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External Services Scrutiny Committee

Councillors on the Committee

Mary O'Connor (Chairman)
Dominic Gilham (Vice-Chairman)
Josephine Barrett
Shirley Harper-O'Neill
Peter Kemp
John Morgan
Phoday Jarjussey (Labour Lead)
John Major

Date: **TUESDAY, 11 JUNE 2013**

Time: **4.00 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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Published: Monday, 3 June 2013

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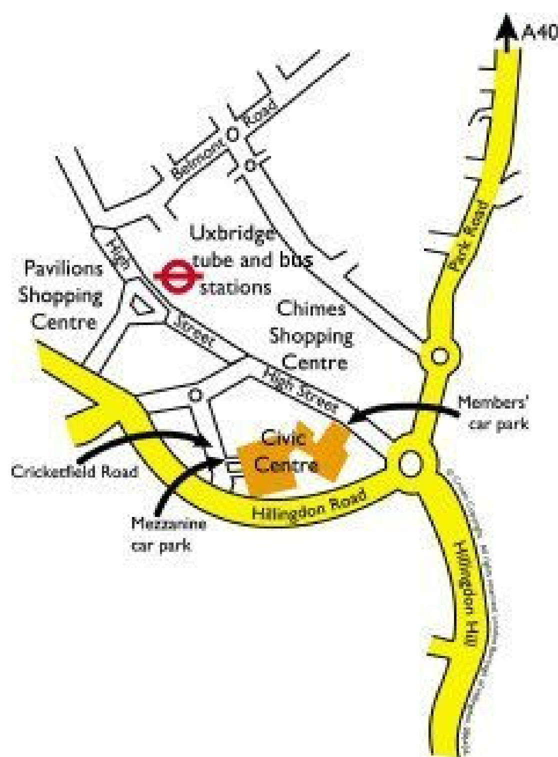

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Terms of Reference

The External Services Scrutiny Committee plays a very important role scrutinising services provided by non-Council organisations in the Borough, in the public, private and voluntary sectors, particularly on health related matters.

The Committee is also responsible for identifying areas of concern to the community and instigating an appropriate review process. It is able to scrutinise any non-Hillingdon Council organisation whose actions impact on Hillingdon residents.

The Committee's terms of reference are set out below:

- To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

- To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.

- To respond to any relevant NHS consultations.

- To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.

- To identify areas of concern to the community within their remit and instigate an appropriate review process.

- 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.

Agenda

PART I - MEMBERS, PUBLIC AND PRESS

Chairman's Announcements

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Minutes of the previous meeting - 18 April and 9 May 2013 — 1 - 12

4 Exclusion of Press and Public

To confirm that all items marked Part 1 will be considered in public and that any items marked Part 2 will be considered in private

5 Welcome

Announcements from the Chairman

6 Health Changes and Priorities for the year ahead

External representatives from the CCG, Healthwatch Hillingdon, THH, along with relevant Council Officers, will be invited to attend and give short remarks.

7 Hillingdon Hospital A&E

Given recent developments, to receive an oral update on the operation of the Borough's local Accident and Emergency Unit.

8 Work Programme and Scrutiny Reviews — 13 - 36

To consider and agree the Committee's activity over the forthcoming municipal year, including scoping activity for the first major review. Report includes:

Appendix A – work programme
Appendix B – previous reviews
Appendix C – draft Scoping report major review

PART II - PRIVATE, MEMBERS ONLY

9 Any Business transferred from Part 1

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

18 April 2013

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

Committee Members Present:
Councillors:
Michael White (Chairman)
Dominic Gilham (Vice-Chairman)
Josephine Barrett
John Hensley
Phoday Jarjussey (Labour Lead)
Judy Kelly
Peter Kemp
Beulah East

