

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

26 October 2011



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

	<p><b>Committee Members Present:</b> Councillors Michael White (Chairman), Bruce Baker (Vice-Chairman), Josephine Barrett (in part), Dominic Gilham, Phoday Jarjussey, Peter Kemp, John Major and John Morgan</p> <p><b>Witnesses Present:</b> Keith Bullen – Borough Director, NHS Hillingdon Neil Ferrelly – Finance Director, NHS Hillingdon Trevor Begg – Chair, Hillingdon LINK Amanda Brady – Care Quality Commission (CQC) Robyn Doran – Director of Operations and Partnerships, Central and North West London NHS Foundation Trust (CNWL) Nicholas Hunt – Director of Service Development, Royal Brompton and Harefield NHS Foundation Trust David McVittie – Chief Executive, The Hillingdon Hospital NHS Foundation Trust Maria O'Brien – Managing Director, Hillingdon Community Health (CNWL)</p> <p><b>LBH Officers Present:</b> Linda Sanders and Nikki O'Halloran</p> <p><b>Also Present:</b> Jeff Zitron – Outer North West London PCT Cluster Chairman Alan Edwards – Standards Committee Chairman</p> <p><b>Public Present: 2</b></p>	
26.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> <i>(Agenda Item 2)</i></p> <p>Councillor Phoday Jarjussey declared a personal interest in Agenda Item 5 – Provision of Health Services in the Borough, as he was a member of CNWL, and stayed in the room during the consideration thereof.</p> <p>Councillor Peter Kemp declared a personal interest in Agenda Item 5 – Provision of Health Services in the Borough, as he was an appointed governor of CNWL, and stayed in the room during the consideration thereof.</p>	<b>Action by</b>
27.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> <i>(Agenda Item 4)</i></p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>	<b>Action by</b>

28.	<b>PROVISION OF HEALTH SERVICES IN THE BOROUGH</b> (Agenda Item 5) <p>The Chairman welcomed those present to the meeting.</p> <p><u>NHS Hillingdon</u></p> <p>Mr Keith Bullen, Borough Director at NHS Hillingdon, stated that all 49 GP practices in the Borough had taken part in a two-phase ballot. The first phase had been in relation to the selection of Board members for the Hillingdon Clinical Commissioning Group (HCCG) and the second was to establish support for involvement in the HCCG. It was noted that 100% of the GP practices had stated that they wanted to participate in the HCCG.</p> <p>Members were advised that Hillingdon had secured CCG Pathfinder status and the associated development funding, which equated to £2 per resident. This money would be used to support development of the consortium and for specific projects within the Hillingdon QIPP (Quality, Innovation, Productivity and Prevention) programme. It was noted that Price Waterhouse had been centrally appointed and funded to assist in the organisational development of HCCG. Price Waterhouse would be working with HCCG over a six month period to help build the team and provide them with tools that they would need to function effectively.</p> <p>HCCG was already engaged in acute contract negotiations and was driving the redesign of the care pathway and clinical engagement across all providers. HCCG's improvements to the quality and efficiency of care pathways were being focussed around: Chronic Obstructive Pulmonary Disease (COPD) / respiratory; muscular skeletal; and pain management. Further work was being undertaken in relation to the pathway for ear, nose and throat by the Cluster. GP practice sub groups had also been set up across the Borough and would be involved in the implementation of the new pathways.</p> <p>The first phase of CCG delegated budgets (£127m) had been secured in September 2011 and had been divided between: prescribing (£32m); community services (£45m); outpatients (£45m); and direct access diagnostics (£5m). A lead GP had been identified for each of these performance areas.</p> <p>Mr Bullen noted that there were a number of challenges that were currently being addressed by HCCG which included:</p> <ul style="list-style-type: none"> <li>• the implementation and compliance with the new care pathways;</li> <li>• the development of the specification for the Urgent Care Centre and its procurement in the new year with a commencement target of June 2012;</li> <li>• establishing an efficient infrastructure for the CCG which would ensure that information was effectively cascaded to all GPs in the Borough; and</li> <li>• improving integrated care across the Borough through collaborative working – this was an issue that Provider CEOs would be sponsoring as a major project over the next year.</li> </ul> <p>With regard to the financial position of NHS Hillingdon, Members were</p>	Action by

