



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

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

Date: WEDNESDAY, 26
OCTOBER 2011

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
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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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	
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3 Minutes of the previous meeting - 21 September 2011	1 - 10
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PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part 1	
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Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

21 September 2011

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



	<p>Committee Members Present: Councillors Michael White (Chairman) Bruce Baker (Vice-Chairman) Josephine Barrett Dominic Gilham Phoday Jarjussey (Labour Lead) Peter Kemp John Major John Morgan</p> <p>Witnesses Present: Katrina Mindel – GP Commissioner Inspector Steve Beattie – Safer Transport Team, MET Sergeant Simon Thurston - Safer Transport Team, MET Inspector Ken Young – British Transport Police Sergeant John Loveless - British Transport Police Thomas Pharaoh – London Health Programmes</p> <p>LBH Officers Present: Linda Sanders, Ellis Friedman, Kevin Byrne, Ed Shaylor and Bob Castelijijn.</p> <p>Also Present: Allan Edwards – Standards Committee Chairman Malcolm Ellis – Standards Committee Vice Chairman Trevor Begg – Chair, Hillingdon LINK Joan Davis</p>	
17.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>	Action by
18.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Phoday Jarjussey declared a personal interest in items 5 and 6 as he was a service user, and remained in the room during the consideration thereof.</p>	Action by
19.	<p>MINUTES OF THE PREVIOUS MEETING - 20 JULY 2011 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 July 2011 be agreed as a correct record.</p>	Action by

20.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>	Action by
21.	<p>COMMISSION OF A CONSULTANT LED COMMUNITY OPHTHALMOLOGY SERVICE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed Ms Katrina Mindel to present the report to the Committee. Ms Mindel updated the Committee of the proposed Consultant Led Community Ophthalmology Service to be commissioned by NHS Hillingdon and the Hillingdon Clinical Commissioning Group (HCCG).</p> <p>Members asked Ms Mindel if the changes would affect appointments for consultant referrals at Hillingdon Hospital. Ms Mindel confirmed that this service was separate from any services provided at Hillingdon Hospital. She confirmed that the Community Service will deal with more minor eye conditions therefore easing capacity constraints on currently very busy services at Hillingdon.</p> <p>Members and Ms Mindel discussed the option of mobile units in the Borough. It was open to tender providers on how they wished to provide the service in the community, and confirmed that whilst a preference would be for static sites, usage of mobile units was not excluded. Ms Mindel confirmed that the service specification detailed that the service had to be run from DDA compliant premises, and if a mobile unit could provide this then this would not be ruled out.</p> <p>The Chairman thanked Ms Mindel for her report to Committee.</p> <p>RESOLVED: That the report be noted.</p>	Action by
22.	<p>SAFER TRANSPORT (<i>Agenda Item 6</i>)</p> <p>Bob Castalijn, Transport and Aviation Team, spoke on behalf of the Council and gave Committee an update on the last year. Mr Castalijn stated that it was an important year as the Mayor's transport policy had been adopted.</p> <p>The Hillingdon Local Implementation plan submitted specified safety and security objectives. Hillingdon was on target to reduce the accident rate. The Local Implementation Plan had identified a series of action plans for the Borough,</p> <p>In the last year the Council had worked closely with the British Motorway and Transport for London (TfL) to improve road quality in the Borough.</p> <p>There was an on-going travel plan rolling programme and regular Steering Group meetings.</p> <p>The Council had worked with TfL to select a number of sites for bus stops in the Borough. In the future they would be working towards each bus stop having a number to phone which would inform travellers when</p>	Action by

buses would be arriving at each stop.

The services for the U4 and 222 bus routes would be up for re-tendering later this year.

Brunel University had completed its first stage of bus travel looking at safety.

Mr Ed Shaylor, Community Safety, spoke to the Committee about safer schools. At the beginning of the school term there was a lot of media around the MET's work with regard to this. The route to and from school was often raised by the Youth Council.

Mr Shaylor stated that no disability crimes had been reported on any transport issues. He also informed Members that ultra violet scanners for police cars had been authorised by Councillor Douglas Mills (Cabinet Member for Improvements, Partnerships and Community Safety) and these should be issued soon.

Safer Transport Team, MET

Inspector Steve Beattie spoke about the Safer Transport Team (STT) for Hillingdon, on behalf of the MET police. Inspector Beattie was in charge of the STT, which was 90% funded by TfL. He was responsible for the STT's in Harrow and Hillingdon.