Witnesses Present:
Shane DeGaris, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust
Dr Richard Grocott-Mason, Joint Medical Director, The Hillingdon Hospitals NHS Foundation Trust
Richard Connett, Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust
Nick Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust
Steve Lennox, Director of Health Promotion and Quality, London Ambulance Service
Sandra Brookes, Borough Director, Hillingdon, Central & North West London NHS Foundation Trust
Claire Murdoch, Chief Executive, Central & North West London NHS Foundation Trust
Maria O'Brien, Managing Director Community Services, Central & North West London NHS Foundation Trust
Ela Pathak-Sen , Associate Director, Quality & Service Improvement, Central & North West London NHS Foundation Trust
Ceri Jacobs, Chief Operating Officer, CCG
Graham Hawkes, Chief Executive, HealthWatch

LBH Officers Present:
Sharon Daye, Interim director of Public Health
Nav Johal, Democratic Services Officer
Danielle Watson, Democratic Services Officer

Also Present:
Member of Public - 2

54.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor John Major; Councillor Beulah East was present as a substitute.	**Action by**

55.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* Councillor Peter Kemp declared a non-pecuniary interest, as he was a Governor of Central and North West London NHS Foundation Trust, and remained in the room during the consideration thereof. Councillor Phoday Jarjussey declared a non-pecuniary interest, as he was a member of Central and North West London NHS Foundation Trust and Hillingdon Hospital Foundation Trust, and remained in the room during the consideration thereof.	**Action by**
56.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**	**Action by**
57.	**QUALITY ACCOUNTS** *(Agenda Item 5)* The Chairman welcomed those present and invited the health partners to present on their quality account reports for 2012/13. **<u>The Hillingdon Hospitals NHS Foundation Trust</u>** Shane DeGaris, Chief Executive and Dr Richard Grocott-Mason, Joint Medical Director spoke on behalf of The Hillingdon Hospitals NHS Foundation Trust. Mr DeGaris introduced the Trust's quality report and stated that the Trust tried to be challenging with the quality targets that were set for 2012/13 and therefore had not achieved all the targets. The Trust would continue to set challenging targets and were trying to pick up points around patient experience. Dr Grocott-Mason discussed last year's 5 priorities: **1 - First Contact Project: Improving the outpatient experience** This was around general admin and appointments for patients and it was noted that 2 of the 4 targets had been fully met. **2 - Changes in Maternity** All targets had been met. This included improving patient experience, reducing caesarean sections and improving breastfeeding figures. **3 - Care Priorities** 1 of the 3 targets for this had been fully met; patients having the correct identification bands; hydration/fluid balance was very close to being met. **4 - The Leaving Hospital Project** This was around hospital discharge and some targets had been met. It was noted that transition was a key area and this was something that could be done better. There has been some improvement with getting patients discharged earlier in the day.	**Action by**

5 - CQUINs (Commissioning for Quality and Innovation)
This was an incentive which was agreed with commissioners and included national, regional and local targets. 4 of the 9 targets had been met.

The priorities set for 2013/14 were:
1. First Contact Project
There were proposals for a major investment to move towards electronic records which should enable a lot of efficiency improvements.

2. Improving Inpatient Care and Discharge
This included care that could be delivered in the community rather than hospital and reducing the amount of time spent in hospitals.

3. Improving Emergency Care
This included a focus on early consultant review of patients requiring admission on a 7 day a week basis to enhance early senior clinical decision making and eliminate the variability in mortality between weekday and weekend admissions.

4. CARES
It was noted that patient experience was an important factor and using CARES as values set out the standard expected from staff in terms of attitude and behaviour.

5. CQUINs
This was a priority again and it was noted that the patient experience CQUIN would be based on a 'friends and family test'. The local targets were being agreed with the CCG.

The Trust was pleased to note that the mortality rate was lower than the national average expected in hospitals. The Trust had met the year's targets for infection control. The patient bed days were also below the national average and London average. The Trust had also met the 4 hour average waiting time at A & E.

Members asked about the staff survey which gave some negative feedback about hand hygiene and in particular around adequate hand washing material. Mr DeGaris responded that the Trust had met targets around infection control and that those comments were feedback from staff that were mostly in a non-clinical area. It was an educational issue and he confirmed that the topping up of hand washing gels in clinical areas was sufficient. It was noted that the Trust had one incident of MRSA in the last year, down from four in 2011/12; the target for next year was zero.