advised that the breakeven position was reliant upon delivering £13.3m of savings during the current year. £10m of these savings would be achieved through the plan that was already in place and it was anticipated that the remaining savings would be realised through Project Gamma. The focus was concentrated on providing the same quality of service (or an improved service) whilst improving affordability. If the savings programmes failed to achieve their targets, it was anticipated that there could be an overspend of up to £5m at the end of the year. It was noted that the Trust was expected to achieve a further £20m in savings in 2012/2013 (£8.2m of which was as a result of Government top-slicing). Members were advised that, in order to minimise risk and the impact on the acute service providers, the service redesign stages would involve all stakeholders.

Members were advised that the savings that now needed to be made would not involve any redundancies. The savings would be realised by moving services to appropriate care settings (Acute, Community or Primary Care) and looking at service design so that the Trust was delivering the same (or better) service with less.

Mr Bullen stated that responsibility for dentists had now passed to the North West London Cluster which managed the performance of the eight Primary Care Trusts (PCTs) within its area. Work had been undertaken to improve the oral health of children in the Borough by increasing the provision of fluoride treatments. It was noted that the treatment rates in Hillingdon were above average for the whole of London, North West London and England and that general patient satisfaction was also higher than the national average. However, patient satisfaction with waiting times was lower than the England average but higher than the London average.

Members had previously expressed concern about the closure of the dental practice in Harefield. Mr Bullen advised that additional funds had been made available to practices in the surrounding area to enable them to take on the patients from Harefield that had to reregister elsewhere. He went on to state that dental services in the Borough were currently still in a good position and that the closure of the practice in Harefield had not resulted in residents being unable to register with an alternative practice.

From 2013, dental services would be commissioned by the NHS Commissioning Board (NCB). To ensure that these services were locally sensitive, Local Clinical Commissioning Teams would be set up. In the meantime, work was being undertaken to improve the efficiency of existing services by promoting preventative dentistry and effective contract management.

Members continued to express concerns about individuals on benefits sometimes finding it difficult to register with NHS dentists. Mr Bullen had looked into this issue and would continue his investigations. He would also investigate what domiciliary services were available in care homes and report back to the Committee (these services were provided by one surgery in Hillingdon).

The pilot 111 service in Hillingdon that was reported to the Committee meeting on 20 July 2011 would be going fully live by the end of December 2011. It was noted that the project had already been designed and was in place ready for the soft launch, which would be no earlier than 3 November 2011 due to a slight delay (previously scheduled for 25 October 2011). The service would be advertised in the local press and Hillingdon People and through leaflets and notices in GP surgeries. This collaboration had been deemed to be the best in class in the UK.

Central and North West London NHS Foundation Trust

Ms Robyn Doran, Director of Operations and Partnerships at Central and North West London NHS Foundation Trust (CNWL), advised that a range of organisations had been involved in the delivery of services at the Wellbeing Centre in the Boots store in Uxbridge. These services included: fitness classes for the over 60s; smoking cessation sessions (PCT); drug and alcohol sessions (HAGAM); sexual health advice; mental health advice (MIND); and advice for carers (Rethink and Hillingdon Carers).

It was noted that the Centre had received 152 enquiries between May 2011 and August 2011. It had been used to promote World Mental Health Week earlier in the month and now provided a fledgling IAPT (Improving Access to Psychological Therapies) service, which included Cognitive Behavioural Therapy (CBT). Consideration was currently being given to the redesign of some of the mental health services provided at the Centre with new sessions starting in January 2012. This work would look at what services would best fit at the Centre. It was noted that there was less stigma attached to visiting the Wellbeing Centre in Boots (which was also very accessible) and that the services provided did not duplicate those offered elsewhere.