The STT consisted of a number of sergeants, police officers, community support officers and special constables. It was anticipated that in 2012 the number of police officers would increase in the team and the number of community support officers would decrease. There was a new model for safer transport in London.

Since the meeting last year there had been a massive decrease in crime on the bus network in Hillingdon. Around a 7% reduction, in comparison to the London overall average of a 4% reduction.

Figures showed that this year in North West London there was an overall 14% reduction in bus related crimes, for Hillingdon this figure was a 19% reduction on reported bus related crimes. This is an improved figure on last year.

Other figures showed a 4.2% reduction in robberies on the bus network in Hillingdon.

Inspector Beattie explained how a big part of the role of the STT was enforcement, along with fear of crime and engagement. The STT worked closely with the Council, in particular in partnership with officers in Community Safety and the School Transport team. The STT had good support from the Council for this and wished to pass their thanks to the Council.

Anti-Social behaviour was a key issue for the STT, in particular during school start and finish time. Peoples' perception of young people gathering can be negative even if they are doing nothing wrong. The volume of young people in one group at a time causes the concern.

The U4 bus route was a main problem area. Although the number of reported instances were low, data gathered from driver 'code-red' and customer feedback showed that this was an area that needed improvement in Hillingdon in comparison to other areas.

The STT worked closely with bus drivers, various transport user groups, ward panel meetings, bus companies and safer transport command. A number of operations were carried out as a result.

The STT had a massive impact on anti-social behaviour on public transport in the last year. It was difficult to quantify. The team did snapshot questionnaires, they looked on the data gathered and acted on it.

Zip cards were issued to 16 years and under, these gave free travel to children. The general procedure was that if a child carried out any anti-social behaviour then a letter would be issued to his/her parents. If there is a second instance of anti-social behaviour then a community support officer would take a letter direct to the child's home and sit down with parents and child and remind them of their right to free travel. In Hillingdon the STT go straight to the second stage of talking with the parents of any child involved in anti-social behaviour. 74 letters had been issued to parents since April 2010 and of these 3 had their free travel removed.

Priorities for the STT were decided between the team and sergeants who looked at patterns. They had discussions with bus drivers, user groups, TfL, and looked at intelligence gathered. Priority areas were generally agreed with TfL. PCSO's were posted at schools at start and finish times, they would report back any main issues that needed to be highlighted.

As well as the U4 bus route, the 140 bus route was a priority area in the Borough. This was similar to last year. These were long term issues and the team were looking for long term sustainability.

Inspector Beattie spoke about the dedicated school buses, 698 and 697 which transports pupils to and from school. This year there had been 1 and half extra buses due to the increase in the number of pupils. These buses went to 5 or 6 schools and were vital to the dispersal of pupils.

Everyday there was police presence on bus routes, and due to the free travel concessions on buses for young people they did tend to hop on and hop off more frequently. In an ideal world young people would walk and not use buses for short journeys.

The STT had done some work around cycle security; some intervention work with schools was being done around road safety. This was in conjunction with Andy Codd from the Council. If this was a success it would be rolled out to more schools in the Borough.

The STT worked closely with schools and carry out school visits. Sergeant Thurston spoke about the mark up of mobile phones. They

had worked with Barnhill School and marked up 250 mobile phones so that they could be traced if stolen. These were done using ultra violet or immobilise database centrally. If an officer stopped someone they could check their phone using the PDA they carried or radio and would know if the phone was stolen. The STT would be working with other schools to carry this initiative on.

Sergeant Thurston spoke about a scheme called 'Safe Travel for All', this focused on different groups. It was highly successful and the STT were looking at ways to further integrate this. This was being done in partnership with the Council's Road Safety Team.

British Transport Police

Inspector Ken Young spoke on behalf of the British Transport Police (BTP). Inspector Young explained how the BTP had recently completed a restructure. In Hillingdon the BTP worked along the Metropolitan and Piccadilly line, the team consisted of 1 sergeant, 7 constables and 5 community support officers. They had a tasking team and a proactive train patrol team. Patrolling trains was something that they had not done previously.

There was more police presence on the Borough than ever before. Officers worked predominately during the day and until trains stopped servicing the public at night.

There was an overall 10% reduction in crime according to statistics from the London Mayor. There was a 19% reduction of theft from a person. In Hillingdon there had been 2 robberies on trains this year and no violent offences reported.

The BTP were building relationships with the Safer Neighbourhood Teams (SNT) and STT. They would be looking at joint operations in Hillingdon. For example in the past in other Boroughs there had been knife detectors and drugs/dogs searches.

