problem.

Survey on GP Access and Social Concerns within the Somali Community

Hillingdon LINk's Report August 2010

www.hillingdonlink.org.uk

The recommendations within the report, around access to GP's, are also currently being considered by NHS Hillingdon. The proposed PBC commissioning intentions for 2011/12 include improving access for minority communities. A Somali speaking GP is now working at the Orchard Practice following another of our recommendation from the report.

The Somali Community Report and the report on our focus group for the Ethnic Minority Access Project have been heavily referenced in a report produced by Hillingdon Council on an investigation it carried out to demonstrate equality across health and adult social care by identifying the needs of people from Black, Asian and Minority Ethnic (BAME) communities with learning disabilities and/or physical and/or sensory disabilities, as part of the Long Term Conditions Delivery Group Action Plan for the Local Strategic Partnership. (420)

FOCUS GROUPS AND WORKSHOPS

Ethnic Minority Access Project (EMAP); EMAP was aimed at all the elderly people of the Black & Minority Ethnic (BME) communities living in Hillingdon Borough. The project enables these communities to access the Health and Social Care available within the Borough.

The Health Awareness Workshop, held in April 2010, was run in partnership with Age UK and enabled seventy two BME older people attending the workshop the chance to voice their views on Health and Social Care to the health professions directly.



Key recommendations taken forward from this workshop included training for GP receptionists and improved access to language line. (72)

Somali Discharge; This focus group, held in Hayes Town in September 2010, was organised following the above EMAP event to give the fifty eight Somali and Asian attendees the opportunity to express their views and relate their experiences of the hospital discharge process. The valuable information gathered from this event has already been fed into our hospital discharge project. (58)



White Paper Workshops; As part of Hillingdon LINK's consultation process on the Government Health White Paper a series of focus groups were held during September 2010. These included 2 which were open to and attended by LINK members, a BME Focus Group and The Blind and Partially Sighted Group at Uxbridge Library. (250)

West London Network for Voluntary and Community Organisations; Hillingdon LINK facilitated and presented to an over-subscribed workshop of nearly a hundred people at the annual West London Network Conference on the changes to the health economy in North West London.

Our presentation "**NHS White Paper: What are the Opportunities for the Third Sector?**" was an unequivocal success, which resulted in a mandate for the North West London CVS to develop an involvement in NHS NWL and led to the NWL LINKs developing Patient and Public Involvement (PPI) with NHS NWL and the PCT Clusters, which is further highlighted later in this report. (90)

Labour Group; Following the Health White Paper, Hillingdon LINK attended the Labour Councillors Group to brief them on the developments and changes envisaged in the NHS due to its publication. (20)

BOARDS AND COMMITTEE REPRESENTATION

Although there are a number of groups and committees that Hillingdon LINk has an entitlement to be a part of, we have been encouraged this year by the increasing number of groups that we have been invited to join and the number of volunteers we have identified through our membership to represent us on these groups.

- Hillingdon LINk PCT Board
- HCH/ CNWL Joint Integration Committee
- Wellbeing Board
- Wellbeing Board Mental Health Group
- Wellbeing Board Long Term Conditions Group
- Hillingdon Hospital's First Contact Group
- Hillingdon Hospital's Patient Experience Programme
- Health & Social Care Forum
- Uxbridge & West Drayton Practice Based Commissioning Locality Meeting
- North Hillingdon Practice Based Commissioning Locality Meeting
- Hayes & Harlington Practice Based Commissioning Locality Meeting
- Maternity Liaison Committee
- Exceptions and Priority Setting Committees
- Transplant Committee
- Dementia Working Group
- Diabetes Model of Care Workshop and Diabetes Network Board
- Autism National Strategy Consultation Workshop
- Medicines Management Committee
- North West London LINk Chair's Group (and the development of this forum)
- CQC LINk advisory board
- CLARHC
- Improving medicine Prescribing and Information in the Elderly (ImPIE)
- Shadow GP consortia development steering group
- Carer's Strategy Group
- NHS London Innovation Fund "Dragons Den" Panel



Membership of these committees has enabled members to make numerous suggestions and recommendations on a wide range of strategic and other issues and promoting carer and patient/client views. We view these seats as a key component of our strategy as they are an extremely effective way of driving change if LINk representatives are given the correct support and training.

Health and Social Care Forum

Hillingdon LINk had a joint pivotal role with Hillingdon Association Voluntary Sector (HAVS) in the reconstitution of the Health and Social Care Forum early in the year and has been strongly involved in its development over the following months. The Health and Social Care Forum now sits monthly, with high attendance from a wide representation of third sector organisations and we are currently co-chairing the forum and directly providing administrative support.

CONSULTATIONS

Hillingdon LINk has carried out a number of consultations during this year.



We have consulted across the borough through a wide range of channels and methods, via our website, by email, post and in a number of workshops and focus groups, where we have made a particular effort to connect with people from minority communities. In addition to consulting with the LINk individual and organisation membership, we have actively engaged directly with the general public at various borough locations and through community events and by attending other organisations meetings and events. Consultation questionnaires have also been made available through the London Borough of Hillingdon Intranet, the PCT and the Health and Social Care Forum.

- **Blue Badge;** This consultation document outlined and sought views on Government proposals for improving the Blue Badge (Disabled Parking) Scheme and ran from March to July 2010 (700)
- **GP Choice Consultation;** There was a Department of Health national consultation on how to enable people to register with the GP practice of their choice, which ran from March to June 2010. (1000)
- **Autism Strategy;** This consultation ran from July to Oct 2010 and sought views on the draft guidance to health and social care services that was drafted to support the implementation of the Autism Strategy 'Fulfilling and rewarding lives' (540)



- **White paper and subsidiary papers;** In the White Paper 'Equity and Excellence: Liberating the NHS' published in July 2010 and the four further subsidiary papers that followed, the Government set out its vision for how it wants to re-organise and run the National Health Service. Further information on the extensive engagement we carried out during this consultation is referenced throughout the engagement section of this report.(3000)
- **Pharmaceutical Needs Assessment;** NHS Hillingdon asked us to consult on its Pharmaceutical Needs Assessment, in which they were asking partners and local people about the assessment and whether it met its aims. The assessment was formulated following a previous survey in June 2010, in which Hillingdon LINk carried out public consultation and made recommendations that were adopted. Further recommendations were also adopted by NHS Hillingdon from this consultation. (700)

- **Transparency in outcomes: a framework for adult social care;** Alongside the Social Care Vision, the Department of Health has launched Transparency in Outcomes: a framework for adult social care – a consultation on a new strategic approach to quality and outcomes in adult social care. The consultation which envisaged an enabling framework which places outcomes at the heart of social care, improves quality in services, and empowers citizens to hold their councils to account for the services they provide. (850)

Hillingdon LINk have prepared and formulated responses, where appropriate, for the above consultations, which have closed and these can be found on our website, www.hillingdonlink.org.uk

Volunteers View

“Over the year I have continued to regularly chair the Exceptions Committee meetings at Hillingdon PCT. The committee always had attendance from commissioners, at least two GPs and other clinicians, as well as advice from Public Health. We carefully considered very many cases where applications had been made on behalf of local patients to have procedures or drug treatments which were not covered by the current contracts. Sometimes the requested procedures had been deemed ‘low priority’ by the PCT, and the applicants claimed to have ‘exceptional’ reasons to justify the procedure being paid for by the NHS, and sometimes applications were for new ad occasionally experimental procedures and drugs. From time to time the problems for which treatments were being sought were extremely unusual and were not included as part of the contracting arrangements.

In some cases we were able to agree that the treatments should be allowed but in many cases we declined the requests as ‘exceptionality’ had not been demonstrated.

Also, we sometimes noticed that there were many applications for particular (often new) procedures which we considered should be part of the regular contracting arrangements. On these occasions we recommended to the PCTs Priority Setting Committee that they be considered for inclusion in these standard contracts. As chair of the Exceptions Committee I was able to participate in the rather infrequent Priority Setting meetings and was always happy when some of the Exceptions Committee’s recommendations were able to be incorporated. ”

PROJECTS

2010-11 has been a very busy year at Hillingdon LINk and the projects that we have been involved in continue to grow. Working in partnership has been a constant theme and this can be seen throughout the work which we have highlighted in this report.

Mental Health Forum: This year saw the development of the Mental Health Forum which we jointly held with CNWL Central North West London Mental Foundation Trust and Hillingdon PCT. The eagerly attended first forum in September 2010 had nearly 40 participants and gave Hillingdon residents, who are carers, service users and patients, the opportunity to explore future patient involvement in mental health services and develop and strengthen their relationships with the commissioners and providers of the services.

Feedback was very positive and the success of this forum was easily measured by the service user's keenness for the forum to be developed. Priorities were identified, including care planning, better access to information and the complaints process and 3 consequent forums were also scheduled.

The second Forum held in March again the attendance was high and contributions from the participants enthusiastic. As amongst other items we discussed and incorporated a workshop on care plans and planning.

A web space is currently being developed to provide information to aid and support people with mental health conditions and their carers. This will be further explored during the forum being held in June 2011, where amongst other topics we will be focussing on accessing services during a crisis.

We look forward with optimism to the future forums already scheduled for 2011, where we expect this user led forum to grow in strength, as it looks to impact positively on the boroughs mental health services.



Crisis Cards: Central North West London NHS Foundation Trust is currently looking at redesigning the Crisis Card that is given to all its service users and the information it holds. There are currently several versions of the card in circulation and this project is looking to unify these and the information they hold to produce a single version that will be widely distributed to replace all existing versions. Hillingdon LINk is involved in this process and significant design recommendations made by us are being incorporated.

Improving Access to Psychological Therapies (IAPT): The LINk is in discussions with MIND to work in partnership to develop a business case for IAPT services, although the current NHS funding situation may make this difficult to achieve. Hillingdon is the only area in England not to offer this service, yet recently released CQC patient survey reports highlight their value. We have highlighted this issue at both the Health and Wellbeing Board and NHS Board and discussions about a service are now taking place.

Hospital Discharge: Leading on and working with The Hillingdon Hospital and London Borough of Hillingdon, as part of the Hillingdon Health and Wellbeing Board Strategy priority to improve hospital discharge, a priority which we had successfully lobbied for, we planned a programme of hospital discharge workshops which focused on improving joint working between the various partners in the pathway, and identifying and implementing solutions which will bring positive improvement to the hospital discharge process. This programme has already delivered a number of outcomes.

We facilitated the first workshop on the 7th December 2010. An event which was attended by over 70 delegates representing, carers, patients, social services, Hillingdon hospital, Central North West London FT, Royal Brompton and Harefield Hospital, Northwick Park Hospital, Age UK, DASH, Alzheimer's Society, Rethink, LBH Housing and Homecare, Hillingdon Community Health, SAHAN and representatives from nursing and care homes. The focus of the event was to consider the current discharge pathway, create network opportunities, identify and highlight best practice, current work streams and the top three priorities of the various delegates.

Feedback from partners and delegates has been very positive, including a patient delegate writing to the local newspaper commending the event. Another patient who was very satisfied with the discharge pathway he had experienced commented that he was pleased that the Borough was still endeavouring to improve the discharge patient experience.

"I was amazed by the number and variety of people involved"

The event produced a significant amount of information and identified actions that could be developed prior to a second workshop, which was held on 16th March 2011. This again was well attended by delegates representing a wide range of stakeholders who are involved in the discharge process.



In the first session of the workshop the delegates fed back on the actions they had taken from the first workshop. From the information gleaned, it was very evident that in addition to the issues and work streams we had already identified, that the first workshop had definitely focussed all stakeholders on discharge. This had resulted in additional outcomes and important changes being made and relationships enhanced, that were already affecting real change to the discharge process.

The Hillingdon Hospitals NHS Foundation Trust (THH) had begun a major, high level, programme of work, that is designed to improve patient experience of the discharge process and the interaction between different staff teams required to bring this about.

We will continue working with the hospital on this project to ensure delivery of the recommendations we made, that have been accepted.

The Leaving Hospital Project which is incorporated into the hospital's Quality Account goals for 2011/12, will include:

- The development of a carer's strategy for the hospital.
- A revised discharge policy to contain clear roles and responsibilities for all of those involved in the discharge process.
- Thorough collaboration with internal and external stakeholders to identify and make immediate changes to processes.
- The introduction of Real Time Bed Management across the whole hospital to ensure beds can be managed more efficiently and effectively.
- The detailed analysis of length of stay and subsequent changes made to pathways to improve performance and the reassessment of the information given to the patient at discharge and how it is presented.

THH had set up a Patient Transport Services Users Group and it will be looking at how to implement recommendations made from the workshops.

THH had started a project which is focussing on improving medicine prescribing and information for our elderly patients. The ImPIE project aims to reduce the inappropriate use of medication through improving medicine review and empowering staff, patients, relatives and carers through increased knowledge and understanding of medicines and the review processes. It is planned that once trialled, the project will be rolled out across all of the Trust.



To increase efficiency and reduce the waiting time on the ward of the discharged patient THH had employed an additional porter to collect prescriptions and deliver take home medications back to the wards.

Following discussions had during the first workshop the LINK facilitated a meeting between Central North West London NHS Foundation Trust Acute Services and London borough of Hillingdon Social Services to look at the issue of housing for mental health clients. The subsequent meetings have been successful and they have agreed to jointly hold a half day workshop which will be useful to understand service gaps and bring in private/social landlords to address some of the short-term problems around housing for Mental Health clients.

Central North West London NHS Foundation Trust (CNWL) has included a carer's priority in their 2011/12 Quality Account priorities.

A number of recommendations around mental health are being taken forward by CNWL as part of their mental health services redesign program, we are involved in this project and it will form a key piece of work in 2011/12.

The Health and Wellbeing Board work plan for 2011/12 encompasses a number of work streams dealing with issues relating to more integrated partner working that were identified when talking to patients, analysing patient experience data and at the workshops.

A couple of key issues, a permanent Social worker presence at the hospital and better access to interpretation services are still being discussed.

We are pleased with the success of the workshops and look forward to continuing to work with THH, London Borough of Hillingdon and CNWL as we take this work forward to tangibly improve the patients' experience of discharge from hospital.

A full report for the hospital discharge project, showing all the outcomes and recommendations Hillingdon LINk have made is available on our website at, www.hillingdonlink.org.uk/index.php/publications

Patient Environment Action Team (PEAT) Inspections: At the beginning of 2011 members of our Enter and View team were invited by Central North West London NHS Foundation Trust, The Royal Brompton and Harefield NHS Foundation Trust, Hillingdon Community Health and The Hillingdon Hospital to join their Patient Environment Action Team for the annual inpatient assessment which inspects standards across a range of services including food, cleanliness, infection control and patient environment.