Members noted that the targets for complaints response had not been met and asked what was being done to improve this. Mr DeGaris stated that there were some issues with the turnaround time for complaints and that this needed to be addressed. His concern was more with the quality of the response rather the time it took to respond. But it was obviously an issue that needed to be looked into.

Members discussed information provided on discharge and Dr Grocott-Mason stated that re-admission rates were higher than the Trust would like them to be. Things could be done better and an improvement in signposting to services was needed. It was hoped that improved information provided to clinical teams involved in the ongoing care of patients after discharge would improve this.

Members asked for information on those patients that discharged themselves, the Trust responded that although they did not have information on this, the figure was very small. The possibility of patients being discharged too early was discussed and it was noted there was a drive nationally for care in hospitals to be shorter. It was important to get a right balance of care.

Members stated that improving patient care and discharge was very important, Ward Councillors received a lot of complaints with regard to discharge and was a problem that needed to be addressed. In particular with regard to when patients received their medication. Dr Grocott-Mason recognised this was a problem and the aim was to have patient's papers ready on discharge. Better discharge planning was required to achieve this in a timely fashion. It was noted that the Trust was still on a paper based system, and that hopefully with a new chief pharmacist this should improve.

The closure of Ealing Hospital's A & E department was discussed and the impact it would have on Hillingdon Hospital. There was a lot of planning involved in this and the change would happen over years. The Trust had received over £12million to enhance the emergency care services at the Trust, and the Trust is proposed to receive further funding as part of the implementation of Shaping a Healthier Future. It was noted that in theory rather than the numbers increasing at Hillingdon, people should be directed to the appropriate care.

Royal Brompton & Harefield NHS Foundation Trust

Richard Connett, Director of Performance & Trust Secretary and Nick Hunt, Director of Service Development spoke on behalf of Royal Brompton & Harefield NHS Foundation Trust. It was noted that the Trust gave equal prominence to quality and financial accounts.

A presentation on quality accounts 2012/13 and targets for 2013/14 was delivered to the Committee. The main points included the performance of the targets 2012/13 which were:

1. Patient satisfaction and advice on medication
This had improved through the year and by quarter 4 was at 100% satisfaction rate.

2. Effective content and organisation of paper-based notes
This was a big challenge and there was still some way to go to meet this target. This would continue to be focused on for 2013/14.

3. Effective communication

3 out of the 5 targets showed improvement through the year on communication about tests. Ongoing work was needed on the 2 factors that showed a decline in satisfaction. This work would be continuing into 2013/14. The second part of effective communication was around care plans and the Trust were able to confirm that all patients had followed the care plan that was agreed most appropriate for them.

4. Participation in national Patient Reported Outcome Measures (PROMs)
Patient outcomes look at the patient's health as a result of the treatment and care they received. This was a pilot that was a success and the Trust would be participating in the full national programme.

5. Managing Complication
Measurements showed that the Trust was performing well on all 6 measures. This safety thermometer tool would continued to be used next year, and be used as part of monitoring pressures ulcers as part of quality priorities for 2013/14, and also as a CQUIN measure.

The quality priorities for 2013/14 were:

1. Patient Identification
2. Further Developing our Safety Culture
3. Avoiding Unnecessary Readmissions
4. Falls
5. Reduction or Pressure Ulcers

The quality priority topics had been chosen through engagement with governors, patients and the public, members of the local involvement networks, staff and trust board members.

Members discussed the patient survey and Mr Connett would make this available once it was ready the following week. The PROMs rollout was discussed and Mr Connett stated that engagement would continue.

London Ambulance Service

Steve Lennox, Director of Health Promotion and Quality spoke on behalf of London Ambulance Service (LAS). It was noted that the data provided was one month short of a years performance as the quality accounts report had not yet been completed. The LAS had a mixed year which the successes of the Jubilee, Olympics and Paralympics games. The time consumption of these events had been huge on the service which resulted in the organisational development not being as progressive as it was hoped.