Crime was reducing and in Hillingdon it was already a low crime environment for crime on transport.

There was schools involvement. There was a project on route crime in the next few months. This included graffiti which was a big issue for the BTP. It was policy that trains covered heavily in graffiti would not be used. The BTP were getting assistance from schools to help identify graffiti tags.

Members asked if the BTP were encouraged to take pictures of graffiti to help identify the tags and those responsible. Inspector Young explained that they had an extensive library of tags. Sergeant Loveless explained that in Hillingdon, Uxbridge was the main target for graffiti. The BTP had a dedicated graffiti team. The procedure was that graffiti would be photographed before it was cleaned and to try and match this up with any potential offenders. The BTP explained another issue to consider was copy-cat tags, and also that the result of graffiti was delays to trains.

The rising price of cables caused an increase in trespassers on the tracks to steal copper. This had a knock-on effect of incidents at night to the morning. There was a need to minimise the disruption caused to service users.

Members spoke about Operation Bus Tag and whether the BTP shared information with the MET and other organisations. Inspector Beattie explained that Operation Bus Tag was something developed by TfL and this information was shared. Officers also spoke about how difficult it was to get a conviction for multiple tags.

Members asked if it would be more efficient to police London's transport with one police force instead of 2 or 3. Sergeant Loveless explained that this had been looked into and discussed at length. Infrastructure was set up to help and support colleagues and counterparts. There were big stakeholders and resources to consider and as it stood the service delivery was at a very good standard. He went on to discuss the 'Fusion Project' which was being piloted in Victoria. The TfL, MET and BTP all worked together in the same office, they shared intelligence and they were looking at this for a way forward.

Members also commented that members of the travelling public may rather have a train with graffiti on it arrive than no train at all. Inspector Young commented that this was not policy and that the best solution would be to prevent graffiti in the first instance.

Members asked officers about the average response time when dealing with issues on transport. Sergeant Thurston explained it was dependent on shift patterns and whether it was a code-red call. If the STT were not on shift and it was a code-red call then the Response Team would deal with the call. It was noted that guidance relating to code-red calls was that once the driver of a bus had issued a code-red call then he could not move until the police had arrived.

Members also commented of the on-going issues with regard to passengers putting their feet on seats. That is was something that people would do when there were no officers present but would not necessarily be reported. Sergeant Loveless explained that there were by-law's that could be used for specific offences. He also stated that the public did not feel they had the confidence to challenge low level incidents.

Members asked if the increase in the number of Special Constables in the Borough would risk a greater dependency on them, he asked if officers were expecting more out of Specials than they had done so previously. Inspector Beattie explained that Special Constables had been around for a number of years. There were recent changes in the development of Special's and this was leading to smarter working. They were joining for a purpose and were part of a team to give them structure. The interest in Special's had recently grown as it was the route to take to become a Police Officer.

The Chairman thanked the witnesses for their presentations and

<p>Mount Vernon. Mr Pharaoh assured Members that Mount Vernon was still very much part of the system and would not be excluded.</p> <p>Members discussed early diagnosis. This was an issue across London and the UK. The UK had later diagnosis in comparison to Europe and the USA. This could be down to a number of factors, including lifestyle, screening invites, out of date GP lists, diverse population, the number of patients seen by GP's. As well as the quality of data collected, this was of a high level in the UK. Deaths from cancer in the UK was higher, pro rata, than in comparison to Europe and the USA.</p> <p>Members discussed the likelihood of people in Hillingdon having to travel up to 20 miles for treatment and felt that this was a concern. Mr Pharaoh explained that there was a vigorous examination of travel times and that they were working so that people went to the most appropriate place for their treatment.</p> <p>Members discussed the fear that people have for change and asked that the organisation look into public awareness in the work that they were currently doing. Members discussed the different groups and issues they faced with self check and awareness.</p> <p>A National Survey into patient experience was discussed. The patient experience in London was poorer overall in comparison to the UK. Mr Pharaoh agreed to send Members a copy of the public survey which was available on the Department of Health website. This survey showed a breakdown of organisations.</p> <p>Dr Ellis Friedman, Joint Director of Public Health, stated that the quality of treatment was similar across London and the UK. That many cancer deaths across the UK could be avoided. Patient experience was worse in London in comparison to the rest of the UK. Environmental issues, such as the air quality, were not thought to be a major problem.</p> <p>GP performance was discussed and Mr Pharaoh explained how they were encouraging hospital doctors to work more closely with GP's. Dr Friedman explained that in London there was room for improvement in terms of GP performance and GP education. It was pointed out that the number of individual cancer cases that a GP could see could be a very small number.</p> <p>Mr Malcolm Ellis, Standards Committee, supported the principle of an integrated cancer system. Clearly defined pathways were required to get the best possible pathway. He did have some reservations about the crescent and the effect it would have on Hillingdon.</p> <p>Mr Trevor Begg, LINK, commented on the assurance process, that there was considerable concern and challenges within the proposed crescent. He asked if those challenges could be dealt with in a short space of time would this in any way affect the delay of the launch of the crescent. Mr Pharaoh explained that this model had not been tried in the health service in the UK so there had to be absolute certainty that the partnership could take it all on before implementation. It was stated that there was no Plan B, and they would work towards making Plan A</p>	<p>Democratic Services</p>
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	agreed and the meeting dates to be agreed.	
	The meeting, which commenced at 6.00 pm, closed at 8.45 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.