Volunteers View

“ In January 2011 I participated in a PEAT inspection of the Riverside Unit at Hillingdon Hospital, with staff and managers from Central and North West London Trust. Our purpose was to check the facilities and environment for patients in the unit. The formal report and results of the visit will not be available until the summer, however, overall with some few exceptions; I believe the general environment was quite good. We had the opportunity to chat with some of the patients, to look inside their single rooms, with their agreement of course, and to look at the kitchens and common areas available for recreation etc. We also ate lunch with the patients in the dining area and heard the varied views on the catering arrangements. ”

GP Carer's List Project: We are working in partnership with Hillingdon Carers to ensure that GPs are made aware of people with caring responsibilities. This initiative is aimed at raising carer awareness and the number of patients on each GP surgery's carer's list, to ensure that carers receive the support that they require. This resulted in a 43% increase in identified carers on GP lists and the project is being extended to other practices and developed to ensure identified carers can access the support services they require.

Carer's Group: The Hillingdon LINk Carer's Group has been set up for people who have experienced caring for a family member or friend and who want to help improve services within the borough.

Carer Respite Funding: In partnership with Hillingdon Carers we have been lobbying to ensure that Department of Health funding to Primary Care Trusts for respite breaks for carers is passed on to local authorities as intended. We have raised this issue at North West London NHS board level and at the local external scrutiny committee. To date the funding has not been made available due to a failure by the DoH to ring fence the funding. Financial pressures mean that a cut in service has taken place despite claims by Government to the contrary. We are continuing to pursue this matter with NHS London and the Department of Health. Our recommendation is that this funding should be passed on to prevent unnecessary hospital admissions and other stated priorities of the NHS. Failure to fund this service is a false economy.

Hillingdon Community Health (HCH) Integration With Central North West London NHS Foundation Trust (CNWL): HCH provides 32 vital community services for Hillingdon. At the beginning of 2010 it was part of NHS Hillingdon and operated independently from the commissioning arm of the Primary Care Trust (PCT) to deliver its services. The government policy required the PCT to divest themselves of the services, (a policy supported by both the previous and current governments). On 31st March 2010 it was announced that CNWL was the preferred bidder and a period of due diligence would follow.

The LINk had a representative on the initial provider selection panel and the subsequent working group that conducted due diligence and reviewed and oversaw the transfer of HCH to CNWL on behalf of NHS Hillingdon. While the LINk rep identified a number of reservations about the transaction dealt with by our working group we were successful in ensuring a number of enhanced safeguards for patients. These included a local authority Governor taking up a place on the CNWL council of governors, acceptance of a need to work with carers, resulting in a priority on the 2011/12 QA, on-going involvement and assistance in developing the PPI strategy for HCH and the transformation of care agenda. The latter has resulted in close co-operation in 2011/12 on a number of matters that have already benefited patients and carers.

Hillingdon LINk had concerns about the procurement process and through a working group we closely scrutinised the due diligence process over the following months. Having meetings with CNWL and NHS Hillingdon and a public meeting, which was held to explain the integration to the general public and seek their views.

After close analysis of the Business Plan our concerns were heightened when we discovered that the contract may allow for a reduction of up to 40% over a 3 year period but during a meeting with directors and senior management of CNWL, HCH and Hillingdon PCT we were given assurances that the volume of the contract would be retained even if transferred to another service.

On 1 February 2011 all local community NHS services in Hillingdon formally became part of CNWL.

Mental Health Delivery Group: This group is the principal policy forum for mental health and reports to the Health and Wellbeing Board. The Group has a wide ranging agenda and of particular concern at the moment is the performance of the Wellbeing Centre. It is likely we will carry out a review.

We are also very concerned that Hillingdon is the only borough in the country that has no IAPT service. These services are a range of talking therapies to support people in the community. The LINk will work with other agencies to redress this.

Quality Accounts: 2010 was the first year of Quality Accounts and we set up a working group to analyse and respond to the quality accounts consultations of The Hillingdon Hospital NHS Trust, Central North West London NHS Foundation Trust, Hillingdon Community Health and Royal Brompton and Harefield NHS Trust. In April 2010 each Trust published its priorities for the last year (showing how they performed against targets) and priorities for next year. The Quality Accounts documents are intended for the public and the LINks were asked to respond on the final draft, within 30 days, in no more than 500 words. Our comments were then due to be incorporated into the final document which was published on the 30th June 2010; with the Trust setting out any changes made due to our comments. This was not strictly adhered to by some Trusts within this first year and we are working closely with these Trusts to ensure that this is not repeated in 2011. We were also involved in the Community Health identification of priorities for its 2010/11 QA, this led to our recommendations being adopted for two of the agreed priorities.



Daniel Ward - Mount Vernon Hospital: Over the last 12 months we have been closely involved in supporting the relatives and patients of Daniel Ward due to the NHS's desire to close the ward and move patients to alternative treatment setting. The situation is far from resolved and a satisfactory final outcome has yet to be agreed, but the families continue to be grateful for our support. This is an example of information, advice and advocacy at work and a useful learning exercise for the transition to Health Watch in 2012/13.

Northwood and Pinner Ward: We ran an electronic survey using our portable survey equipment to assist Hillingdon Community Health to obtain patient feedback in a pilot project at Northwood and Pinner Ward at Mount Vernon Hospital.

Care Quality Commission (CQC): We have quarterly meetings with CQC to exchange information. CQC also update us on current regulatory developments. These meetings are open to all and the voluntary sector has found attendance particularly useful.



Through our participation on the Partnership Forum we are working with CLAHRC to give a patient perspective on medical research proposals; and to progress and develop a working approach to important patient and public involvement in research.

CLAHRC provides a unique opportunity to bridge the gap between producing world class research and innovation to delivering benefits consistently for patients and providing world class health care.

When the CLAHRC rolled out Round 3 funding to organisations for projects that improve the care provided to patients by delivering research into practice, we were part of the evaluation panel who decided which projects would receive funding of up to £100,000 and played an important part in the process.

We have also taken part in workshops on Quality Accounts and Chronic Obstructive Pulmonary Disease (COPD) to help develop best practice, promote better partnership working and the exchange of ideas.

Hesa: We successfully helped the PCT in facilitating the expansion of the Hesa Centre in Station Road, Hayes, by working with the estates team and liaising with the landlord over a

number of months. With the building secured and planning permission granted, the extension when complete will enable a wider range of services to be provided for local people, improve facilities at the walk in centre and generate significant cost savings for the NHS in the longer term. This initiative was in response to local people's desire for an expanded health facility as opposed to a Paddy Power betting shop. In 2011/12 we

will be supporting patient involvement in the development of new services.

In 2010 we helped to identify Somali speaking candidates for an administrative position at the request of the GP practice and our ongoing work with the HESA continues.

We are involved in promoting and raising awareness of the Patient Participation Group at the Hayes Town Medical Centre and a new initiative to raise carer awareness and the number of patients on the carers list is in the process of being launched. This is part of the GP surgery project we are undertaking in partnership with Hillingdon Carers.



Orchard GP Practice: As part of the healthcare reforms, we have been supporting the Orchard GP Practice, which shares the Hesa Centre, in developing its model and application to become a social enterprise; by developing the community involvement element of their proposals through our network and working closely with the Orchard Practice and NHS Hillingdon on the business case.



Under the model of the social enterprise, staff and the community will have a direct stake in the day-to-day running of the practice, greater control over budgets and will operate on a non-profit basis.

The social enterprise will allow the practice to move away from some aspects of the traditional GP model giving it the opportunity to improve the care it offers its 4000 patients, setting up services tailored to the surrounding community and be more innovative in the care that they provide.

This provides a superb opportunity to develop new pathways of care in the community and the development of a community based health and social care hub. The community and practice are excited by the prospects and the project epitomises the "Big Society" ethos.

To date we have assisted the practice in setting up their patient group, developing a community involvement model, identifying patient and community priorities to be delivered by the business plan, provided staff with information and advice, promoted the value of the project at NHS Hillingdon board level, to ensure they support the venture, explaining the project to the community, and supporting the practice at NHS London level with the approval process.

The project would not have progressed this far without our involvement and we look forward to continuing our support in 2011/12 to ensure this exciting opportunity for improved and innovative primary care is delivered.

It has provided the added benefit of giving us a detailed working knowledge of GP primary care, LES, DES and QoF in particular. This will be invaluable with the development of GP commissioning groups. The project has also resulted in a partnership with McLaren Perry a GP consultancy who have said we can draw on their advice and knowledge when needed. We estimate the value of this at circa £10,000.

The HESA related projects, when combined, will significantly reshape and improve the local health offering and have resulted in major financial investment being committed. It is difficult to quantify the exact financial and health benefits at this stage, however over the short term the service changes will achieve significant improvements to health outcomes. They will also benefit the health economy over the medium term by a high six figure sum with further annual savings and efficiency gains.

The West London Medical Centre: We were asked to support their patients in assisting the practice to get planning permission to relocate to new premises. After establishing patients were indeed in favour of the relocation, we made representation to NHS Hillingdon and LBH planning department. The recommendation from the planning department is now with the planning committee to approve the application. Ultimately this will greatly improve the level and range of services for patients.

Wheel Chair Service: Following a number of issues highlighted to us, we are continuing to work closely with the management of the Wheel Chair Service to improve the client experience. This has already resulted in changes to internal procedures to register phone calls, development of an improved staff document and involvement in contract meetings and the procurement process for a new equipment contract.

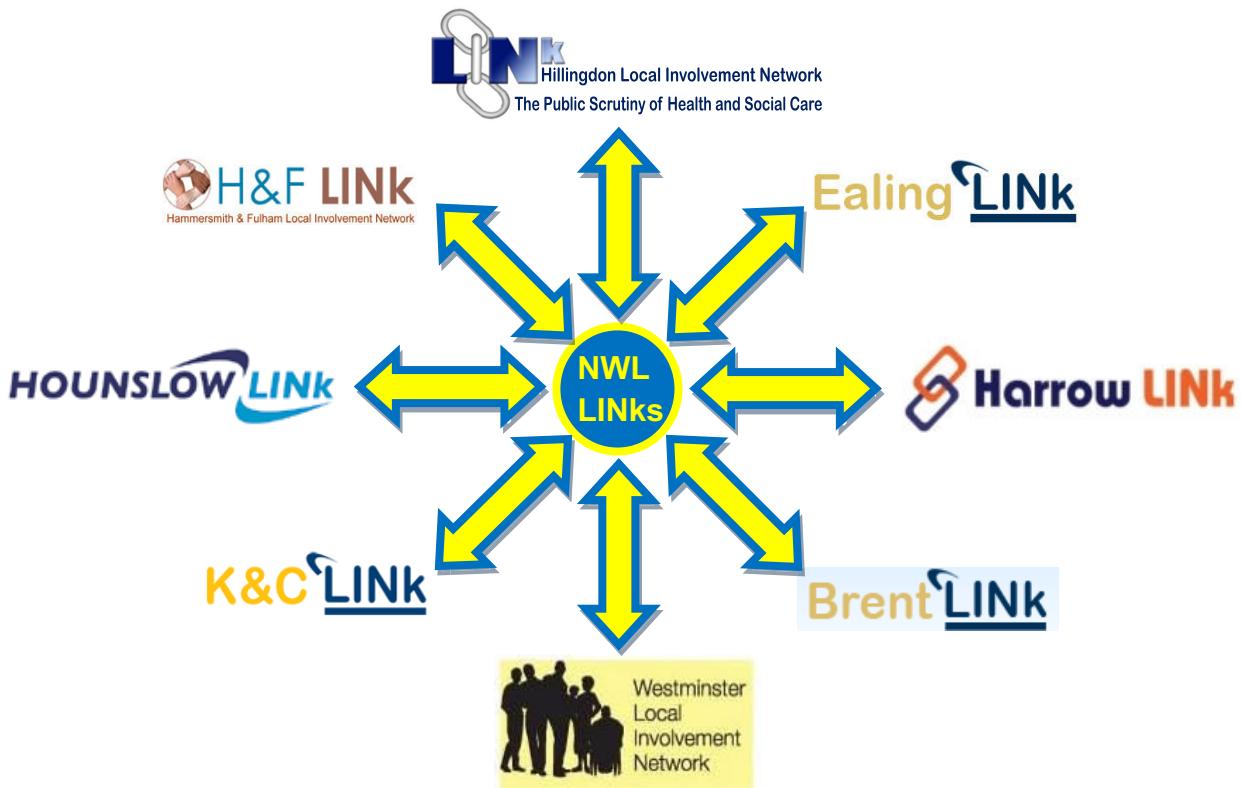
Pharmacies: We were asked by the Community Pharmacy and Pharmaceutical Advisor at Hillingdon PCT to consult with LINK members to ascertain whether any further issues would be raised outside of the scope of their initial pharmaceutical needs assessment survey. Having consulted widely within the Borough, further important information was reported to the PCT which was fed into their assessment, and we further consulted on the resulting assessment.

Applications for new Pharmacies: The LINK has gathered the views of local people on a number of applications for new pharmacies, particularly in West Drayton and Hayes areas. Particular concern was raised about the impact of a proliferation of 100-hour pharmacies in Hillingdon and the sustainability of such ventures. These concerns were notified to NHS Hillingdon and they in turn passed these concerns onto the Department of Health. A review of the process for 100-hour pharmacy applications has since taken place, we await the outcome.

BEC Committee Brunel University: As a formal partner we are currently supporting and working with the Brunel Experts by Experience Committee as they look to develop and sustain service user and carer involvement in health and social care education. Through promotion we have successfully identified and introduced a large number of people to get involved in this new initiative, as we look to improve the education process of social workers.

Expert Patient Programme (EPP): The EPP became a victim of the re-structuring of the PCT and was closed in February 2011 **without any public consultation**. Prior to its closure we had helped to promote and support the EPP, aiding them with the printing of materials and promoting them through our website and at events such as the Ruislip Manor Fun Day. We had witnessed first-hand the positive difference this programme was making in the lives of those who had participated. A programme that was successfully helping more people to manage their conditions and reducing the cost paid for their care by the NHS.

Podiatry: Following diabetic patient concerns about delays to regular check-ups we raised the issue with Hillingdon Community Health. An additional member of staff is now in post.



NWL LINK Hosts & NWL LINKs Chairs Meetings: Hillingdon LINk was instrumental in an initiative to meet with the other LINKs within the North West London Sector at host and chair levels. LINK managers and coordinators from Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster, now meet bi-monthly to share information, experience and best practise.

The development of the NWL LINK Chairs meeting has resulted in similar benefits to the hosts meeting, and the regular meetings of the Chairs has culminated in a close working relationship between the LINKs, which led to us working jointly on the Health White Paper, where we united to commission a health consultant. Following the carrying out of analysis, evaluation and evidence based research of the white paper, for the LINKs to incorporate in their own individual consultations; the Health Consultant also compiled a joint response from the NWL LINK's on the HealthWatch consultation paper, which was submitted in October 2010. This joint working initiative also attracted the attention of the Department of Health and the LINk lead for London, who has been a regular visitor to meetings. This has led to another opportunity for the NWL sector to work together on a benchmarking exercise for the transition year from LINk to HealthWatch

It has ensured that Hillingdon LINk has been involved in the forefront of meetings across London, as the transition and the overarching structure and governance of HealthWatch continues to be discussed. Working in conjunction with all 32 London LINKs, we led on and produced a London wide report "HealthWatch Making it Happen", which was subsequently sent to LINKs across the United Kingdom, and we deputise as a London Representative on the Department of Health's HealthWatch Advisory Group.

