

PROVISION OF HEALTH SERVICES IN THE BOROUGH

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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?