Ms Doran noted that there was a problem in Hillingdon in relation to mental health discharge. She estimated that 15-20% of beds were occupied by patients who should have been discharged. Ms Doran would report back to the Committee on this issue at a future meeting.

Members were advised that CNWL was looking to launch improvements to the out-of-hours service provided to mental health patients over the next six months. Ms Julia Palmer had been leading on improvements to address the confusion experienced in relation to the current service.

Royal Brompton and Harefield NHS Foundation Trust

Mr Nicholas Hunt, Director of Service Development at Royal Brompton and Harefield NHS Foundation Trust (RB&H), advised Members that they had not yet heard from the judicial review in relation to whether or not the process used to establish the business case for the Safe and Sustainable review was flawed. It was noted that the outcome of the judicial review would not stop RB&H from wanting to retain paediatric cardiac services as their removal would impact severely on other services provided by the Trust.

Members were advised that the questions used in the Ipsos MORI

questionnaire in relation to the Safe and Sustainable consultation reflected the content of the consultation document. The result was that the outcome was already influenced. Mr Hunt thanked the Committee and the Council for the support it had shown during the Safe and Sustainable consultation.

#### The Hillingdon Hospital NHS Foundation Trust

Mr David McVittie, Chief Executive at The Hillingdon Hospital NHS Foundation Trust (THH), advised that Hillingdon Hospital had been rated in the top/best quartile with regards to mortality figures. He went on to state that there were a number of projects currently underway which included:

- enhanced recovery programmes for: hysterectomies, colon cancer, and hip and knee operations – this work had resulted in a reduction in recovery from a knee operation to approximately 4 days (previously 9-10 days) and recovery from an hip operation to 5-6 days;
- going home project – this project was challenging as it involved a number of organisations working together to look at an individual's circumstances; and
- reducing readmission rates – THH rates were currently higher than the national average and one of the highest in London, which was partly due to having one of the highest number of alcohol related attendances in the country. It was noted that a dedicated alcohol specialist nurse had been appointed by CNWL to work at Hillingdon Hospital A&E. Work had been undertaken by the Public Health service to look at benchmarking with regard to alcohol-related admissions.

Ms Doran advised that the role of the dedicated alcohol specialist nurse at Hillingdon Hospital was to screen out the individuals with alcohol dependency – this was very different to dealing with revellers that had had too much to drink. Although it was unlikely that those individuals with alcohol dependency were buying alcohol from off-licences, there was scope for CNWL to work with the Council's licensing team. Ms Doran noted that CNWL had undertaken similar work in partnership with Westminster City Council and that it had produced some useful results. It was suggested that Ms Doran and Dr Ellis Friedman, Joint Director of Public Health, be invited to attend a future meeting to explore this issue further.

Mr McVittie advised that there was an anomaly with regard to readmissions in that, if an individual was admitted with a heart attack and then returned 27 days later with pneumonia, it was classed as a readmission. In these instances, the Trust received no further funding to treat the individual. Mr McVittie suggested that, in relation to readmissions, the focus needed to be on prevention rather than cure.

Members noted that there had been a reduction in the number of individuals that were training to be doctors, nurses, midwives and physiotherapists. It was anticipated that the gap left by this reduction would be compensated for through an increase in the number of healthcare assistants. Although the effect would not be immediate, Mr McVittie suggested that the impact would be minor and that it was

more of a cultural challenge in relation to the way that services would be delivered.

It was evident that difficult and challenging decisions would need to be made in relation to the services offered. However, Mr McVittie was clear that the changes would not be about making staff work harder or making redundancies, but would be about looking at what services could be improved and which should no longer be undertaken. Mr Bullen advised that any proposals for the cessation of any services would be brought to the Committee for comment.