We also currently lead for NWL LINks on establishing engagement and patient and public involvement with **North West London NHS**. Since the recent restructuring of PCT's into clusters, this organisation now has the greatest influence on the future direction, strategy and commissioning intentions of the NHS locally in the next 18 months. With the expectation of vastly reduced PCT PPI resources, this sector engagement will be very important to ensure that the people of NWL are involved in the rapidly changing local health economy.

Central North West London NHS Foundation Trust is undergoing a major system redesign. CNWL delivers mental health services across the NWL sector and with work underway to move from Borough based services to service line management across the trust the NWL LINks with Hillingdon leadership are working together, through a joint working group, with CNWL, to ensure patient influence is paramount in the redesigning of the pathways.

Hillingdon LINk and the other LINks in North West London are keen to develop strategies and plans for further cross sector working. This will enhance LINks influence and where possible achieve economies of scale, as evidenced by the joint working on the Health White Paper.

Volunteers View

“ I have lived in the borough for over 14 years and have had both positive and negative experiences of using the local health services. In the past I have often wanted to raise my concerns, and have my say about the local health services, but didn't know how to go about it. The health system looked like a maze to me and I often wondered whether my views would actually make any difference or whether anyone would even listen to me. I came across Hillingdon LINk when I was searching on the web on how to get involved in local health matters. I wasn't sure what to expect when I first contacted Hillingdon LINk. I was keen to get actively involved strategically and not just sit in consultation meetings. I was pleasantly surprised when I was presented with varied and interesting opportunities to get involved. I was made to feel very welcome and was supported through out. I now feel that LINks is the right platform to understand the complex health system and services and actively inform and influence local health services. I am committed to getting the voices of the users and general public heard in decision making about health services, particularly the voices of the marginalised and hard to reach groups. LINks will enable me to do „ just that.

LINK Member, Radhika Howarth

Health Programmes for London (formerly CSL) review of emergency general medicine and acute surgery. This project is to review the current service and standards, and make recommendations as to new standards to be used in the 2012/13 commissioning round. We have ensured robust patient involvement in the project via the patient panel and representation at clinical groups. Recommendations have already influenced survey questions to all London Trusts, the case for change and had an impact on the initial draft standards. Our network both locally and increasingly pan London also ensured good patient representation at the first engagement event. This involvement will continue into 2011/12 when the standards are finalised and consultation on what this means to service provision takes place.

West London Alliance residential and domiciliary care framework: The Borough decided to commission residential and domiciliary care via the WLA and Hillingdon LINk were involved identifying and finding carers, voluntary sector reps and clients for 2 workshops to examine the priorities and standards of the framework and to identify key elements of a monitoring framework. We then subsequently took part in the tender review process for the residential care framework, scoring parts of provider's bids. This work was a development of our work on Southern Cross Healthcare in previous years that we continue to monitor.

Dementia Strategy: Led by the PCT, Council and GP leads, the Borough developed a new dementia strategy for Hillingdon. Hillingdon LINk was involved from the beginning of this project, which started in the summer of 2010, with representation in initial workshops and the resulting working groups as the strategy was developed.

Lesbian Gay Bi-sexual and Transgender (LGBT) Forum: As part of LINk's remit to identify and represent minority and hard to reach groups we worked to develop an LGBT forum in partnership with the West London LGBT network which will identify LGBT residents in the borough willing to engage with statutory health and social care services, giving them an opportunity to have representation within the LINk and a voice for the issues raised within their community.

STAKEHOLDER ENGAGEMENT

At Hillingdon LINk we have continued to build on and develop good working relationships within the NHS, local authority and voluntary sector. This stakeholder engagement has significantly enhanced our ability to access information, influence events and has given us the opportunity to be able to discuss matters both formally and informally at senior management and board level.



The engagement and partnership working, as evidenced throughout this report, is enabling the LINk to have considerable strategic input into the safeguarding and shaping of Health and Social Care Services, ensuring the public voice is heard and our mandate delivered.

The following statements are provided by some of the stakeholders that Hillingdon LINk have been working with this year and outline the value that has been drawn from the partnerships and relationships grown with these organisations.

STAKEHOLDERS ACKNOWLEDGEMENTS

Hillingdon Hospital NHS Trust

The past twelve months saw The Hillingdon Hospital NHS Trust work in even closer collaboration with the Hillingdon LINk on a number of issues that are key to improving care for local people.

One of the projects to emerge was the 'Leaving Hospital' programme. This scheme, initiated in response to feedback from patients accessing the hospitals services, has aimed to understand the factors critical to ensuring a safe and effective discharge from hospital and a positive experience for the patient.



Clear from the outset that this work would impact on colleagues in other health and social care sectors and people such as carers, the LINk and the Trust joined forces to stage two 'Leaving Hospital' workshops in the latter part of the year. These events were well evaluated and generated a considerable amount of dialogue and debate about steps that could be taken collectively, as well as those that could be influenced quickly by small groups or individuals.

Marie Batey, Director of the Patient Experience and Nursing at The Hillingdon Hospitals NHS Foundation Trust comments that partnering with the LINk, and others across the Borough, in this way has reaped considerable benefits in the improvement of this critical part of the patient pathway, and she welcomes the opportunity to do continue to do similar work moving forward.

Hillingdon Carers

Hillingdon Carers is a local voluntary sector organisation that supports 4,000 unpaid carers in the borough. Additional help was needed to identify people with caring roles who did not realise they were carers (hidden carers).



Carers GP: GP Practices are a key contact point with carers and important in identifying and signposting them to support organisations. However, establishing productive relationships with professionals in Primary Care can be challenging.

Over the past year Hillingdon LINk has been an important partner to Hillingdon Carers in progressing this work in the south of the Borough by providing initial contact with Practices and Health Centres, promoting the Carers Health Liaison role and also making sure that carers' issues maintain a high profile in the health care environment.'

Respite care: In 2010 the government announced £40m of funding nationally for carers to receive breaks over a four year period. This funding was not ring fenced and was to be paid via PCT budgets. Carers in the Borough had begun to ask where this funding was going to be spent, but it was impossible to identify what had happened within our PCT as a result of the recent reorganisation of health commissioning.

This is something that a small local organisation, such as Hillingdon Carers, had not found possible to resolve and our national carer centre networks had also failed to gain any information from most PCTs across the country.

Hillingdon LINk responded to the challenge of trying to find out answers locally and has at least managed to repeatedly ask questions at relevant Board meetings to which we would not have access. The follow up work of the LINk has kept the issue 'live' over the past six months although unfortunately there are still no real answers for carers in Hillingdon.'

Age UK Hillingdon

During the year Age UK Hillingdon worked with LINks to hold a health conference for older people from Black and minority ethnic communities in the borough. The conference report highlighted the many barriers that these older people face in accessing mainstream services and will help influence the future development and delivery of local health and social care.



The sector also benefitted from the rare opportunity to engage with CQC through a forum organised by the LINk.

LINk has created a channel for the flow of information to the voluntary sector to keep us informed and up to date with the many changes happening in the NHS.

Hillingdon Association Voluntary Services

Bringing community & voluntary groups together



"Hillingdon LINks is driving up the quality of provision of health and social care services in the Borough by listening to what people have to say, by investigating issues & concerns that are raised and reporting them to the local authority. LINks has fully integrated itself into the local voluntary & community in a short space of time and is a valued member of that community"

Hillingdon Community Health

Hillingdon Community Health has worked closely with LINks over the last year. The relationship is a positive one because both organisations share a common desire to continually improve the care of people living in Hillingdon.



During 2010/11 Hillingdon Community Health and LINks together agreed Quality Accounts for our community care provision. A number of the accounts agreed were as a direct result of requests made by patients to LINks, for instance improving the availability of phlebotomy (taking blood) services for our patient. Both organisations will continue to collaborate on implementing the Quality Accounts agreed for 2011 to 2012.

Both organisations have also worked together on the development of Hillingdon Community Health's Patient and Public Engagement plans, including drafting the plan for 2011 to 2012. Progress against the plan will be monitored by LINks during the regular meetings which take place between the organisations.

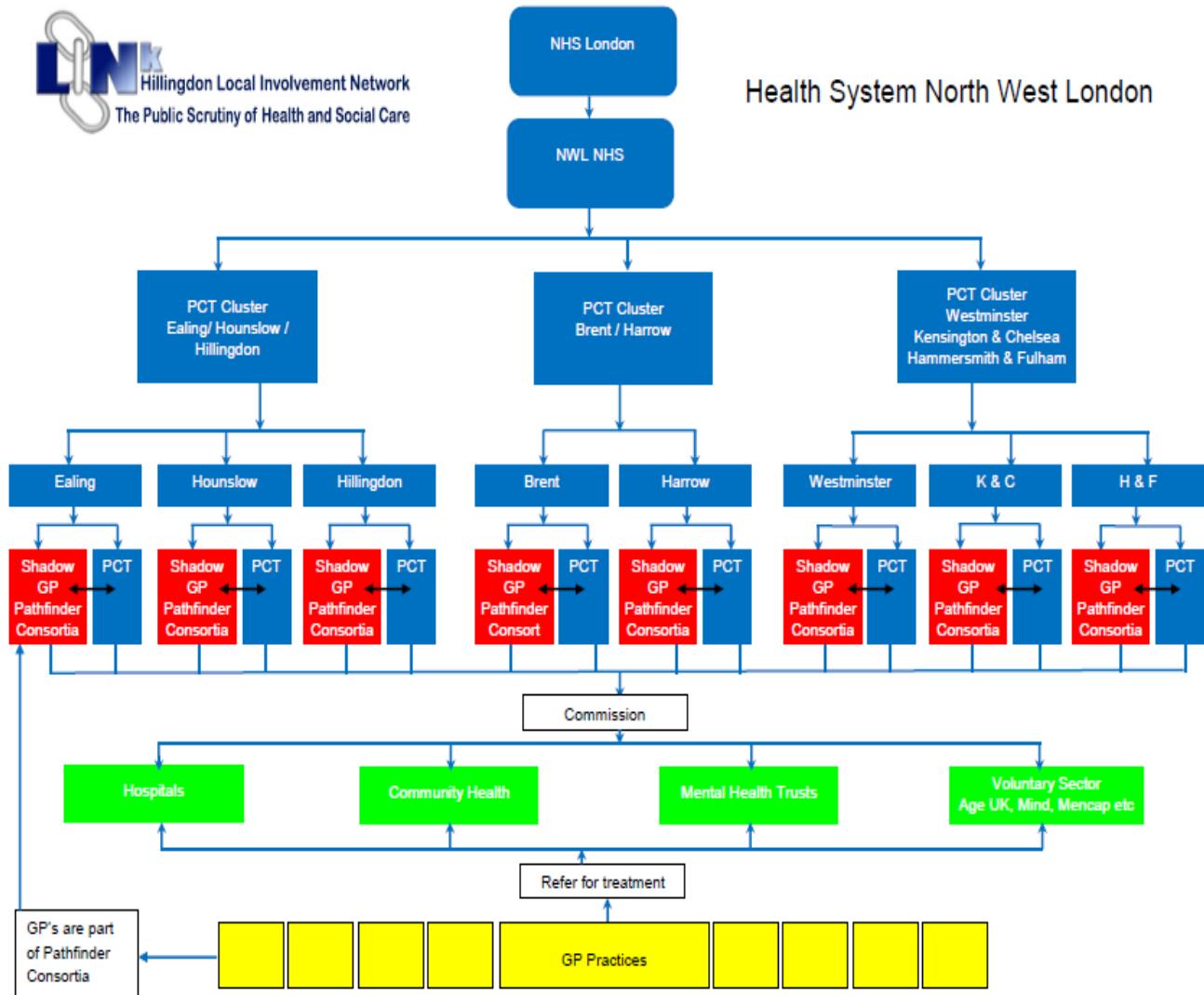
In the early part of 2011 Hillingdon Community Health integrated with Central and North West London Foundation Trust. In partnership with LINks we are looking at how this integration might benefit patient care and make accessing physical and mental services easier. This work is at any early stage of development and both organisations intend to work closely together to ensure that patients are involved with proposals that arise from this work.

LINks also bring to our attention specific and individual patient concerns. We welcome this constructive involvement as it can only help us to continually improve our services.

Hayes Town Partnership

Hillingdon LINk played a crucial role in securing approval to the Orchard Practice Community Enterprise application, by means of effective lobbying of the PCT and engagement with local community groups and their representatives. It has also worked very effectively in helping resolve the planning problems in the extension of the Hesa Centre in which the Practice is based and this will be of enormous benefit to the local residents.

MOVING FORWARD



The new financial year will continue to be a busy and challenging time for Hillingdon LINk. We will need to continue developing public awareness of the LINk via an enhanced engagement programme focusing on the North of the Borough and continue to develop existing relationships.

The Hospital Discharge Workshop programme continues as we analyse the data and finalise reports from both workshops, follow up and evidence the outcomes from the action points and continue to work with The Hillingdon Hospital, The London Borough of Hillingdon and a variety of other stakeholders to improve the patients' experiences of discharge from hospitals.

Our involvement in the Quality Accounts for NHS trusts, Central North West London, The Hillingdon Hospital, The Royal Brompton and Harefield Hospital, Hillingdon Community Health and The London Ambulance Service continues and although this peaks during the

consultation periods of April and May, we look to continuing the process of working with the trusts as we become involved in choosing their priorities for 2012-13 and beyond.

The HESA and Orchard practice projects are all likely to generate significant opportunities for this year with the extension, when complete, enabling a wider range of services and the scope to support the improvement of the facilities at the walk in centre, and to develop new pathways of care in the community.

The development of the Shadow GP Consortia, a North West London NHS strategy that will involve major service reconfiguration and cuts, and the roll out of personal care budgets at London Borough of Hillingdon, will also generate significant work streams.

The local NHS will also be required to consult on likely changes to services. In view of the dramatically reduced engagement resources at the PCT, if the public is to be made properly aware of the ramifications, it will be important for Hillingdon LINk to continue to be at the forefront of involvement.

Central North West London NHS Foundation Trust have extensive plans for the complete reconfiguration of the service pathways in Primary Community Care, Complex Community Care, Acute Care and Specialist Services, such as, Addiction, Eating disorders, Psychological Medicine and Rehabilitation. These radical changes are expected to go "live" in August 2011, with some of the smaller service lines being implemented before. Hillingdon LINk will be working closely with the other LINks in North West London whose boroughs mental health services are provided by CNWL to ensure that patients and carers will continue to be engaged with, prior to, during and following implementations of the new service lines.

There are also likely to be a range of other issues arising throughout the year brought to our attention by a variety of groups who we are mandated to support and ensure their voice is heard.

Although the legislation is not yet passed there will also be additional work involved in the development of the LINk structure as it evolves into HealthWatch.

As we have previously stated it must be recognised by all stakeholders how important it will be to develop and prepare for the establishment of HealthWatch in 2012, through a smooth and seamless transition from LINks. Guaranteeing that future patient involvement and independent scrutiny of services has a stable base to move forward into a society where the patient can boast, there has been "**no decision about me without me**".