PROVISION OF HEALTH SERVICES IN THE BOROUGH

Officer Contact

Nav Johal and Nikki O'Halloran, Central Services

Papers with report

Appendix A

REASON FOR ITEM

To enable the Committee to review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

- Question the witnesses using the suggested questions/key lines of enquiry
- Ask additional questions as required
- Make recommendations to address issues arising from discussions at the meeting

INFORMATION

Recent Issues to Note

Health and Social Care Bill

The Health and Social Care Bill was introduced into Parliament on 19 January 2011. The Bill is seen as a crucial part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes.

The Bill takes forward the areas of Equity and Excellence: Liberating the NHS (July 2010) and the subsequent Government response Liberating the NHS: legislative framework and next steps (December 2010), which require primary legislation. It also includes provision to strengthen public health services and reform the Department's arm's length bodies.

The Health and Social Care Bill has serious implications for the future delivery of health services to our residents. Representatives from the Clinical Commissioning Group (CCG), Royal Brompton & Harefield NHS Foundation Trust, Central & North West London NHS Foundation Trust, The Hillingdon Hospital NHS Foundation Trust, NHS Hillingdon, Local Medical Committee, London Ambulance Service, Hillingdon LINK and Care Quality Commission (CQC) have been invited to attend the meeting.

The Government is planning to create an independent National Commissioning Board for the NHS. The Board will allocate £80bn in funds to local Clinical Commissioning Groups (CCGs – previously referred to as GP Consortia) for them to use to commission local health services. Local authorities will take on responsibility for health improvement, currently held by Primary Care Trusts (PCTs). As a result of these changes, the Government expects PCTs to cease to

exist from 2013 in light of the successful establishment of CCGs. It is also planned that Strategic Health Authorities (SHAs) will no longer exist from 2012/13. In the meantime, PCTs and SHAs will have important roles to play in supporting the NHS through a period of change.

Guidance recommends that a local CCG should have no fewer than 100,000 patients and should have been created in shadow form by 1 April 2011. The Care Quality Commission (CQC) will be the quality regulator and HealthWatch will be linked to CQC.

Local HealthWatch is being created by developing the role of existing LiNks (Local Involvement Networks). It will:

- ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning;
- provide advocacy and support to people and help them to make choices about services; and
- provide intelligence for HealthWatch England about the quality of providers.

As part of the changes, there is a requirement to set up Health and Wellbeing Boards. Hillingdon's Health and Wellbeing Board is a multi-agency group which aims to make Hillingdon 'A borough with excellent health, social care and housing, where all residents can enjoy fulfilling and happy lives.' The purpose of the Health and Wellbeing Board is to provide leadership and direction across agencies that deliver services to improve the health and wellbeing of the residents in Hillingdon.

The Health and Wellbeing Board is one of the six thematic groups of Hillingdon's Partnership (LSP) and its members may work jointly with the LSP, particularly to address areas of work that fall under the LSP, but which also have an impact on the health and wellbeing of the residents of the Borough. As part of its work, the Health and Wellbeing Board is responsible for overseeing the impact of the local area agreement indicators, including monitoring their progress against agreed targets, and evaluating the impact of outcomes for the environment. The functions of the Board can be summarised as:

- providing a governance structure for local planning and accountability of health and wellbeing related services.
- assessing the needs of the local population and lead the statutory integrated strategic needs assessment (JSNA).
- promoting integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health.
- supporting joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
- reviewing major service redesigns of health and wellbeing related services provided by the NHS and Local Government.