A presentation on quality accounts 2012/13 and targets for 2013/14 was delivered to the Committee. The main points included the performance of the targets 2012/13 which were:

1. Mental Health
The LAS had responded to 17,222 calls which related to mental health, of these over 600 was for Hillingdon. There was improved education for

staff and other avenues apart from taking the patient to A & E needed to be looked at. A & E was often not the most suitable place for patients.

2. Alcohol related harm
The LAS had responded to 54,977 calls which were for alcohol related harm. It was noted that this figure was solely for intoxication and not linked to anything else. Of this around 1,700 was for Hillingdon and the LAS was running an alcohol service. The CQUIN framework was involved.

3. Quality during the Olympics
This was achieved during a successful and busy period in London.

4. Diabetes
Both targets for diabetes had been missed. The model for falls had been followed and Mr Lennox stated that that this had not been so successful.

5. Quality
All ambulance services were measured against national measures. Mr Lennox discussed the different targets that the LAS were measured against and the performance compared to 2011.

Mr Lennox stated that the LAS could at times be old fashioned in the way they worked and there needed to be a move towards more single patrols as currently most crews went out in pairs.

It was noted that the LAS received around 1.4million calls a year and the information given on drop off calls was good. It was noted that in London, as hospitals were closer than in counties, often patients would want to go to A & E regardless of what was required.

Members discussed LAS response times and what happened when targets were missed, and by a considerable time. Mr Lennox stated that individual cases would be reviewed if a complaint was made or if it was a critical incident. That on the whole the higher category calls were responded to first and that those on a lower need would have to wait longer, and possibly wait a long time if there was a high number of high category calls. The reason for lateness was nearly always a capacity issue and prediction tools were used to coordinate staff levels.

<u>**Central & North West London NHS Foundation Trust**</u>

Claire Murdoch, Chief Executive; Sandra Brookes, Borough Director, Hillingdon; Maria O'Brien, Managing Director Community Services; and Ela Pathak-Sen, Associate Director, Quality & Service Improvement spoke on behalf of Central & North West London NHS Foundation Trust.

A presentation on quality accounts 2012/13 and targets for 2013/14 was delivered to the Committee. The main points included the performance of the targets 2012/13 which were:

- Overall 15 of the 17 quality priorities had been achieved, 88%. This was an improvement on the 69% in the previous year. Of these 13 were applicable to Hillingdon, where 10 were achieved (77%).

- Hillingdon's Mental Health targets were broken down and it was noted that the following targets had been achieved:
  - At least 50% of services users on CPA whose care plan contained at least one personal recovery goal;
  - At least 95% of dementia service users prescribed an antipsychotic had 3-montly reviews, and output sent to GP/family/patient within 2 weeks;
  - To establish supported discharge processes/protocols to support services users who had been discharged to primary care; and
  - At least 65% of community patients report that they were 'definitely' and 'to some extent' involved as much as they wanted to be in decisions about their care plan.

- The following targets had not been achieved:
  - At least 65% of community service users on CPA reported that they got enough advice and support for their physical health;
  - At least 65% of patients reported they 'definitely' got the help they wanted when contacting the crisis line; and
  - At least 65% of community patients reported that they were 'definitely' involved as much as they wanted to be in decisions about their care plan.

- Hillingdon's Community Health targets were broken down and it was noted that the following targets had been achieved:
  - At least 75% of end of life care patients on district nursing caseload with an advanced care plan;
  - At least 25% of patients with learning disability conditions using HCH services have personalised care plans;
  - Reducing the number of avoidable grade 2/3/4 pressure ulcers (10% year on year reduction) (YTD);
  - Develop localised guidelines for all HCH staff to enable more effective support for cares which would include development and delivery of a training package for staff in conjunction with third sector partners; and
  - Ensured at least 80% of all new referrals to the wheelchair service were given specific information for their carers about using a wheelchair and, where requested, provided additional training.