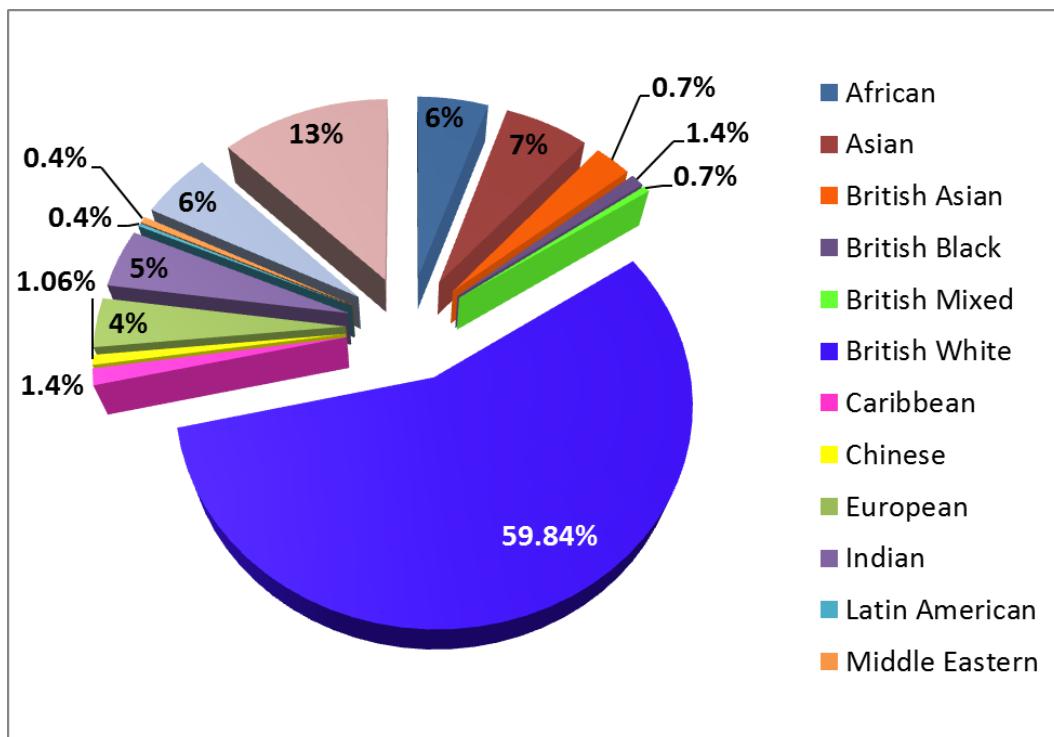
HealthWatch Transition Plan

PARTICIPANTS

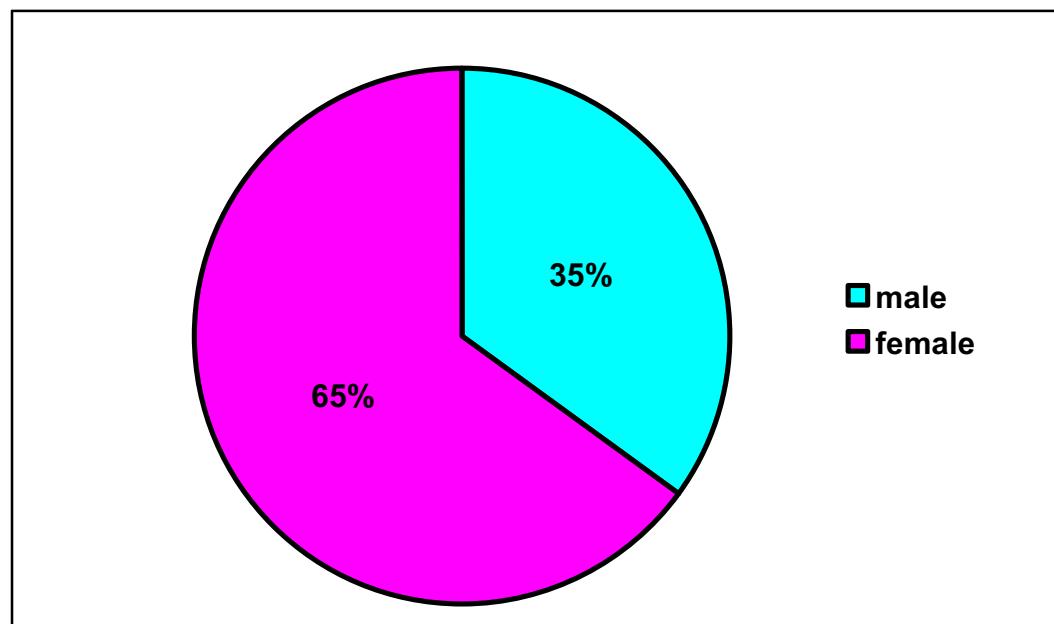
MEMBERSHIP

The membership has continued to grow throughout the year and has increased by 13% from 680 at the end of March 2010 to 771 at the end of March 2011. This includes a total of 125 organisation members, which is a 10% increase on last year.

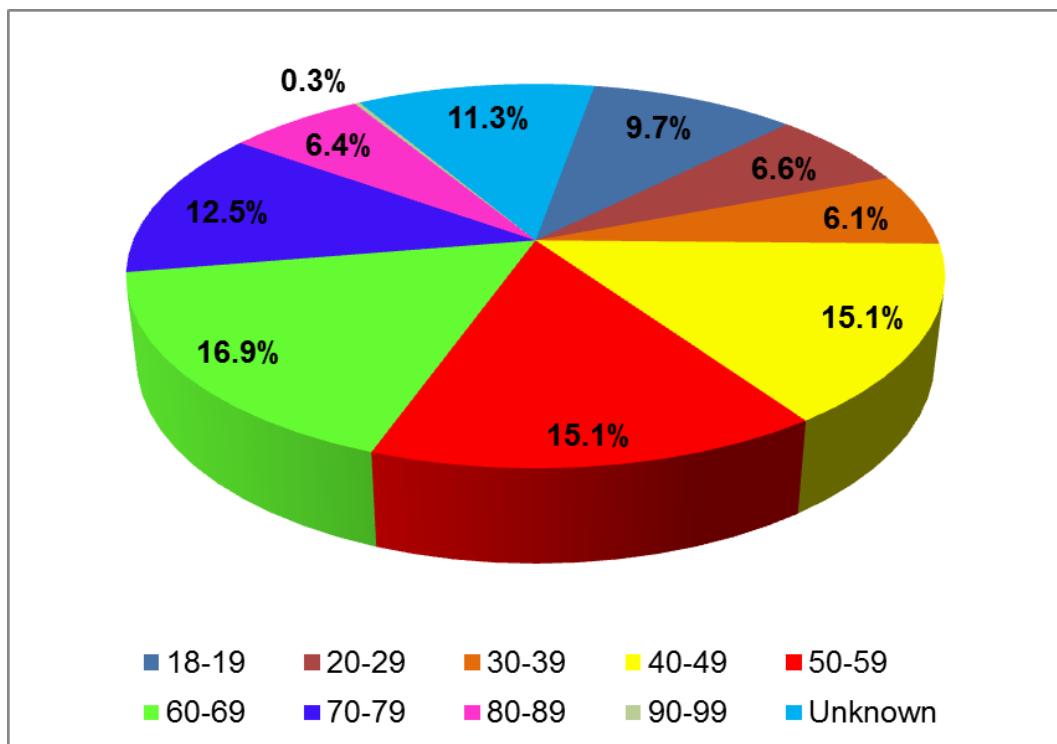
By Ethnic Group



By Gender



By Age



DEFINITION OF PARTICIPATION

People Engaged: are groups or individuals who have not registered their interest in the LINk but have had direct contact with it. This can be through consultations, surveys, workshops, meetings or via interaction with the website and social networking sites.

Informed Participants: are groups or individuals who register their interest in the LINk and receive information, whether general updates and/or thematic interest. This includes those who interact with the website and social networking sites.

Occasional Participants: are informed participants (individual or groups) who also respond to particular LINk issues, or themed information, or attend workshops, or meetings on a specific topic.

Active Participants: are groups or individuals who have a high level of participation.

Within each of these levels, **people with a social care interest** are those with experience of using social care services or a specific interest in social care. They may have an interest in health care too.

Group Participants: are people who are acting as a representative for one or more organisations or interest groups.

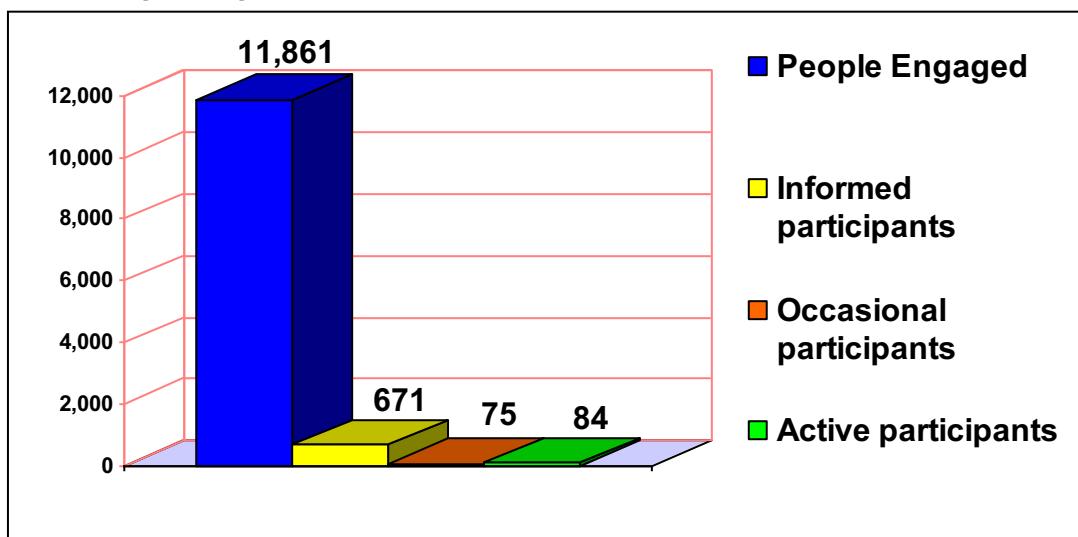
Individual Participants: are those who are not representing an organisation or group.

NUMBER OF LINK PARTICIPANTS/MEMBERS ON 31/03/2011

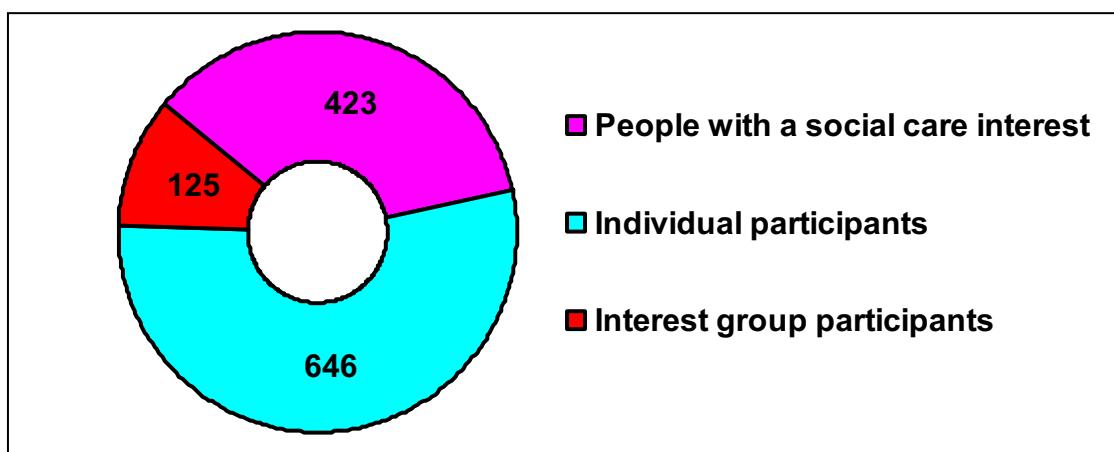
Level of participation	Total	Of which:		
		People with a social care interest	Individual Participants	Interest group Participants
People Engaged	11,861	N/A	N/A	N/A
Informed Participants	671*	358	575	96
Occasional Participants	75*	40	50	25
Active Participants	84*	31	66	18

* It is important to note that we have moved away from actively recruiting members and place more emphasis on engaging with patients and clients of social services, with particular emphasis on those from vulnerable groups. This allied to the wealth of data from national and local patient surveys and other information we have access to via board representation, allows us to have a comprehensive picture of local services. Our close working partnership with the voluntary sector and community groups also allows us to cascade information through their membership maximising the value of existing networks.

Level of participation



Of Which



SUMMARY OF ACTIVITY

Requests for Information in 2010-2011	
How many requests for information were made by your LINk?	86*
Of these, how many of the requests for information were answered within 20 working days	69**
How many related to social care	24
Enter and View 2010-2011	
How many enter and view visits did your LINk make?	11
How many enter and view visits related to health care?	9
How many enter and view visits related to social care?	2
How many enter and view visits were announced?	10
How many enter and view visits were unannounced?	1
Reports and Recommendations in 2010-2011	
How many reports and /or recommendations were made by your LINk to commissioners of health and adult social care services?	81
How many of these reports and /or recommendations have been acknowledged in the required timescale?	80
Of the reports and /or recommendations acknowledged, how many have led, or are leading to, service review?	69
Of the reports and /or recommendations acknowledged, that led to service review, how many have led to service change?	44
How many reports/recommendations related to health services?	58
How many reports/recommendations related to social care?	23
Referrals to OSCs in 2010-2011	
How many referrals were made by your LINk to an Overview & Scrutiny Committee (OSC)?	0***
How many of these did the OSC acknowledge	
How many of these referrals led to service change?	

* It should be noted that due to effective partnership working and the committees we have representatives on we access huge amounts of important information by committee or informal requests. We feel this is an important part of a successful LINk, particularly if recommendations and reports are to be successfully acted upon by statutory organisations.

** The majority of information requests that were not responded to in 20 days were requests to NHS London and other regional and national organisations. The small number of local requests that exceeded 20 days were subsequently met.

*** We have a protocol with our local ESC that results in informal discussion with the chair and attendance at scrutiny sessions where we can ask relevant questions. We also work closely with other members of the committee. Issues are generally settled without a reference to the ESC being necessary due to good partnership working. Respite care funding may prove the exception to this rule.