#### Care Quality Commission

Ms Amanda Brady advised that the proposals in the Health and Social Care Bill were strengthening the role of the Care Quality Commission (CQC). The advent of this new legislation had also removed the CQCs responsibility to periodically review NHS commissioning so that it could focus on the regulatory function. Consideration was also being given to the way that the CQC worked and it was noted that there would be a move towards the CQC undertaking shorter, more frequent and more targeted reviews. Other work being undertaken by the CQC included:

- the creation of the Healthwatch Working Group;
- joint working with MONITOR to look at licensing;
- working towards the completion of the NHS inspection programme by March 2012 – this was on target;
- the registration of dentists;
- the registration of the out-of-hours service provided by GPs; and
- a review and report on dignity and nutrition – a random sample of hospitals had been visited for this review. As the CQC had already recently visited Hillingdon Hospital and found that the Trust was compliant, it had not been visited as part of this review.

#### Hillingdon Community Health

Ms Maria O'Brien, Managing Director of Hillingdon Community Health (HCH), advised that specialist community dentistry services continued to be provided from the Health Centres in Uxbridge and Ickenham and focussed on paediatrics, endodontics, periodontics and adult special needs. Once these services were transferred to NHS Hillingdon from Hammersmith & Fulham PCT in 2007, the waiting times decreased from 24 months to 4-10 months. These waiting times had been further reduced to around 2 months for most of the services with the exception of endodontics which had incurred an increase of 70% in the number of referrals received. However, despite this increase, the service was managing to maintain a waiting time of approximately 28 weeks.

In conjunction with NHS Hillingdon, HCH had appointed one full time equivalent post which was focussed on fluoride varnishing for 5-7 years olds. It was anticipated that, by the end of the year, every school in the Borough would have had a least one awareness raising session in relation to this issue.

Although there had not been a decrease in funding, the amount of money available to HCH to provide services had not taken account of inflation or the increasing number of referrals.

Ms O'Brien advised that staff were under increasing pressure by having to do more with less. In addition, the services provided by HCH were under increasing scrutiny. As a result, morale was low and there were a number of staff that were either leaving or retiring. Members acknowledged that the savings programme was likely to affect morale and it was important to ensure that this did not have a knock on effect on the service provision.

#### Hillingdon LINK

Mr Trevor Begg, Chairman of the Hillingdon LINK, thanked Mr Bullen for the work that he and NHS Hillingdon had undertaken with the LINK to support the GP surgery and HESA Centre in Hayes to become a social enterprise. It was noted that this innovative change would be going live next week and would enable new ways of working with integrated care. Members welcomed the suggestion that representatives from the social enterprise be invited to attend a future meeting of the Committee in about a year's time.

Mr Begg expressed concerns about the support and resources available locally and how this restricted flexibility and movement with regard to joint working. He noted that Hillingdon Hospital had maintained quality in the care that it provided but that there were concerns in relation to the impact that the level of savings required would have on THH and the possibility that it could compromise services. It was suggested that this issue would put additional pressure on carers in the Borough.

Members were advised that Life Style Care plc would be taking over the Southern Cross homes in Hillingdon. Although the situation in Hillingdon had been resolved, it was acknowledged that it was still a worry for residents in other areas of the country.

Mr Begg stated that there were a range of projects currently underway in relation to discharge but that integrated care would be key to the sustainability of discharge. More work needed to be undertaken to look at how organisations moved from silo behaviour to integrated care. This would be partly reliant on external factors such as Government savings targets.

#### Social Care, Health and Housing

Ms Linda Sanders, the Council's Director of Social Care, Health and Housing, advised that she was the Deputy Chair of the Hillingdon Health and Wellbeing Board and that Dr Ellis Friedman, Joint Director of Public Health, was the Chair. The Board, which was in the early stages of development, comprised 15/16 members (the composition of most Boards in other areas ranged from 9 to 20 members) and the Chair and Vice-Chair had been involved in pan-London meetings.

One of the emerging priorities for the Health and Wellbeing Board was in relation to NHS and local authority integrated commissioning for community services (out of hospital care). The work would focus on how the Council could build on the good work that had already been undertaken including the development of a Health and Wellbeing

Strategy. This would provide Boards with the opportunity to influence the way that services were provided to ensure that they were connected, as some of the work was done on a Cluster basis and some on a local level. It was noted that the £15k that had been provided for each local authority area would be used develop the Hillingdon Health and Wellbeing Board.