Other issues that the Board may be involved in include:

- setting a new direction for health and wellbeing while maintaining current programmes through transition.
- building strong partnership working between CCGs and local public sector organisations.
- improving the transparency and accountability to local people of services and organisations.
- preparing the Joint Strategic Needs Assessment (JSNA).

The Department of Health (DH) has made £15k available for each local authority area in order to support the capacity building of their local Health and Wellbeing Boards to ensure that they are able to take on their new responsibilities when they come into effect in April 2012.

Safe & Sustainable

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.

The Council's response to the *Safe and Sustainable* consultation was submitted on 30 June 2011 by the Cabinet Member for Social Services, Health and Housing, Councillor Philip Corthorne. Looking at the consultation responses, an independent report found that quality is the public's top priority when it comes to shaping the future of children's congenital heart services. The report, compiled by independent experts, Ipsos MORI, on behalf of NHS *Safe and Sustainable*, provides a detailed analysis of more than 75,000 responses to the national consultation, one of the largest ever carried out by the NHS. The consultation included a large number of responses from the BME community (20% of total formal responses) and from children and young people (10% of total formal responses).

The report demonstrates strong support for the key principles of the review and nine out of ten support the proposed national quality standards. There was significant support for ensuring excellent care – of those who responded 93% of individuals and 94% of organisations support these standards. An extremely high number of respondents supported the proposal to improve the collection, reporting and analysis of mortality and morbidity data – of those who responded, 85% of both individual respondents and organisations agreed with this proposal.

There was a strong belief among many respondents that quality should be the deciding factor when planning future services. People were also positive about proposals to develop congenital heart networks that would deliver care closer to home - more than three quarters of both individual respondents and organisations supported this proposal. There was also significant support for the proposals that centres no longer providing surgery become children's cardiology centres.

People were asked for their views on the proposal that the number of surgical centres in London should be reduced from three to two. Around 75% of respondents supported this proposal. 47% of respondents from London supported the proposal for two centres; there was less support in parts of northern England with some people commenting that just one centre in London should suffice. The majority of those responding agreed that the proposed centres should be Great Ormond Street Hospital for Children NHS Trust and Evelina Children's Hospital (Guy's and St Thomas' NHS Foundation Trust). However, it should be noted that the options did not include one which retained all three centres in London.

Sir Neil McKay CB, Chair of the Joint Committee of Primary Care Trusts, said: "I would like to thank everyone for giving us their views during the consultation. The scale of the response confirms to me the importance of ensuring excellent NHS care for children with congenital heart

disease. I am heartened by the overwhelming support for the quality standards which are the bedrock of the Safe and Sustainable programme. Implementing these new standards will improve the quality of care for children across England. The task for us now is to carefully consider the findings in detail along with other evidence before we reach final decisions later this year.”

The report is one of a number of publications to be considered by the Joint Committee of Primary Care Trusts (JCPCT), the decision-making body. The JCPCT will also take into account a range of other data including Health Impact Assessments, analysis of family travel patterns and information about capacity planning provided by Trusts.

The JCPCT is expected to make a final decision by the end of 2011. Implementation of any changes to children’s congenital heart services is expected to start in 2013. A detailed implementation plan will be developed once a decision has been made.

Following the end of the consultation period on 1 July 2011, health scrutiny committees were given the opportunity to submit additional consultation responses by 5 October 2011. Representatives from NHS Commissioning Services and Royal Brompton & Harefield NHS Foundation Trust attended the External Services Scrutiny Committee meeting on 20 July 2011 to talk about the *Safe and Sustainable* review and a consultation response was subsequently sent on behalf of the Committee (attached at Appendix A).

Dentistry

The Hillingdon Community Health (HCH) Board tracks and reviews the performance of all its services on a monthly basis. At its meeting on 15 July 2009, the External Services Scrutiny Committee noted that performance across all services was generally in line with the plan. However, two services were identified as requiring additional focus and support: the wheelchair service and community specialist dentistry.

At that time, specialist community dentistry services were provided from Uxbridge Health Centre and Ickenham Health Centre and covered orthodontics, periodontics, endodontics, adult special needs, prosthetics and paediatrics. These services had been transferred to Hillingdon PCT from Hammersmith and Fulham PCT in 2007 with a subsequent reduction in waiting times from 24 months to 4-10 months.

Members have previously expressed concern that some residents had been unable to register with an NHS dentist despite there being spare capacity. Access levels in 2009 were 68%, with a target of 72% for 2010 and 75% for 2011. It had been proposed that additional promotion of services would be undertaken to address this gap.