FINANCE

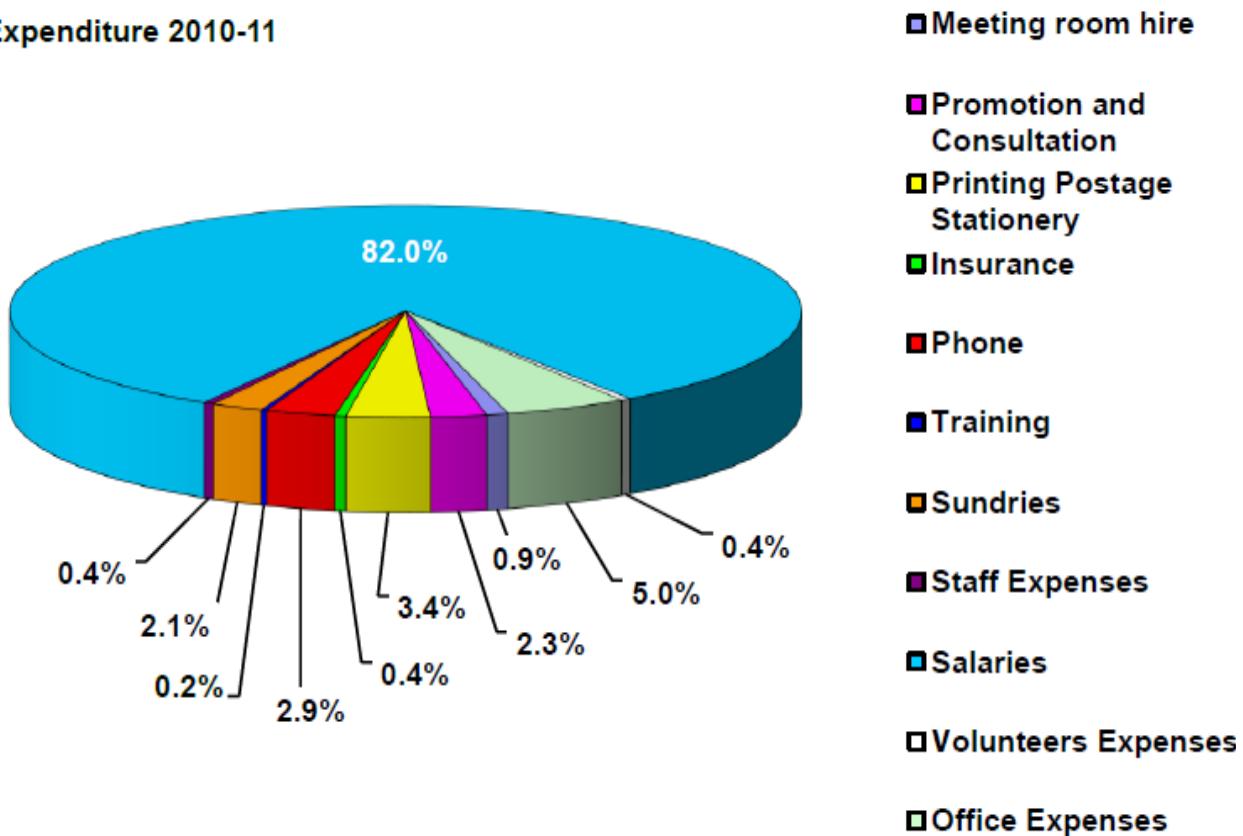
Finance Report for the year from the Treasurer Ian Diamant

Set out on the following page is the LINK's income and expenditure for the financial year 2010-2011. This is the first full year that the finances are via our HOST Groundwork's. For the first 2 years we had a different HOST. There has been a marked improvement in the financial management and I would like to thank our LINks Manager Graham Hawkes for his work in this area, which has reduced the burden on me. It will be seen though we have had a very busy year we have managed to stay in budget.

The LINks Board have supported myself over the years in pursuing a course of shifting funding from back office functions to front line services in Hillingdon. When we were formed in October 2008 the HOST provided 15 hours per week front line services and our budget for 2011-12 provides for 99 hours. I could not have done this without the Board

In this harsh financial climate LINks have to bear their fair share of cuts and we face a cut of 9% for 2011-12. This is less than most LINks and we thank the council for its continued support. We will be able to maintain and even enhance our services. This will put us in a robust position for the introduction of HealthWatch in 2012.

Expenditure 2010-11



FINANCIAL STATEMENT FROM THE 1ST APRIL 2010 TO 31ST MARCH 2011

In accordance with legislation the LINks are supported by the HOST who provide a financial management service and employ the staff.

Income	
Allocated to London Borough of Hillingdon by the Department of Health	147,000
Grant from Local Authority to Host	132,300
Funding received by LINK from Host	115,762
B/F 2009-2011	-890
Additional Income	4,285
Net Income	119,157
Host Expenditure	
Staff inc. NI & Pensions	97,450
Staff Expenses inc. travel	499
Recruitment	0
Total Host Costs	97,949
LINKs Direct Spend	
Meeting room hire	1,062
Promotion and consultation documents	2,708
Printing Postage Stationery	4,039
Insurance	528
Phone	3,390
Training	263
Volunteers expenses	484
Office Expenses (rent, rates fixtures and fittings)	5937
Sundries	2529
Total LINk Direct spend	20,939
GRAND TOTAL	118,888
Deficit/Surplus	*271

*The surplus of £271 will be carried forward to the financial year 2011-12.

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Agenda Item 8

PREVIOUS REVIEWS' UPDATE REPORT

Officer Contact	Nav Johal and Nikki Stubbs, Central Services
Papers with report	Appendix A – Table of primary and secondary school breakfast clubs and after school clubs

REASON FOR ITEM

To update the Committee on the actions that have been taken following the completion of previous reviews and the adoption of recommendations by Cabinet.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note the report.
2. To request further progress reports on specific reviews.

INFORMATION

Over the last four years, the External Services Scrutiny Committee has undertaken major reviews on the following issues:

- (a) Children's Self-Harm (2010/2011)
- (b) Health Inequalities - The Effect of Overcrowding on Educational Attainment and Children's Development (2010/2011)
- (c) Parent Abuse - Children & Young People Who Abuse Their Parents and Carers (2009/2010)
- (d) The Transition From Child To Adult Mental Health Services (2008/2009)

To enable the Committee to review the progress of the implementation of the recommendations agreed by Cabinet, the relevant officers have been asked to provide a summary of the action that has subsequently been undertaken.

(a) Children's Self-Harm

Cabinet, on 14 April 2011, welcomed the report of the Children's Self-Harm Working Group, accepted the recommendations and:

1. endorsed the Working Group's view that children's self harm is an issue of great concern and that failure to tackle this will have a significant impact on many families in the Borough. As such, Cabinet agrees that further work needs to be undertaken to establish and collate the support that is currently available in the Borough for children and young people.

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Tackling self- harm amongst children and young people cannot be done in isolation as these young people have multiple issues ranging from domestic violence in the family, sexual, physical or mental abuse, substance misuse or*

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mental health issues. Therefore, tackling self-harm has been included as part of the Council's BID project into developing an Early Intervention Service.

This project will review all preventative and early intervention services for children, young people and their families with the aim to prevent future negative behaviours and promote positive behaviours. Timescales for the project are still being agreed, however, the project will report directly to BID Transformation Board.

2. supported the proposal that the Corporate Director of Social Care, Health and Housing be asked to ensure that Social Services front line staff are trained on the signs of self harm and mental health issues for children. Cabinet also agrees that best practice drawn from the Well Being Project should be incorporated into this training and that progress on training be reported back to the Cabinet Member.

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Training dates are being finalised for practitioners across the Hillingdon Children and Families Trust. This training is likely to be delivered at both a basic level for all practitioners and at a more specialist level for those practitioners dealing with children experiencing chronic emotional and psychological problems who may be a suicide risk. It may be that the best provider to deliver the basic level training is from members of the Behaviour Support Team (BST), as they have already developed the training resources and materials. [However this is to be confirmed]. The Well Being Project is no longer fully operational.*

3. agreed that there is a need for a more joined up approach when dealing with issues of self harm and asks the Chief Executive to progress the issue with the Local Strategic Partnership.

ACTION TAKEN: Chief Executive - *On 17 May 2011, Hugh Dunnachie, the Council's Chief Executive, briefed Hillingdon Partners on the major scrutiny review and the issue of Children's Self Harm. Partners discussed the key issues for children and families and agreed for the Local Safeguarding Children's Board and Hillingdon Health & Wellbeing Board to consider:*

- *what is currently done for children and families and how to improve services;*
- *how different organisations could work in a more joined up way when dealing with issues of children who self harm; and*
- *what areas of good practice could be taken from other organisations and how ideas could be shared.*

Corporate Director of Social Care, Health and Housing - *The Hillingdon Children and Families Trust reports in to the Local Strategic Partnership. The issue of children who self-harm is now being driven forward by the Hillingdon Children and Families Trust [HCFB], and by the Joint Commissioning Board [JCB]. Both the HCFB and the JCB are multi-agency, and multi-disciplinary groups. The issue was discussed in depth at the JCB board meeting in June 2011, and the HCFB on 4th July 2011. It was agreed that the prevention of risky behaviours delivery group, which reports in to the HCFB would include children who self-harm as a priority on its workplan for this current year, and report back progress to the LSP via the Children's Trust.*

4. agreed that clinical coding used in hospitals and A&E departments for self harm needs to be improved and asks the Director of Public Health to progress the matter with The

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Hillingdon Hospital NHS Trust and report back to the Cabinet Member for Social Services, Health and Housing within 6 months.

ACTION TAKEN: Director of Public Health - *The Hillingdon Hospital NHS Trust has assured the Director of Public Health that the clinical coding procedures have been reviewed. The coding process is now more robust and is likely to lead to the identification of more cases of self-harm.*

Corporate Director of Social Care, Health and Housing - *Dr Ellis Friedman [Director of Public Health] wrote to the Hillingdon Hospital asking the clinicians to review their clinical coding in May 2011. There are many potential reasons for inaccuracies e.g., the self-harm is not recognised by staff or the self-harm is recognised but is not recorded as such and an alternative acceptable coding is used e.g., a suicide attempt leads to a head injury and is recorded solely as a head injury. This is an area where local areas have some discretion on how to record the data hence the potential utility of talking with the hospital. Children and adults who are recognised as having deliberately self-harmed should receive a psychiatric assessment. Where relevant they will be referred to the Social care teams. Persons identified with a probable alcohol problem complete a validated assessment tool and are then referred on to relevant treatment/management service.*

Dr Friedman received assurances from the Clinical Director at the Hillingdon Hospital in June 2011 that the clinical coding had been reviewed; and that where discretion allows it, issues relating to children's self-harm would be recoded to allow for fuller data collation.

This action is now completed.

5. supported the proposal that the Local Safeguarding Children Board (LSCB) be asked to create a webpage regarding self harm on the Council's website with links to the Samaritans, ChildLine, NSPCC and CFACS/CAMHS. That Cabinet also agrees the LSCB develop together with external agencies an early intervention strategy.

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *A range of initiatives have already been implemented by the LSCB to raise awareness about Children who self-harm including:*

- *Guidance for Professionals working with Children who self-harm has been developed, and placed on the Hillingdon LSCB website, with links to the Samaritans, ChildLine, NSPCC and CFACS/CAMHS*
<http://www.hillingdon.gov.uk/index.jsp?articleid=23235>
- *Advice for young people who self-harm has been made available on the Young Hillingdon website.*
<http://young.hillingdon.gov.uk/index.jsp?articleid=23098>
- *Safeguarding managers have been briefed at their operational meeting about the prevalence of self-harming behaviour, and the links with emotional harm and sexual abuse [23/05/2011]*
- *Designated CP teachers have been briefed on what to do if they encounter children who self-harm in school. [A link to the Guidance for professionals has been placed on the Frontline Safeguarding page of the Hillingdon grid].*
- *The LSCB policy sub-group [14-06-2011] have committed agency representatives to ensuring that all front-line staff in individual agencies will be briefed about this issue at team meetings, and practitioner groups, and Induction training.*

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The Hillingdon Children and Families Trust is currently developing the early intervention strategy which will include children who self-harm as on its priorities. The LSCB will monitor this strategy as part of its three year Business Plan, and will include it in its Annual report to the lead member and Cabinet.

6. agreed that the Deputy Chief Executive and Corporate Director of Planning, Environment, Education and Community Services be asked to ensure that all junior and secondary schools within the Borough are advised of the training that is provided by CFACS/CAMHS with regard to self harm.

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *This is issue was raised at the CAMHS board in June 2011. The CAMHS board has a lead role in promoting emotional and psychological well-being in schools. The CAMHS board have agreed to refresh their communications to all schools in Hillingdon to ensure that they are aware of the range of training provided by CAMHS, and to ensure that the dates are advertised and made known to all schools at the start of the school year in September 2011.*

(b) Health Inequalities - The Effect of Overcrowding on Educational Attainment and Children's Development

On 18 November 2010, Cabinet welcomed the report of the Health Inequalities Working Group on the effect of overcrowding on educational attainment and children's development. Cabinet accepted the recommendations and:

1. endorsed the Working Group's view that the effect of overcrowding on educational attainment and children's development is an issue of great concern and that failure to tackle this will have a significant impact on many families in the Borough.
2. recognised the concerns of the Working Group regarding the legislative definition of statutory overcrowding.
3. supported the proposal that officers identify what provision currently exists within the Borough in terms of primary and secondary school breakfast clubs and after school clubs. Once the current provision has been established, officers will look at the development of similar clubs at schools in other parts of the Borough where the need is greatest and where they would be most effective.

ACTION TAKEN: Corporate Director of Social Care, Health and Housing – *Table of current provision appended to the report at Appendix A.*

4. supported the proposal to include policies on issues relating to overcrowding in the Development Management Policies Document.

ACTION TAKEN: Deputy Chief Executive and Corporate Director of Planning, Environment, Education and Community Service / Corporate Director of Social Care, Health and Housing – *No update received at time of publication.*

5. supported the proposal that regular housing / overcrowding drop-in sessions be held in Children's Centres within the Wards that have the highest levels of overcrowding, together with housing / overcrowding information leaflets being made available at all Children's Centres in the Borough.

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ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Housing run outreach sessions at Oak farm, Barra Hall, Hillside and Colham CC where advice can be obtained about overcrowding and other issues. Parents using other Centres will be signposted to these locations and they are also advertised on the Council web site. In addition a number of other Centres have CAB or Doorway Advice sessions where parents can seek advice.*

6. should there be future change in legislation, asked officers to review the phasing out of secure tenancies so that larger under-occupied homes can be freed up for overcrowded families.

(c) Parent Abuse - Children & Young People Who Abuse Their Parents and Carers

On 15 April 2010, Cabinet welcomed the report of the Children & Young People Who Abuse Their Parents & Carers Working Group and agreed that:

1. Cabinet endorse the Working Group's view that there is evidence available to suggest that, in some families, one or other parent is a victim of abuse by their child. This is an issue of great concern and failure to tackle it now will have a significant impact on many families in our Borough.
2. the Domestic Violence Strategic Coordinator work with the Education and Children's Services Directorate, the Youth Offending Team and partner agencies to identify and enhance the support currently available to those families where one or other parent is a victim of abuse by their child.

ACTION TAKEN: Domestic Violence Strategic Coordinator - *The Parent Abuse agenda was reported at the Hillingdon Children and Families Joint Commissioning Board (HCFJCB) which highlighted the prevalence of Parent Abuse in Hillingdon and the information on the gaps in service was presented with recommendations for the way forward. It was agreed by the HCFJCB to raise the Parent Abuse profile as part of the wider preventative hub project undertaken by Education and Children Services (ECS) as well as linking with Children and Adolescents Mental Health Service (CAMHS).*

3. Cabinet note that families where one or other parent is a victim of abuse by their child are currently viewed and have the same stigma as victims of Domestic Violence did fifteen or so years ago. The Working Group asks that we address this matter in a more timely way with a robust action plan.