The quality priorities for 2013/14 involved key stakeholder involvement and consultation. They were put into 3 key areas:

- **Care Planning**
  - Patients report being involved as much as they wanted in care plan decisions.
  - Patients have been offered/given a copy of their care plan/have an agreed care plan.

- Carer involvement

- Patients have their carer status identified.
- A thematic review of feedback from 'Did/do you feel supported by CNWL staff'.

- Services satisfaction

- How likely are you to recommend CNWL services to friends/family if they needed similar care? / Overall, how would you rate the care you received from CNWL services in the last 12 months?
- A thematic review of the follow-up question 'Can you tell us the main reason for your response?'

Members discussed the performance of CNWL in comparison to other places and it was noted the performance was better elsewhere in comparison to Hillingdon. Ms Murdoch stated this was correct for mental health and there was gaps in the service including access to services. There was some correlation to funding issues and it was noted that the service had to do better with the funding it had. It was further noted that although the targets in some areas had not been met there had been improvement in comparison to the previous year. Ms Murdoch stated that CNWL were regularly meeting with Linda Sanders, Corporate Director Social Services & Health, LBH to look at improving the service.

The DESMOND programme was discussed and Members stated that this was a valuable tool in teaching patients to care for themselves. The possibility of rolling this out more frequently was discussed and Ms O'Brien stated that this would be down to funding. The programme was currently on offer to all those newly diagnosed with diabetes and there was likely to be a review of the service in the next year. It was stressed that new referrals were prioritised for the programme.

Members discussed patient and carer involvement and Ms Pathak-Sen stated that every quarter patient experience managers contacted around 2,000 people to ask questions about the service they received. This was done on the telephone. The last year this idea had developed and focus groups were run; this would be continuing the following year. The involvement of BME groups was discussed and it was noted that there were hard to reach places that needed improvement.

CCG

Ceri Jacobs, Chief Operating Officer spoke on behalf of CCG. Ms Jacobs stated that all providers were working in circumstances that were challenging. It was good to see the good work being done and engagement was key in this.

HealthWatch

Graham Hawkes, Chief Executive spoke on behalf of HealthWatch. Mr Hawkes was pleased to be involved, through LINk and then HealthWatch, with setting priorities with partners. He stated that HealthWatch would be responding to all the Quality Account reports.

	The Chairman thanked those that attended the meeting. **RESOLVED: That:** **1. the presentations be noted;** **2. Health Partners to send their staff survey results to Democratic Services to distribute to Members; and** **3. Democratic Services to draft quality account responses and send to Members for comment.**	
58.	**MINUTES OF THE PREVIOUS MEETING - 19 MARCH 2013** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 19 March 2013 be agreed as a correct record.**	**Action by**
59.	**DIABETES DRAFT FINAL REPORT** *(Agenda Item 6)* Councillor White, Chairman of the Diabetes Working Group, introduced the draft final report which had been agreed by the Working Group, subject to final amendments to be made by Democratic Services. A final copy would be sent to all Members in advance of it being agreed by Cabinet in June 2013. **RESOLVED: That the Committee agreed the draft final report, subject to any final amendments made by Democratic Services, which were to be agreed with the Chairman of the Working Group.**	**Action by**
60.	**WORK PROGRAMME** *(Agenda Item 7)* Consideration was given to the Committee's Work Programme for 2012/13 which had now concluded. The meeting dates scheduled for 2013/14 were noted and it was agreed the meeting scheduled for Thursday 17 April 2014 be moved to week commencing 21 April 2014. This was in order that health partners had time to submit draft quality reports in time for the agenda despatch date. Democratic Services would draft a Work Programme for 2013/14 and asked that Members let them have any comments in regard to this. Democratic Services also asked that Members give thought to review topics for 2013/14 and pass any suggestions to Democratic Services. **RESOLVED: That:** **1. the Work Programme be noted;** **2. the meeting scheduled for Thursday 17 April 2014 be moved to the w/c 21 April 2014;** **3. Members to pass any comment to Democratic Services with regard to the Work Programme for 2013/14;** **4. Members to inform Democratic Services any suggestions they may have for review topics for 2013/14; and** **5. Democratic Services to put together a draft Work Programme for 2013/14 and circulate to Committee Members.**	**Action by**