Concern was expressed by Members in 2009 that a two tier approach was used by some NHS dentists in that some would not accept patients that were in receipt of benefits. The PCT had resolved to investigate the issue further.

On 24 November 2010, the Committee was advised that community dentistry service in the Borough was predominantly for referrals, mainly from GP’s. This referral service provided an advice and treatment service, oral health promotion and liaison with other dental providers to develop care pathways. The advice and treatment service was based on 2 clinic sites, Uxbridge and Ickenham, and employed 22 people in total.

There were 3 main categories of service provision, which covered: paediatric dentistry; adults with special needs; and adults advanced restorative care specialties such as periodontics, prosthodontics and endodontics.

Members have previously noted the importance of providing services in care homes and to those with special needs and the lack of continuity of dental care for people in care homes. These patients often suffer remarkable decay, in particular those with dementia, and is an area of personal care that carers after often reluctant to address.

NHS Wellbeing Centre

The NHS Wellbeing Centre located in the Boots store at the Chimes Shopping Centre, Uxbridge has now been open for 16 months. This Centre provides people in Hillingdon with free advice on staying happy, healthy and well.

This is the first time an NHS centre has offered a range of services specifically aimed at promoting mental wellbeing from one site. As well as NHS staff, representatives from local support groups such as Hillingdon Mind, Alcohol Concern, Employment Link and Relate, are on hand providing tips and information to improve quality of life. Anyone can pop-in to speak with the trained staff about any worries they may have, whether for themselves, a friend or a family member.

The Centre has been set-up by Central and North West London NHS Foundation Trust (CNWL) in partnership with NHS Hillingdon and Hillingdon Council. A review of community mental health services in the Borough had identified the need for an easy access, informal advice centre in a central Hillingdon location.

For many people, the Centre may be the first time they have spoken with the NHS or voluntary services about their mental health. However, everyone has mental wellbeing that needs to be looked after, just as we know we need to take care of our physical health. This may be a case of building self-confidence, trying new activities, learning techniques for managing stress, seeking advice on relationships or help gaining employment. The Centre provides links to a range of services that can help improve lives.

At the External Services Scrutiny Committee meeting on 24 November 2010, CNWL had advised that it hoped that a number of the Hillingdon Community Health services would be moved into the Wellbeing Centre to offer more to the public. The Centre would also reduce duplication of work; heart failure services would be brought together, a community based cardiology centre would be set up, and there would be more of a focus on children's mental health needs and on dementia.

Witnesses

The following stakeholders have been invited to attend the meeting:

- Keith Bullen: Chief Operating Officer, Hillingdon Primary Care Trust (PCT)
- Claire Murdoch: Chief Executive, Central & North West London NHS Foundation Trust
- John Vaughan: Director of Strategic Planning and Partnership, Central & North West London NHS Foundation Trust
- Sandra Brookes: Service Director for Hillingdon, Central & North West London NHS Foundation Trust

- Richard Connett: Head of Performance and Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust
- Nick Hunt: Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust
- Robert Craig: Director of Operations, Royal Brompton & Harefield NHS Foundation Trust
- Mark Lambert: Director of Finance and Performance, Royal Brompton & Harefield NHS Foundation Trust
- Bob Bell: Chief Executive, Royal Brompton & Harefield NHS Foundation Trust
- Piers McCleery: Director of Planning and Strategy, Royal Brompton & Harefield NHS Foundation Trust
- David McVittie: Chief Executive, The Hillingdon Hospital NHS Foundation Trust
- Dr Tony Grewal: Medical Director of Londonwide (LMC)
- Dr Ian Goodman: Chairman of Hillingdon Clinical Commissioning Group
- Peter McKenna: Assistant Director of Operations, London Ambulance Service
- Amanda Brady: Care Quality Commission (CQC)
- Maria O'Brien: Managing Director, Hillingdon Community Health
- Trevor Begg: Chairman, Hillingdon LINK
- Graham Hawkes: Manager, Hillingdon LINK

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the organisations present on the health services provided within the Borough and decide whether to take any further action.

BACKGROUND REPORTS

None.

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

Dentistry

1. In 2009, the Committee was advised that the performance of community specialist dentistry would need additional focus with regard to performance. What action has been taken and how is the service now performing?
2. What work, if any, has been undertaken to promote children's oral health?
3. Waiting times had been reduced from 24 months to 4-10 months. Have these waiting times been reduced further? If not, are there any plans in place to address this?
4. Access levels were at 68% in 2009 with a target of 75% in 2011. Has this target been met? If not, what action is being taken to improve access levels?
5. Has funding to the community dentistry service been reduced? If so, what impact will this have on the services received by residents and what action is being taken to ensure that the service continues to be delivered to a high standard?