ACTION TAKEN: Domestic Violence Strategic Coordinator - *The work on Parent Abuse will be included in an action plan as part of the wider Early/Family Intervention Project and not as a separate work stream. This is to ensure a robust and streamlined approach is promoted in delivering this service and in meeting the needs of parents and children.*

4. Cabinet support the inclusion of information relating to services available for families where one or other parent is a victim of abuse by their child in the Council's *Directory of National and Local Agencies and Help Lines* for victims of Domestic Violence and Transition Services.

ACTION TAKEN: Domestic Violence Strategic Coordinator - *The Council's Directory of Local Agencies and Help Lines has recently been updated with this information and is accessible on the Council's website under domestic violence.*

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(d) The Transition From Child To Adult Mental Health Services

The Working Group's report was considered by Cabinet on 18 December 2008 where Cabinet endorsed the Working Group's views on the difficulties young people experience in accessing mental health services during their transition from childhood to becoming adults. Cabinet also requested a further report from officers on how the Working Group's recommendation to improve provision of information about local services for young adults can be implemented (see Recommendation 6 below and paragraphs 68 and 69 of the Working Group's report).

Consideration was given by Cabinet to supporting MIND's call to improve the ability of young people with mental health problems to access the complaints system for health and social care in England (see Recommendation 10 below and paragraphs 76 to 81 of the Working Group's report).

The recommendations agreed by Cabinet were that:

1. the evidence base for the needs assessment on which the new Hillingdon CAMHS strategy is based is as up-to-date and robust as possible. (para. 26) (*Cabinet, Hillingdon PCT, Central & North West London NHS Trust*)
ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Currently undertaking CAMHS needs assessment plus JSNA.*
2. the CAMHS Joint Partnership Group should examine Case Study 3 to see if there are any lessons to be learned in general about how to improve CAMHS services for Hillingdon residents, and in particular how well the protocol works in practice and how the transition might be improved from the point of view of those receiving the service, including parents and carers. (para. 41) (*Cabinet and Hillingdon PCT*)
ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Not aware of CASE Study 3 – not circulated to the PCT.*
3. consideration is given in the new CAMHS strategy to increasing that flexibility so that more young people who are existing CAMHS clients and need to continue using CAMHS services can do so, up to their 25th birthday. (para. 50) (*Cabinet and Hillingdon PCT*)
ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Early Intervention into Psychosis service (EIS) commissioned. Young people with diagnosed psychosis can access and continue using the service up to their 35th birthday.*
4. commissioners and providers keep a close eye on the issue of a potential growth in dual diagnosis cases among young people. (para. 54) (*Cabinet and Hillingdon PCT*)
ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *YP Needs Assessment and Treatment plan completed for 2011/12. Plan signed off by Hillingdon Partnership in April 2011.*
5. Leeds Information for Mental Health and other best practice examples are investigated in order to see how Hillingdon's provision of information in this field might be improved. (para.64) (*Cabinet, Hillingdon PCT, Central & North West London NHS Trust*)
ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Under consideration with the LA's Children's Directorate.*

6. in addition to reviewing the scope for better local provision of information about local service provision in Hillingdon, service commissioners and providers (both statutory and voluntary) should explore the potential for better networking amongst themselves. (para.66) (*Cabinet, Hillingdon PCT, Central & North West London NHS Trust*)

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Provision is made via the London CAMHS Network Group and the North West London group.*

7. training for staff who work with children and families but are not part of the mental health workforce should be improved (along the lines of the new training initiative for teachers), so that they might be able to identify mental health needs earlier, involve parents or carers and know where to make referrals. (para. 68) (*Cabinet, Hillingdon PCT, Central & North West London NHS Trust*)

ACTION TAKEN: Corporate Director of Social Care, Health and Housing – *No update received at time of publication.*

8. the need for a family-centred approach, with specific support for parents and carers, balanced with the need for information sharing protocols to protect young people's confidentiality, are fully addressed by the new Hillingdon CAMHS strategy. (para.71) (*Cabinet and Hillingdon PCT*)

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *No update available for this item.*

9. the new Hillingdon CAMHS strategy also fully addresses the need to ensure that there are effective systems and processes to obtain user feedback. (para. 72) (*Cabinet and Hillingdon PCT*)

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *Systems for the provision of CAMHS user feedback is picked up by the Local Authority's participation model implemented in 2009/10.*

10. Cabinet consider supporting the call by MIND for measures such as supporting people with mental health problems to provide good evidence, allowing people to report incidents to an independent third party and offering patients a safe place to tell their story, in order that they may access and use the new unified complaints system for health and social care in England. (para.77) (*Cabinet*)

ACTION TAKEN: Corporate Director of Social Care, Health and Housing – *No update received at time of publication.*

11. the new Hillingdon CAMHS strategy should consider how such advocacy systems might be used to enable children and adolescents and their families to make appropriate use of the new unified complaints system for health and social care. (para.78) (*Cabinet and Hillingdon PCT*)”

ACTION TAKEN: Corporate Director of Social Care, Health and Housing - *The PCT commissioned the IMHA service in 2011.*

SUGGESTED COMMITTEE ACTIVITY

1. Members note the report, ask questions and seek clarification, as appropriate.
2. To request further information updates on issues of concern.

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BACKGROUND DOCUMENTS

- 18 December 2008 – Cabinet report: Making Hillingdon fit for the future – Report of the Transition from Child to Adult Mental Health Services Working Group.
- 15 April 2010 – Cabinet report: Children & Young People Who Abuse Their Parents & Carers
- 18 November 2010 – Cabinet report: The Effect Of Overcrowding On Educational Attainment And Children's Development
- 14 April 2011 – Cabinet report: Children's Self Harm

Registered Provision

Provider Type	Provider Name	Location
Holiday Playscheme	Camp Beaumont St Helen's School	St Helens School
Out of School Care	Granary Kids Before & After School Club & Holiday Club	Oak Farm Junior & Infant School
Holiday Playscheme	Granary Kids Before & After School Club & Holiday Club	Oak Farm Junior & Infant School
Out of School Care	Heathrow Day Nursery	The Old Vicarage
Out of School Care	Hillingdon Primary School Association	Hillingdon Primary School
Out of School Care	Hillside Before and After School club	Hillside Junior & Infant School
Holiday Playscheme	Hillside Holiday Club	Hillside Infants School
Out of School Care	Hungry Caterpillar Kidz Club	Northwood College Educational Foundation
Out of School Care	Jump for Joy (After School)	Field End Junior School
Holiday Playscheme	Jump for Joy (After School)	Field End Road
Holiday Playscheme	Jump for Joy (Coteford) After School Club	Coteford Junior School
Out of School Care	Jump For Joy After-School Club (Coteford Junior School)	Coteford Junior School
Holiday Playscheme	Kingfisher Kids Club	Harlyn School
Out of School Care	Kingfisher Kids Club	Harlyn School
Out of School Care	Ladybankes Before and After School Club	Lady bankes Infant School
Holiday Playscheme	Littlebrook Nursery	501 Bath Road
Out of School Care	Littlebrook Schools Out Club	501 Bath Road
Holiday Playscheme	Queensmead Sports Centre Playscheme	Leisure Centre
Out of School Care	Schoolfriend at Glebe Primary School	Glebe Primary School
Out of School Care	Schoolfriend Clubs	Breakspear Junior School
Out of School Care	Schoolfriend Clubs (St Marys)	St Marys School
Out of School Care	Schoolfriendclub @ Colham Manor Primary School	Colham Manor Primary School
Holiday Playscheme	Star Club	Barnhill Community Centre
Out of School Care	Sunshine After School Club	St Catherines RC Primary School
Out of School Care	The Holiday & After School Club	Hermitage Primary School
Out of School Care	The Holiday & After School Club	Acorn Hall
Out of School Care	The Holiday and After School Club	West Drayton Primary School
Holiday Playscheme	The Holiday and After School Club	West Drayton Primary School
Out of School Care	The Holiday Club and After School Club	Whitehall Primary School
Out of School Care	Tiny Gems	Christ Church

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Unregistered Provision

Provider Type	Provider Name	Location
Breakfast Club	William Byrd School	William Byrd School
Breakfast Club	Coteford Infant School	Coteford Infant School
Before & After School	Haydon Secondary	Haydon Secondary
Breakfast Club	Barnhill Community High	Barnhill Community High
Before & After School	Charville Primary	Charville Primary
Before & After School	Hayes Park Primary	Hayes Park Primary
Before & After School	St. Andrews Primary	St. Andrews Primary
Before & After School	Rabbsfarm Primary	Rabbsfarm Primary
Before & After School	St. Matthews Primary	St. Matthews Primary
Breakfast Club	Heathrow Primary	Heathrow Primary

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Agenda Item 9

WORK PROGRAMME 2011/2012

Officer Contact	Nav Johal and Nikki Stubbs, Central Services
Papers with report	Appendix A: Work Programme 2011/2012 Appendix B: Scoping report – Dementia Appendix C: Scoping report – End of Life Care Appendix D: Scoping report – Re-Offending Appendix E: Scoping report – Children's Mental Health

REASON FOR ITEM

To enable the Committee to track the progress of its work in accordance with good project management practice.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Note the proposed Work Programme.
2. To make suggestions for/amendments to future working practices and/or reviews.

INFORMATION

1. At its last meeting, the Committee agreed the attached Work Programme and resolved that all meetings would start at 6pm with the exception of the Community Cohesion meeting which would start at 5pm. Pale shading indicates completed meetings.
2. With regard to the major reviews that the Committee will undertake during the current municipal year, Members had requested at the previous meeting that scoping reports be prepared for the following four topics:
 - (a) Dementia care in Hillingdon
 - (b) Child and adolescent mental health services
 - (c) Role, effectiveness and future of SNTs
 - (d) End of life care – impact on families
3. These reports are appended to this report. Members are asked to consider the scoping reports and choose one topic for their first major review. Once this has been decided, a Working Group will need to be set up and the Committee is asked to decide which Members will be invited to sit on the Group. Members of the Working Group will then be contacted by Democratic Services to agree the dates and times of its meetings.
4. Although Members are welcome to choose the second review topic at this meeting, as it will not start until the first review has been completed, consideration could be given to this matter later in the year. This will enable Members to discuss any alternative topics that they have identified for possible scrutiny.
5. It should be noted that the Centre for Public Scrutiny (CfPS) is offering practical help from its expert advisers for work undertaken in relation to an ageing society. Up to 30 individual or

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joint overview and scrutiny committees (OSCs) can apply for two days CfPS expert advisor support to help them identify the solutions that overview and scrutiny can bring to the challenges of the ageing society. This support will cover preparation and delivery to OSCs and must be used by the end of January 2012.

6. CfPS can tailor this support to suit the needs of the scrutiny process. For example, CfPS can deliver a development session for councillors across a number of different committees on the challenges of the ageing society and ways that scrutiny can influence future service improvement. Or, it could provide expert advice to an existing scrutiny review in order to demonstrate its impact on services that influence ageing well.
7. Should the Committee decide to undertake a major scrutiny review of Dementia or End of Life Care, officers will submit an application for this support. The deadline for the submission of an application is 30 September 2011. It is anticipated that, if the application were successful, the support could be used to facilitate an event such as a public stakeholder meeting or a workshop with relevant organisations and individuals.

SUGGESTED COMMITTEE ACTIVITY

1. Members note the Work Programme and make any amendments as appropriate.
2. Ensure Members are clear on the work coming before the Committee.

BACKGROUND DOCUMENTS

None.

EXTERNAL SERVICES SCRUTINY COMMITTEE

2011/12 WORK PROGRAMME

*NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.**Shading indicates completed meetings*

Meeting Date	Agenda Item
8 June 2011	<ul style="list-style-type: none"> • Briefing Paper on Organisations Regularly Called to Attend External Services Scrutiny Committee • Update on Recommendations of Previous Major Scrutiny Reviews
20 July 2011	LINK To receive a report on the progress of LINK in the Borough since the last update received by the Committee in June 2010.
21 September 2011	Safer Transport To scrutinise the issue of safety with regards to transport in the Borough (Safer Neighbourhoods Team, Metropolitan Police Service and British Transport).
26 October 2011	NHS & GPs Performance updates, updates on significant issues and review of effectiveness of provider services: <ul style="list-style-type: none"> • Hillingdon Primary Care Trust (PCT) • The Hillingdon Hospital NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • London Ambulance Service • GPs • Hillingdon LINK
23 November 2011	
11 January 2012	
22 February 2012	Crime & Disorder <ul style="list-style-type: none"> • Metropolitan Police Service • Metropolitan Police Authority • Safer Neighbourhoods Team • Hillingdon Primary Care Trust (PCT)

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Meeting Date	Agenda Item
	<ul style="list-style-type: none"> • London Fire Brigade • Probation Service • British Transport Police • Safer Transport Team
28 March 2012 – 5pm	<p>Community Cohesion Review</p> <p>The review the achievements of the following organisations since March 2011 with regards to Community Cohesion:</p> <ul style="list-style-type: none"> • Metropolitan Police Service • London Fire Brigade • University of Brunel • Union of Brunel Students • Hillingdon Primary Care Trust (PCT) • Strong & Active Communities • Hillingdon Inter Faith Network • Hillingdon Association of Voluntary Services
25 April 2012	<p>Quality Accounts & CQC Evidence Gathering</p> <ul style="list-style-type: none"> • Hillingdon Primary Care Trust (PCT) • The Hillingdon Hospital NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • London Ambulance Service • Care Quality Commission (CQC) • Hillingdon LINk

Themes	Future Work to be Undertaken

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HILLINGDON

LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

OBJECTIVE

Short title of review

REVIEW OF DEMENTIA CARE IN THE BOROUGH

Aim of review

To review and recommend improvements and formalisation of the Council's arrangements for addressing the issue of dementia in the Borough.

Terms of Reference

- 1. To consider existing internal and external arrangements in the Borough with regard to dementia care and diagnosis and any improvements that could be made;**
- 2. To review whether processes in tackling this are timely, effective and cost efficient;**
- 3. To review the guidance and support that is currently available from the NHS and the Council to these individuals and their carers;**
- 4. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms, including the voluntary sector;**
- 5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and**
- 6. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to dementia care and diagnosis arrangements in the Borough.**

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Reasons for the review

Dementia is used to describe a number of different symptoms, defined by Healthcare for London as including changes in memory, reasoning and communication skills, with a gradual loss of ability to carry out daily activities. These symptoms are caused by changes to the brain due to physical diseases such as Alzheimer's Disease.

There are estimated to be over 750,000 people in the UK with dementia and the numbers are expected to double in the next 30 years. Approximately one third of individuals with dementia have been formally diagnosed – therefore, two thirds of people with dementia remain undiagnosed and untreated. The estimated costs of dementia are expected to increase from £15.9 billion in 2009 (of which around £8.2 billion are direct health and social care costs) to £34.8 billion by 2026 – this is an increase of approximately 119%.