	The meeting, which commenced at 6.00 pm, closed at 7.52 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nav Johal/Danielle Watson on 01895 277488/ 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

Public Document Pack

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

9 May 2013

Meeting held at Council Chamber - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Mary O'Connor, (Chairman) Dominic Gilham (Vice-Chairman) John Morgan Josephine Barrett Shirley Harper-O'Neill Peter Kemp Phoday Jarjussey, (Labour Lead) John Major **LBH Officers Present**: Steven Maiden, Democratic Services Officer	
61.	**APPOINTMENT OF CHAIRMAN & VICE-CHAIRMAN** *(Agenda Item 1)* **RESOLVED: That:** **1. Councillor Mary O'Connor be elected Chairman of the External Services Scrutiny Committee for the municipal year 2013/2014; and** **2. Councillor Dominic Gilham be elected as Vice-Chairman of the External Services Scrutiny Committee for the municipal year 2013/2014.**	**Action by**
	The meeting, which commenced at 7.30 pm, closed at 7.35 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Danielle Watson on 01895 277488. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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WORK PROGRAMME & SCRUTINY REVIEWS 2013/2014

Officer Contacts	Mark Braddock, Administration Directorate Nikki O'Halloran, Administration Directorate
Papers with report	• Appendix A: Work Programme 2013/2014 • Appendix B: Previous reviews • Appendix C: Draft Scoping Report on a proposed Major Scrutiny Review by the Committee on Stigma.

REASON FOR ITEM

To enable the Committee to forward plan and track the progress of its work and agree the first major scrutiny review of 2013/14.

SUGGESTED COMMITTEE ACTIVITY

1. **Agree the proposed Work Programme for 2013/14 and make any amendments, as shown in Appendix A;**

2. **Agree the Committee's first major scrutiny review on Stigma and provide any input into the draft Scoping Report attached in Appendix C;**

3. **Consider any scrutiny topics for a 2nd minor working group review later in the year, so Democratic Services Officers can start to scope them.**

INFORMATION

Meetings

1. The meeting dates for 2013/14 have been agreed by Council. Members are asked to highlight issues that they feel the Committee may want to examine in 2013/14. The meeting dates for the next municipal year are as follows and the meetings will start at 6pm unless indicated:

Meetings	Room
Tuesday 11 June 2013 – 4pm	CR6
Tuesday 16 July 2013 – 6pm	CR6
Thursday 5 September 2013 – 6pm	CR6
Thursday 10 October 2013 – 6pm	CR6
Tuesday 19 November 2013 – 6pm	CR6
Thursday 9 January 2014 – 6pm	CR6
Tuesday 18 February 2014	TBC
Tuesday 18 March 2014 – 5pm	TBC
TBC	TBC

Scrutiny Reviews

In addition to the usual business of the Committee set out in the attached Work Programme, it is proposed that for 2013/14:

1) The Committee itself undertakes a single major review on the topic of **Stigma and the effects on residents' mental and physical health in the Borough**, which has been recommended by the Chairman. A draft scoping report is enclosed with this agenda for the Committee's consideration. This has the potential to be a very worthwhile and influential review for the Borough and beyond.

2) A Working Group is set up later in the summer to carry out a 2nd minor scrutiny review on a topic yet to be determined. Members may wish to consider possible topics.

Information on previous scrutiny reviews is provided in Appendix B.

BACKGROUND DOCUMENTS

NIL.