Ms Sanders advised Members that Council staff were working to ensure all discharges were safe and supported. It was noted that performance was good but that there was always room for improvement. To help cope with the huge current pressures, the Council was focussing on better use of resources and a recovery/reablement model. This meant that Reablement Home Carers staff had been retrained to work even more closely with professionals such as occupational therapists and physiotherapists to get individuals back on their feet.

Members noted that the Council had already invested in Telecareline and that this had resulted in an additional 530 residents receiving the service since April 2011. Hillingdon was leading the way with regard to the implementation of Telecareline London.

A national whole system demonstrator in research report would be published on 29 November 2011 on telehealth. The research had focussed on issues which included heart failure and diabetes. Ms Sanders offered to update the Committee on the Telecareline service at a future meeting.

**RESOLVED:** That:

1. **the presentations and report be noted;**
2. **Mr Bullen report back to the Committee on the domiciliary dental services available in care homes in the Borough;**
3. **Ms Doran be invited to a future meeting to update Members on mental health discharge;**
4. **Ms Doran and Dr Friedman be invited to attend a future meeting to explore the issue of alcohol dependency;**
5. **Ms Sanders be invited to a future meeting to update the Committee on the Telecareline service; and**
6. **representatives from the HESA Centre/GP surgery social enterprise be invited to attend a future meeting of the Committee.**

29.	<b>WORK PROGRAMME 2011/2012 (Agenda Item 6)</b>  Consideration was given to the Committee's Work Programme for 2011/2012.  The Committee was advised that the application for Centre for Public Scrutiny (CfPS) expert advisor support had been successful and that the Council had been allocated three days of support in relation to the Dementia review that would start in January 2012. Democratic Services officers had already met with the expert advisor to discuss the logistics of setting up one or two half day stakeholder events in December 2011 and would investigate the timings and locations of	<b>Action by</b>
-----	--	------------------

	<p>these sessions with some of the stakeholders.</p> <p>It was agreed that, subject to agreement by the Whips, the Dementia Working Group would comprise Councillors Kemp, Gilham, Major, Jarjessey and White. These Councillors would be invited to take part in the stakeholder events in December. The events would be used to identify what services and support were currently available and what was required and then identify where the shortcomings were. The findings from the stakeholder events would then be used to provide focus for the review. Consideration would also need to be given to scheduling the Working Group meeting dates.</p> <p>It was noted that the External Services Scrutiny Committee meeting scheduled for 23 November 2011 had been cancelled and that there would instead be a Re-Offending Working Group meeting taking place on that date.</p> <p>In addition to a request for updates on the wheelchair service and the London Ambulance Service, Members requested that the meeting scheduled for 11 January 2012 regarding Healthwatch include the following invitees:</p> <ul style="list-style-type: none"> <li>• Anne Rainsbury – Deputy Chief Executive of NHS London</li> <li>• Nick Relph – Chief Executive of the Outer North West London PCT Cluster</li> <li>• Jeff Zitron – Chairman of the Outer North West London PCT Cluster</li> </ul> <p>It was noted that Transforming Community Equipment Services (TCES) be considered as a future agenda topic.</p> <p><b>RESOLVED:</b> That:</p> <ol style="list-style-type: none"> <li>1. the report be noted;</li> <li>2. the Whips be contacted regarding the configuration of the Dementia Working Group and that consideration be given to scheduling the meeting dates; and</li> <li>3. the Committee meeting scheduled for 11 January 2012 include updates on the wheelchair service and Ambulance Service and that the invitees to that meeting in relation to the Healthwatch item include Anne Rainsbury, Nick Relph and Jeff Zitron.</li> </ol>	
30.	<p><b>MINUTES OF THE PREVIOUS MEETING - 21 SEPTEMBER 2011</b> (Agenda Item 3)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 21 September 2011 be agreed as a correct record.</p>	<b>Action by</b>
	The meeting, which commenced at 6.00 pm, closed at 8.12 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran, 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.