With regard to dementia in Hillingdon:

- It is primarily a condition faced by older people. The ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia in Hillingdon is likely to increase by 8.7% to 2,710 by 2015.
- There are currently approximately 4,700 residents in Hillingdon that are aged 85 or over, which equates to 13.6% of the over 65 population. 67% of the anticipated increase in dementia cases by 2015 will be attributed to this over 85s group, which is expected to grow by 11% within this period.
- People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015.
- The overall costs to health for identified dementia patients for 2008/2009 was £2,170,845 and for 2009/2010 was £2,712,800.
- The costs for social care in relation to the cohort of social care clients that mapped to the identified dementia patients was £2,131,291 in 2010/2011.

Although individuals with learning disabilities that have dementia are more likely to have developed dementia at a much younger age, this review will focus on the elderly. It will look at what the Council and other organisations are currently doing to diagnose dementia and what support is available to these individuals and their carers.

Despite the increasing number of people with dementia and the huge impact it has on them, on their families and on health and social care services and budgets, as a society, we are not doing as well as we could to support people with dementia and those who care for them. It is suggested that coordinated services such as rapid response, intermediate care, rehab/re-ablement, supported housing, admiral nurses and other carer support services could reduce dementia-related hospital admissions and unscheduled care costs on the health side and care home admissions on the Local Authority side. As

well as reducing costs, it is anticipated that early intervention, diagnosis and support could improve the quality of life for the individuals and their carers.

Admiral Nurses are specialist mental health nurses who work with and support, families and carers of people with dementia. They also provide education, supervision, development and support, to other professionals and service providers. The aims of the service are to make a positive difference to the lives and experiences of all people affected by dementia, provide nursing leadership, and to promote, share, and develop best practice within dementia care.

The Hillingdon Admiral Nurse Service has been opened for referrals since December 2003. The team is a partnership between the London Borough of Hillingdon's Older People's Services, Central and North West London Mental Health Trust (CNWL) and for dementia, a national charity whose aim is to work with the NHS and others to promote and develop new Admiral Nurse Teams as well as to support and sustain the practice of existing Admiral Nurses.

Changes proposed in the Health and Social Care Bill would result in 80% of NHS commissioning budget transferring to Local Clinical Commissioning Groups (previous known GP Commissioning Consortia). Given that dementia is expected to have such a significantly increased impact on Social Services and NHS budgets, it is essential that all partners work together and that GPs are involved in the production of joint strategic needs assessments and health and wellbeing strategies.

Supporting the Cabinet & Council's policies and objectives

To be confirmed.

INFORMATION AND ANALYSIS

Key Issues

1. Are residents' expectations and concerns about dementia care and diagnosis reflected in the Council's services?
2. How well developed are local strategies and partnerships with regard to dementia?
3. How are instances of dementia currently identified and dealt with in the Borough and how can this be improved and standardised?
4. How have other areas/councils successfully dealt with the issue of dementia care?

5. What training is available to staff to properly detect and assess dementia cases?
6. How can education and training in relation to dementia for health and social care professionals, care home staff, dementia patients and their carers be improved?
7. What progress, if any, is being made with the development of a Dementia Gateway?
8. How could the use of anti-psychotic drugs, telecare/health/medicine, coordination of care between health and social care ensure a higher quality of care/life for individuals with dementia? What other support would be advantageous to individuals with dementia and their carers?
9. How can dementia-related hospital admissions and unscheduled care costs (on the health side) and care home admissions (on the Local Authority side) be reduced? What impact would this have on individuals with dementia and their carers?
10. How good are local awareness, early identification and diagnosis?
11. What information and advice is available locally? What treatment and support services are available?
12. How good is care for people with dementia in hospital? How are people with dementia supported in living at home? What is the quality of life for people with dementia in care homes?
13. How are people with dementia involved in their communities and civil society?
14. What support is available for the carers of people with dementia? Is this support sufficient/how could this be improved?

Remit - who / what is this review covering?

It is proposed that this review will look at:

1. how awareness and understanding of dementia can be raised for health and social care professionals and the public;
2. improvements that could be made with regard to early diagnosis and intervention;
3. how to ensure a higher quality of care/living well with dementia; and
4. how to reduce dementia-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

Connected work (recently completed, planned or ongoing)

PART 1 – MEMBERS, PUBLIC AND PRESS

The London Borough of Hillingdon is currently developing a Dementia Gateway. This Gateway would be a set of resources created to support people with dementia, their carers and staff working in dementia services. The Gateway would provide practical tips, tools and activities in relation to dementia. It would also enable individuals with suspected cognitive impairment to be assessed and a diagnosis undertaken at an early stage of the condition. If an individual is diagnosed as having dementia, the service would then review the person within appropriate time scales. In addition the service would signpost people to services which would support them in preventing their mental health deteriorating for as long as possible. As well as improving the individual's quality of life, preventing this deterioration would reduce the financial impact on the health and social care sector.

The 'Living well with dementia - a National Dementia Strategy' was published in February 2009. It set out a vision for transforming dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

In addition to this Strategy, scrutiny reviews have been undertaken by various Local Authorities including Lincolnshire County Council, Middlesbrough Council, Brighton & Hove City Council and Warwickshire County Council. No in-depth work has yet been taken by the London Borough of Hillingdon with regard to dementia.

EVIDENCE & ENQUIRY

Methodology

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. A consultation exercise could also be undertaken.

Witnesses

Possible witnesses include:

1. Individuals with dementia living in Hillingdon and their carers.
2. Older People's Services, Commissioning Team, Public Health Team.
3. External partners, e.g., Alzheimer's Society, Community Integrated Care (CIC), Dementia Care Partnership, Clinical Commissioning Group (formerly referred to as GP Consortium), NHS Hillingdon/Hillingdon

PART 1 – MEMBERS, PUBLIC AND PRESS

PCT and The Hillingdon Hospital NHS Foundation Trust, CQC, Health and Wellbeing Board, Dementia Action Alliance.

4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals with dementia, relevant charities, service departments and outside organisations.

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 July 2011	Agree Scoping Report	Information and analysis
Date TBA	Introductory Report / Witness Session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

Equalities

The Council needs to ensure that procedures for dealing with individuals with dementia patients and their carers are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately

meet the needs of a diverse borough.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

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HILLINGDON
LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

OBJECTIVE

Short title of review

REVIEW OF END OF LIFE CARE IN THE BOROUGH

Aim of review

To review the services and support available for end of life care in the Borough.

Terms of Reference

1. To consider existing internal and external arrangements in the Borough with regard to end of life care and any improvements that could be made;
2. To review the guidance and support that is currently available from the Council and partners to these individuals and their carers;
3. To consider how working arrangements between the different services and service providers contribute to meeting national standards, best practice and related national policy;
4. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms;
5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
6. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to end of life care arrangements in the Borough.

PART 1 – MEMBERS, PUBLIC AND PRESS

Reasons for the review

In the health sector, end-of-life care refers to medical care not only of patients in the final hours or days of their lives, but more broadly, the medical care of all those with a terminal illness or terminal condition that has become advanced, progressive and incurable. End of life care has been identified by the Department of Health as an area where quality of care has previously been "very variable", and which has not had a high profile in the NHS and social care. To address this, a national end of life care programme was established in 2004 to identify and propagate best practice and a national strategy document was published in 2008.

Approximately 500,000 people die each year in England, about 99% of which are adults over the age of 18 and almost two thirds of which are adults over the age of 75. Most deaths follow a period of chronic illness. The common causes of chronic illnesses and death are those resulting from: circulatory disease, cancer, respiratory disease, neurological disease and dementia. Most deaths occur in hospital (58%), the remainder occurring at home (18%), in care homes (17%) and in hospices (4%). There is some evidence that indicates that most people would prefer to die in their own homes.

'End of life care' aims to help all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.

A "good death" is described as one that would involve:

- Being treated as an individual with dignity and respect;
- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family/friends.

In Hillingdon, there are around 2,000 deaths a year; approximately 35% deaths are due to circulatory diseases (strokes, heart attacks etc), 25% to cancer, 17% to respiratory diseases, 3% to neurological disease and the remaining 20% to a variety of other diagnoses. The causes, as well as the place of death, are comparable to those in London and reflect national trends.

Taking the above into consideration, the following areas are suggested for Committee's review and are in line with the care pathway recommended by the National End of Life Strategy:

1. Identification of people approaching the end of life and initiating discussions about preferences for end of life care: enhancing the skills of health and social care staff to equip them to identify patients approaching the end of life and initiate discussions around preferences for care.

2. Care planning: assessing needs and preferences, agreeing a care plan to reflect these, reviewing these regularly and documenting them in a care plan accessible to relevant health and social care staff.
3. Co-ordination of care: with particular emphasis on coordination across sectors and out of hours providers; a central coordinating facility and single point of access may be the most efficient way to deliver this.
4. Delivery of appropriate high quality services in all locations: including community, hospitals, hospices, care homes, extra care housing, ambulance service etc.
5. Management of the last days of life: adopting a care of the dying pathway which can be used in all care settings.
6. Care after death and access to bereavement services.

Supporting the Cabinet & Council's policies and objectives

To be confirmed.

INFORMATION AND ANALYSIS

Key Issues

- Access to advice and support and crisis management.
- Patient pathways for accessing palliative care.
- Staff training.
- Joint working arrangements.
- Choice of place to die.
- Information and communications for patients and their families.
- Access to respite.
- Care planning and support.

Remit - who / what is this review covering?

It is proposed that this review will look at:

1. establishing what skills currently exist amongst health and social care staff with regard to identifying individuals that are approaching the end of life and identify any skills gaps;
2. reviewing the care planning process and make suggestions for improvements;
3. reviewing the current coordination of care across sectors and make suggestions for improvement;
4. establishing whether appropriate high quality services are delivered in all locations;
5. ensuring that a care of the dying pathway, which can be used in all care settings, is available; and
6. the availability and access to bereavement services.

Connected work (recently completed, planned or ongoing)

The NHSs National End of Life Care Programme works with health and social care services across all sectors in England to improve end of life care for adults by implementing the Department of Health's End of Life Care Strategy.

Improving end of life care involves primary care trusts and local authorities working in partnership and engaging with their local communities to raise the profile of end of life care. At a national level, the Department of Health and the National Council for Palliative Care have set up *Dying Matters*, a coalition that aims to raise the profile of end of life care and to change attitudes to death and dying in society.

Major scrutiny reviews have been undertaken by Warwickshire County Council and Hampshire County Council.

EVIDENCE & ENQUIRY

Witnesses

Possible witnesses include:

1. Individuals living in Hillingdon that are nearing the end of their life and their carers.
2. Older People's Services, Public Health Team.
3. External partners, e.g., care homes, hospices (Michael Sobell House Hospice, etc), Clinical Commissioning Group (formerly referred to as GP Consortium), National Council for Palliative Care, NHS Hillingdon/Hillingdon PCT, Central & North West London NHS Foundation Trust and The Hillingdon Hospital NHS Foundation Trust.
4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals that are nearing the end of their life and their families, relevant charities, service departments and outside organisations.

Lines of enquiry

1. How can the quality of care across the Borough and across all individuals who are nearing the end of their live be made more consistent?
2. Are residents' expectations and concerns about end of life care reflected in the Council's services?
3. How well developed are local strategies and partnerships with regard to end of life care?
4. How have other areas/councils successfully dealt with the issue of end of life care?
5. What training is available to staff to properly address end of life care?
6. How can education and training in relation to end of life care for health and social care professionals, care home staff, individuals and their carers/families be improved?
7. How big a problem is the inappropriate admission of end of life patients to hospitals and how can this be addressed?
8. What support would be advantageous to individuals nearing the end of their life and their carers/families? How could this be best delivered?
9. How can unscheduled care costs (on the health side) and care home admissions (on the Local Authority side) be reduced? What impact would this have on individuals nearing the end of their life and their carers/families?
10. What information and advice is available locally? What treatment and support services are available?
11. How good is care for people nearing the end of their life in hospital? How are people nearing end of life supported in living at home? What is the quality of life for people nearing end of life in care homes/hospices?
12. What support is available for the family of those that are nearing the end of their life? Is this support sufficient/how could this be improved?

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 July 2011	Agree Scoping Report	Information and analysis
Date TBA	Introductory Report / Witness Session	Background and Evidence gathering
Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

Equalities

The Council needs to ensure that procedures for dealing with individuals that are nearing the end of their lives and their families are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately meet the needs of a diverse borough.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.



HILLINGDON

LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2011/12

OBJECTIVE

Short title of review

REVIEW OF RE-OFFENDING IN THE BOROUGH

Aim of review

To review and recommend improvements to local arrangements to address re-offending in the Borough.

Terms of Reference

1. To consider existing local services and procedures which address re-offending and any improvements that could be made;
2. To review whether the local processes in tackling this are timely, effective and cost efficient;
3. To review the guidance and support that is currently available to these re-offenders and their families;
4. To seek out the views on this subject from Residents and partner organisations using a variety of existing and contemporary consultation mechanisms;
5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits;
6. To improve awareness and understanding of re-offending for professionals;
7. To explore ways that people who have re-offended can get more involved in their communities;
8. To explore ideas for developing early intervention; and

PART 1 – MEMBERS, PUBLIC AND PRESS

9. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to the Council's procedure in dealing with cases of re-offending.

Reasons for the review

More than half of offenders serving less than 12 months in prison or on community sentences re-offend within the first year following their release. This puts huge strain on both local and national resources.

Re-offenders returning to prison contribute significantly to the steady increase in the prison population and rising costs; handling an individual reconviction could cost the public as much as £65,000 followed by up to £37,500 per year in prison. The overall cost of re-offending to the economy is between £7 billion and £10 billion per year.

The Council is involved in: the employment of ex-offenders through Blue Sky / Groundwork UK; housing offenders on release from prison; and drug and alcohol rehabilitation by funding the NHS work of the Drug / Alcohol Action Team.

There is a London wide Reducing Re-offending Strategy that can be explored to see how this works in Hillingdon. The problem of how to reform adult offenders remains as a major contributor to the crime rate.

Work is currently being undertaken by various departments within the Council to address the issue of re-offending. Current procedures need to be reviewed to ensure that issues are not overlooked.

To ensure that Borough Residents receive the best possible service, people that re-offend should be made aware of procedures and advice that is available to help them.

Background Information

The Hillingdon Sustainable Community Strategy has five theme groups in 2011, and is prioritising reducing re-offending:

Priorities for the Theme Group	Priority for Sustainable Community Strategy / Local Strategic Partnership
Safer Hillingdon Partnership <ul style="list-style-type: none">• Reducing harm caused by alcohol and drugs• Reducing anti-social behaviour• Reducing youth crime• Reducing re-offending	<ul style="list-style-type: none">• Develop prevention strategy for young people undertaking risky behaviours• Reduce repeat offending

The SHP Annual Plan is the Community Safety Strategy for the Borough. An annual strategic assessment determines the priorities requiring attention and if existing ones are still relevant and important.