Safe & Sustainable

6. What further action, if any, is the Royal Brompton & Harefield NHS Foundation Trust proposing to take with regard to the Safe and Sustainable review?

Health & Social Care Bill

7. What progress has been made with regard to the CCG?
8. What progress has been made with regard to the Health and Wellbeing Board?
9. Is there any indication from Government as to how the National Commissioning Board will allocate the £80bn funding to CCGs? For example, will this be based on patient numbers and will consideration be given to deprivation?
10. What part is the External Services Scrutiny Committee likely to play in the JSNA and when is likely to happen?
11. How will the training and support needs of the CCGs be met in relation to the proposals in the Bill for them to commission health services?
12. What action has been undertaken by the PCT with regard to investigating the concerns of Members about some dentists not accepting patients that are in receipt of benefits?
13. What provisions are in place to ensure that residents in care homes receive continuity of dental care?

NHS Wellbeing Centre

14. How successful has the NHS Wellbeing Centre in Uxbridge been to date?

15. What has not gone so well?

16. What changes have been made to the service since its inception?

17. How have these changes benefited residents?

18. What are the future plans for the Centre?



HILLINGDON

LONDON

Email address for response: safeandsustainable@ipsos-mori.com
OSC consultation deadline: 5 October 2011

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

9 September 2011

Dear Sirs

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

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

A number of our concerns have already been expressed in the response submitted on 30 June 2011 by the London Borough of Hillingdon's Cabinet Member for Social Services, Health and Housing, Councillor Philip Corthorne.

In July 2011, the Committee held a meeting with representatives from both NHS Specialised Services and the Royal Brompton and Harefield NHS Foundation Trust (RB&H) to consider the proposals in some detail.

We note that the review undertaken by the independent panel of experts and chaired by Professor Ian Kennedy rated all 11 centres in England against:

Councillor Michael White
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- How well they were currently meeting core standards based on the self-assessment and the visits.
- Robustness and deliverability of each centre's development plans to meet all of the standards' core requirements.
- Impact of increased activity: the panel assessed how centres could expand facilities and workforce.

This process resulted in the RB&H being awarded a score of 464 out of a maximum possible score of 610. This score saw RB&H rated joint fourth, alongside Great Ormond Street Hospital for Children NHS Trust (GOSH).

By bringing rare and complex cases together, RB&H has developed clinical and research expertise that is unmatched. RB&Hs paediatric respiratory services have been built up over nearly 50 years, yet it appears that no consideration has been given to the ability of other hospitals to deliver these services if they were to be relocated.

We understand that there is a risk that the removal of children's cardiac surgery from RB&H would render the Paediatric Intensive Care Unit potentially unviable. Concerns have been expressed that the potential impact on services provided by the RB&H anaesthetic department would be significant if children's cardiac surgery was no longer provided; complex bronchoscopies needing intensive treatment would have to be referred elsewhere; and complex cystic fibrosis cases might have to go elsewhere for specific aspects of their management.

The External Services Scrutiny Committee wholeheartedly agrees that there is a need to ensure consistent quality regardless of where children live and that improvements need to be made to the way quality is measured. At our last Committee meeting, it was widely agreed that parents were prepared to travel significant distances to get the best treatment for their children. We noted that travel distance is unlikely to deter most patients and their families from seeking the best available treatment, and 88.4% of children will only have one surgical intervention.

To achieve the NHS' aspirations for "safety, sustainability, better outcomes and excellent care for children", we believe that further consideration should be given to retaining the 6/7 centres that scored highest in the review, irrespective of where they are situated.

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 independent review, along with the Safe and Sustainable proposals, has not fully explored the option of two federated teams working from three London sites. This option would ensure the accessibility of the service, reduce the number of teams from three to two, increase team quality and maintain relationships with other services at the three centres.

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Chairman of External Services Scrutiny Committee

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We therefore cannot support the proposal to move to a system with two specialist surgical centres in London. One consequence of the preferred options contained within the review proposals is that children's heart surgery would be removed from RBH. We believe that a strong case for this proposal has not been made by the NHS and that alternative ideas should be pursued to increase the overall benefits of the service without losing all of the expertise and the accessibility of the RBH clinical teams. In particular, the idea of using fewer teams working across the same number of centres should be explored.