The priorities identified by the strategic assessment were considered and discussed at the SHP Board meeting on 25 January 2011. As a result of these discussions the Board agreed that the following focussed list of issues should become the key priority areas for action over the coming 3-years:

- **Reducing harm caused by alcohol and drugs**
 - Misuse of alcohol and drugs generates a significant amount of acquisitive crime (burglary, robbery, motor vehicle crime) and violent crime.
- **Reducing anti social behaviour**
 - The Stakeholder Survey suggests vandalism, misuse of alcohol and drugs, nuisance behaviour, fly-tipping, noise and graffiti should be the priority areas for action.
- **Reducing youth crime**
 - Addressing crime and disorder issues that affect young people as both victims and perpetrators. Many young people have identified public transport around school travel times as particular areas of concern (through both Stakeholder Survey and past Your Shout surveys).
- **Reducing re-offending**
 - Addressing reasons why some individuals or families have long histories of causing crime and/or anti social behaviour.

Key objectives for Reducing re-offending:

- Maintain the crime reductions achieved prior to 2011/12
- Increase the number of offenders brought to justice
- Reduce the re-offending rate of offenders
- Ensure the Domestic Violence Action Plan is up dated and reported to the DV Executive each quarter
- Operate a Specialist DV Court
- Operate a Multi Agency Referral and Assessment Conference system for DV

The Ministry of Justice has released information relating to the re-offending rates of all adult offenders in Hillingdon. Over the course of a 12 month period

(2009/10), Hillingdon's Probation Service dealt with 3,061 offenders. The predicted re-offending rate was 7.92%; Hillingdon Probation Service reduced the actual re-offending rate to 7.45%. This is a reduction of just over 6% from the baseline. This data shows Hillingdon out-performing neighbouring borough's of Harrow (reducing 1.25% from baseline), Hammersmith and Fulham (reducing 0.27% from baseline), Brent (increasing 2.14% from baseline), Ealing (increasing 2.52% from baseline) and Hounslow (increasing 4.82% from baseline).

The Probation Service and LBH Housing Department have been making sure that all priority offenders who are released from prison have suitable accommodation to go to. Priority offenders are those assessed as causing most harm to the community. For example, burglary, robbery and vehicle crime.

The Youth Offending Team work with young people who have committed crime to reduce any future re-offending. This year the Council's maximum target was a re-offending rate of 1.05%, the final performance for the year was 0.96%, so the target was met.

The Blue Sky Project, through Groundwork Thames Valley, Hillingdon Council and the Probation Service work together to provide paid work for people coming out of prison. The aim is to break the cycle of re-offending, achieving benefits for the individual and society.

Employment is probably the key intervention in breaking this cycle. The Blue Sky Project offers this for ex-offenders, with a focus on Priority and Prolific Offenders. Between 2007 and 2010, Blue Sky found employment for over 30 Hillingdon ex-offenders. An estimated £1 million saving to the taxpayer and a major contribution to the Borough's 64% reduction in offending for the Priority and Prolific group have been achieved.

Blue Sky statistics

All the national statistics are taken from the report, "Reducing Re-Offending by Ex-Prisoners" produced by the Social Exclusion Unit in 2002.

- More than 350 ex-offenders have been employed on 6-month contracts since Blue Sky began in October 2005
- Only 15% of Blue Sky ex-employees have re-offended – a quarter of the national average.
- 46% of Blue Sky employees move into sustained employment once they leave Blue Sky
- In 2009/10, 70% of Blue Sky employees left with an accredited vocational qualification
- Year on year employment in Blue Sky has risen by 87%

National statistics

- Re-offending costs the UK £12 billion each year.

PART 1 – MEMBERS, PUBLIC AND PRESS

- England and Wales release 90,000 prisoners per annum - 60% re-offend within two years.
- Employment reduces the probability of re-offending by 33-50%.
- 75% of ex-offenders have no job on release.
- The estimated cost for every single re-offender is approximately £200,000.
- 25% of all prisoners leave prison to homelessness.
- Employment and accommodation are the two most effective interventions in reducing re-offending.

Supporting the Cabinet & Council's policies and objectives

To be determined

INFORMATION AND ANALYSIS

Key Issues

This should provide a summary of the issues which the review will cover and will provide general points on aspects of the review which Members could start to look at

Remit - who / what is this review covering?

It is proposed this review will look at:

1. understanding the needs and requirements of agencies and people that re-offend, and the services offered to them;
2. improving awareness and understanding of re-offending for professionals;
3. developing early intervention;
4. ways to reduce re-offending rates in the borough and in-turn reducing the cost to the Local Authority.

The Committee's recommendations will go to the Cabinet and the Council's partners for approval.

Connected work (recently completed, planned or ongoing)

Through various programmes, some London boroughs are working closely with their statutory partners to reduce re-offending in innovative ways. The Integrated Offender Management (IOM) model has enabled local authorities to develop a joined up approach to working closely with local partners to tackle crime and reduce re-offending. Six boroughs also piloted the 'Diamond Initiative' to break cycles of re-offending using a multi-agency approach in 2008-10. Results were found to be mixed despite very large financial investment due to inconsistencies in the partnership arrangements. A report on the Diamond Districts project was published in 2011.

In December 2010, the Ministry of Justice (MOJ) published its Green Paper consultation, *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. In the Green Paper, the MOJ committed to carrying out a minimum of six rehabilitation pilots across the country, based on a payment-by-results (PBR) approach, and to explore innovative ways for reducing re-offending.

Five London boroughs have agreed to be pilots for a financial incentives approach and will incorporate this into their programmes for tackling re-offending. Lewisham, Lambeth, Hackney, Croydon and Southwark have all committed to build on their work with offenders and to explore innovative ways of working with their local statutory partners so as to reduce the demand on the justice system caused by re-offending. The pilots began on 1 July 2011 and will run for two years until 30 June 2013.

In addition, scrutiny reviews on offending have been undertaken by various Local Authorities including Derbyshire, Bradford, East Sussex and Haringey. No in-depth work has yet been taken by the London Borough of Hillingdon with regard to re-offending.

Key information required

To be determined.

EVIDENCE & ENQUIRY

Methodology

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. Relevant literature and websites for background reading for Members be researched.
4. A consultation exercise could also be undertaken.

Witnesses

Possible witnesses include:

1. Individuals who have been through the probation system and re-offenders.

2. External agencies: Blue Sky / Groundwork Thames Valley, Probation Services, Hayes Town Partnership, HM Prison Service, Metropolitan Police Authority, Metropolitan Police Service and Schools.
3. Officers from Youth Offending Service and Community Safety Team.
4. Cabinet Members for Improvement, Partnerships and Community Safety.

There may need to be some further prioritisation within this list in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals who have re-offended, service departments, outside organisations and the voluntary sector.

Lines of enquiry

1. Are Residents' expectations and concerns about re-offending reflected in local service standards?
2. How are instances currently identified and dealt with across the Borough and how can this be improved and standardised?
3. How well developed are local strategies and partnerships with regard to re-offending?
4. How have other areas/councils successfully dealt with the issue of re-offending?
5. What joint-up or cross-borough work is the Council doing to ensure the re-offending rates are minimised?
6. Can you identify the barriers for working?
7. What training is available to staff to properly deal with cases?
8. How can education and training in relation to re-offending for probation and prison professionals be improved?
9. What information, support and advice is available to those that may need it? How can this be improved?

10. How can people who have re-offended get more involved in their communities and play a positive role in society?
11. Balance of the 'nanny state' versus an individual's freedom.

PROPOSALS

To be determined.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 July 2011	Agree Scoping Report	
Date TBA	Introductory Report / Witness Session	Background and Evidence gathering.
Date TBA	Witness session	Evidence gathering.
Date TBA	Witness session	Evidence gathering.

** Specific meetings can be shortened or extended to suit the review topic and needs of the Committee*

Equalities

The Council needs to ensure that procedures for dealing with individuals who re-offend and people affected by re-offenders are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately meet the needs of a diverse borough.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.



HILLINGDON

LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

OBJECTIVE

Short title of review

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Aim of review

To review and recommend improvements to Child and Adolescent Mental Health Services in the Borough.

Terms of Reference

1. To consider existing internal and external arrangements in the Borough with regard to child and adolescent mental health services and any improvements that could be made;
2. To review whether the local processes in supporting children and adolescent with mental health services are adequate, timely, effective and cost efficient;
3. To review the guidance and support that is currently available from the NHS, voluntary organisations and the Council to these individuals and their families and carers;
4. To seek out the views on this subject from Residents and partner organisations using a variety of existing and contemporary consultation mechanisms;
5. To improve awareness and understanding of child and adolescent mental health issues for professionals;
6. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
7. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to

PART 1 – MEMBERS, PUBLIC AND PRESS

child and adolescent mental health service arrangements in the Borough.

Reasons for the review

The following definition of mental health problems in children and adolescents is taken from the National Services Framework Children and Adolescents Mental Health Service (NSF CAMHS) standard:

“Mental health problems may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning and in distress and maladaptive behaviour. They are relatively common, and may or may not be persistent.

When these problems (conforming to the International Classification of Diseases criteria) are persistent, severe and affect function on a day to day basis they are defined as mental health disorders.”

There are issues of stigma around mental health. Stigma is a particular problem and a major barrier to the use of mental health services. Despite the fact the mental health problems of some form may affect as many as 1 in 4 of the population over their lifetime, there are widespread public misconceptions about mental illness. As a result, people with mental health problems may experience isolation, discrimination and a lack of acceptance by society.

Increasing numbers of young people are presenting with mental illness problems owing to a variety of factors (better diagnosis, greater family and societal awareness, drug and alcohol problems and the pace of modern life), which puts pressure on services.

The consequences of failure to deal adequately with young people's mental illness can be seen in rates of suicide for young men and in the prevalence of mental illness among young people and young adults in prisons or on probation. The cost of getting these services wrong falls not just on the young people and their families but also on society.

Mental health services for those up to the age of 18 years come under the auspices of the Child and Adolescent Mental Health Service (CAMHS) London. Local provision includes the Child, Family and Adolescent Consultation Service (CFACS), Hillingdon, which offers therapy services to those aged 0-18 years with emotional, behavioural and other mental health problems and their families, and education services, e.g. educational psychologists.

Central and North West London NHS Foundation Trust (CNWL) is one of the largest Trusts in London, offering a wide range of health and social care services across ten boroughs. CNWL specialises in caring for people with mental health problems, addictions and learning disabilities, as well as

providing community health services to residents in Hillingdon and Camden and primary care services in a number of prisons.

The Child, Family and Adolescent Consultation Service (CFACS) offers services for infants, children, adolescents from the ages of 0-18 with emotional, behavioural and other mental health problems. The service caters for families in Hillingdon and offers family therapy, individual therapy, group therapy and parent/infant therapy.

From discussion with officers at CFACS, some areas of concern that they have with regard to the service are:

- Funding: This was something that CFACS officers acknowledged that all sectors were currently found to be an issue and that it was of increasing concern to them. It was difficult to provide the same service with a tightening budget.
- Parenting: This could be looked at to help parents and also possibly assist in early intervention with regard to children and adolescents mental health.
- Learning Disabilities: The services CFACS offer for children with learning disabilities is limited. Early intervention is crucial to reduce the impact on a child's life at a later stage and reduce the long term cost to a range of organisations. This is an area the Council is in the process of reviewing.

Supporting the Cabinet & Council's policies and objectives

To be determined.

INFORMATION AND ANALYSIS

Remit - who / what is this review covering?

It is proposed this review will look at:

1. understanding the needs and requirements of agencies and children that mental health issues, and the services offered to them and their families and carers;
2. improving awareness and understanding of children's mental health issues for professionals;
3. improvements that could be made with regard to early diagnosis and intervention;
4. how to ensure a higher quality of care/living well for children with mental health issues and their families; and
5. how to reduce mental health-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

The Committee's recommendations will go to the Cabinet and the Council's partners for approval.

Connected work (recently completed, planned or ongoing)

Mental Health and Emotional Wellbeing for All, a Strategy for Children, Young People and Families in Hillingdon 2008/9 – 2011/12

There are four key drivers underpinning both the need for the Mental Health and Emotional Wellbeing for All strategy and its overall direction. These drivers are:

1. The overarching national vision for CAMHS
2. National and local policy drivers
3. What children, young people and their parents and carers consider is needed for services to be effective
4. Hillingdon's local circumstances and demography

The purpose of the strategy is to set out the vision and structures that will guide and shape the commissioning and delivery of a range of services at Tiers 1 to 4 which will promote and address the mental health and well being of children and young people in Hillingdon.

The strategy reflects the national policy and planning guidance described in the *National Service Framework, The Mental Health and Psychological Wellbeing of Children and Young People (NSF CAMHS)*.

It also draws on the findings of the National CAMHS Review documented in *“Children and young people in mind: the final report of the National CAMHS Review”*.

It should be noted that the Mayoral charities for 2011/12 are focussed on mental health. The money raised will go to help support the work of MIND; Hillingdon Child and Adolescent Mental Health Services (CAMHS); Woodlands Centre, Alzheimer's and Dementia unit; Riverside Acute Unit. The Mayor hopes to raise awareness of mental health during her time in office and aims to reduce the stigma associated with it.

EVIDENCE & ENQUIRY

Methodology

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.

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2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. Relevant literature and websites for background reading for Members be researched.
4. A consultation exercise could also be undertaken.

Witnesses

Possible witnesses include:

1. Individuals with mental health issues living in Hillingdon and their carers.
2. Officers from Children and Families, Public Health Team, Youth Service and Youth Offending Team.
3. External partners, e.g. Clinical Commissioning Group (formerly GP Consortium), NHS Hillingdon/Hillingdon PCT and The Hillingdon Hospital NHS Foundation Trust, CQC, Health and Wellbeing Board, CAHMS and CFACS
4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals with mental health issues, relevant charities, service departments and outside organisations.

Lines of enquiry

1. Are Residents' expectations and concerns about children and adolescent mental health reflected in local service standards?
2. How are instances currently identified and dealt with across the Borough and how can this be improved and standardised?
3. How have other areas/councils successfully dealt with the issue of children and adolescent mental health?

4. How well developed are local strategies and partnerships with regard to children and adolescent mental health issues?
5. Can you identify the barriers for working?
6. What training is available to staff to properly detect and deal with cases?
7. What information, support and advice is available to those that may need it? How can this be improved?
8. How are children and adolescent with mental health issues involved in their communities and civil society?
9. How good are local awareness, early identification and diagnosis?
10. What information and advice is available locally? What treatment and support services are available?
11. What support is available for the carers of children and adolescents with mental health issues? Is this support sufficient/how could this be improved?
12. How can education and training in relation children and adolescents with mental health issues for professionals and carers be improved?
13. What funding is available and how sufficient is this to meet the needs of the demand of the service required?
14. Balance of the 'nanny state' versus an individual's freedom.

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 July 2011	Agree Scoping Report	Information and analysis
Date TBA	Introductory Report / Witness Session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

Equalities

The Council needs to ensure that procedures for dealing with individuals with child and adolescent mental health issues and their carers are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately meet the needs of a diverse borough.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

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