Yours sincerely



Councillor Michael White

Cavendish Ward and

Chairman of External Services Scrutiny Committee

cc: Cllr Philip Corthorne, Cabinet Member for Social Services, Health and Housing.
Mayor of Hillingdon, Cllr Mary O'Connor MBE
Cllr Ray Puddifoot, Leader of the Council
Hugh Dunnachie, Chief Executive
Dr Ellis Friedman, Joint Director of Public Health
Kevin Byrne, Head of Policy & Performance
John Wheatley, Senior Policy Officer

Councillor Michael White

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WORK PROGRAMME 2011/2012

Officer Contact

Nav Johal and Nikki Stubbs, Central Services

Papers with report

Appendix A: Work Programme 2011/2012

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. It was requested that Members receive an update on the community dental services and the budgetary situation for these services at its meeting on 26 October 2011.
2. With regard to the meeting scheduled for 11 January 2012, Members requested that this meeting be used to gain an update on the progress of the Hillingdon Healthwatch. Representatives from the Hillingdon LINK would be included amongst those invited to attend the meeting.
3. It was noted at the last meeting that the Labour Member(s) for the Re-Offending Working Group had not yet been appointed. The meetings for the Group have been set but confirmation is required with regard to the start time for two of the meetings:
 - 4pm, Wednesday 2 November 2011 - 1st Witness Session
 - **5pm or 6pm**, Wednesday 23 November 2011 (in place of ESSC) - 2nd Witness Session
 - 4pm, Wednesday 14 December 2011 - 3rd Witness Session
 - **5pm or 6pm**, Tuesday 17 January 2012 - to agree the final report
4. Members are asked to make suggestions for possible witnesses that can be invited to attend the Re-Offending Working Group meetings. The Group's draft final report will be considered by the External Services Scrutiny Committee on 22 February 2012 and then forwarded to Cabinet for consideration on 29 March 2012.
5. With regard to the Dementia Care review, which is due to start in 2012, the application for two free days of CfPS (Centre for Public Scrutiny) expert advisor support has been approved. The application was considered alongside applications submitted by other

authorities. Members should also note that officers have been advised by CfPS that the support provision has been increased to three days.

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 Transport 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"> NHS Hillingdon (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 Community dental service update
23 November 2011	Re-Offending Working Group
11 January 2012	Healthwatch To receive an update on the development of Healthwatch: <ul style="list-style-type: none"> Hillingdon LiNk Dr Ellis Friedman, Joint Director of Public Health Linda Sanders, Director of Social, Care, Health and Housing

PART 1 – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
	<ul style="list-style-type: none"> • Clinical Commissioning Group
22 February 2012	<p>Crime & Disorder</p> <ul style="list-style-type: none"> • Metropolitan Police Service • Metropolitan Police Authority • Safer Neighbourhoods Team • NHS Hillingdon (PCT) • London Fire Brigade • Probation Service • British Transport Police • Safer Transport Team <p>Re-Offending Working Group To consider the draft final report of the Re-Offending Working Group before submission to Cabinet on 29 March 2012.</p>
28 March 2012 – 5pm	<p>Community Cohesion Review 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 • NHS Hillingdon (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"> • NHS Hillingdon (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
<p>Re-offending Working Group</p> <p>Comprising Councillors:</p> <ul style="list-style-type: none"> • Josephine Barrett • Dominic Gilham • John Hensley • Peter Kemp • John Morgan • Michael White <p>Labour Members</p> <ul style="list-style-type: none"> • To be agreed. 	<p>Detailed review of local arrangements to address re-offending in the Borough.</p> <p>Working Group Meeting dates:</p> <ul style="list-style-type: none"> • 4pm, Wednesday 2 November 2011 - 1st Witness Session • 5pm or 6pm, Wednesday 23 November 2011 (in place of ESSC) - 2nd Witness Session • 4pm, Wednesday 14 December 2011 - 3rd Witness Session • 5pm or 6pm, Tuesday 17 January 2012 - to agree the final report <p>Witnesses</p> <ul style="list-style-type: none"> • To be agreed
<p>Dementia Working Group</p> <p>Comprising Councillors:</p> <ul style="list-style-type: none"> • To be agreed 	<p>Detailed review of improvements and formalisation of the Council's arrangements for addressing the issue of dementia in the Borough.</p> <p>Working Group Meeting dates:</p> <ul style="list-style-type: none"> • To be agreed <p>Witnesses</p> <ul style="list-style-type: none"> • To be agreed

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