APPENDIX A

EXTERNAL SERVICES SCRUTINY COMMITTEE

2013/14 WORK PROGRAMME

Shading indicates completed meetings

Meeting Date	Agenda Item
11 June 2013	**Welcome** Announcements from the Chairman **Health Changes and Priorities for the year ahead** External representatives from the CCG, Healthwatch Hillingdon, THH, along with relevant Council Officers, will be invited to attend and give short remarks. **Hillingdon Hospital A&E** Given recent developments, to receive an update on the operation of the Borough's local Accident and Emergency Unit. **Work Programme and Scrutiny Reviews** To consider and agree the Committee's activity over the forthcoming municipal year, including scoping activity for the first major review.
16 July 2013	**State of Readiness for a Measles Outbreak** To receive an update from public health officials on the Borough's resilience and infection control plans for any measles outbreak. **1st Major Review – STIGMA and its effect on mental and physical health (tbc)** To listen to and question a range of witnesses as part of the first stage of the Committee's review. **2nd Minor Review** To agree a topic for this review and for a Working Group be set up to carry it out and its membership, reporting back to the Committee at its January 2014 meeting.
5 September 2013	**NHS & GPs** Performance updates, updates on significant issues and review of effectiveness of provider services:

<table>
<tr><th>Meeting Date</th><th>Agenda Item</th></tr>
<tr><td></td><td>

- NHS Hillingdon
- The Hillingdon Hospital NHS Foundation Trust
- Royal Brompton & Harefield NHS Foundation Trust
- Central & North West London NHS Foundation Trust
- London Ambulance Service
- Hillingdon CCG
- Healthwatch Hillingdon
- Dentists

1st Major Review — STIGMA and its effect on mental and physical health (tbc)
To listen to and question a range of witnesses as part of the second stage of the Committee’s review.</td></tr>
<tr><td>10 October 2013</td><td>**1st Major Review — STIGMA and its effect on mental and physical health (tbc)**
To listen to and question a range any further witnesses as part of the final stage of the Committee’s review.

To devise and consider any early recommendations, delegating authority to the Chairman to finalise the final review report in consultation with Democratic Services. It is aimed to report to Cabinet at its December 2013 meeting.</td></tr>
<tr><td>19 November 2013</td><td>**Safer Hillingdon**
To scrutinise the issue of crime and disorder in the Borough (Safer Neighbourhoods Team, Metropolitan Police Service, etc).</td></tr>
<tr><td>9 January 2014</td><td>**Scrutiny of Local Public Bodies & Utility Services**
Members may wish to receive an update from one or more of the following providers:

- Transport (T*f*L, LBH, Rail companies)
- General Utility (Water, Power, Telephone)
- New Utility (Broadband, 4G)
- Water courses (British Waterways)
- Government (GLA, neighbouring Councils)
- Public Contractors operating in the Borough.

2nd Minor Review
To consider the final report from the Working Group.</td></tr>
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Meeting Date	Agenda Item
18 February 2014	**Community Cohesion** The Committee will focus down this year's scrutiny on current tensions in the community and what public organisations are doing to mitigate these.
18 March 2014	**Crime & Disorder** • Metropolitan Police Service (MPS) • Safer Neighbourhoods Team (SNT) • London Fire Brigade • Probation Service • British Transport Police • Crown Prosecution Service
TBC	**Quality Reports & CQC Evidence Gathering** • 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) • Healthwatch Hillingdon

Second Scrutiny Review by Working Group

- Members of the Working Group: (TBC)

- Topic of the Working Group's minor review : (TBC)

Meeting Date	Agenda Item
	•
	•
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APPENDIX B

PREVIOUS REVIEWS

Working Group Reviews between 2008 to the present

2008/2009

Transition from Child to Adult Mental Health Services for Young People with Mental Illness in Hillingdon.
One of the main pieces of work was the report commissioned by this Committee on the transition from child to adult mental health services for young people with mental illness in Hillingdon. The review was undertaken because of the problems faced by young people and their families during the transition. Recommendations on improving the service were adopted by Cabinet and by Hillingdon Primary Care Trust (PCT).

2009/2010

Parent Abuse - Children & Young People Who Abuse Their Parents & Carers.
One of the main pieces of work was the report commissioned by this Committee on children and young people who abuse their parents and carers in Hillingdon. The purpose of the review was to assess what procedures are were place and to make improvements to these procedures as well as look at the provision of coordinated advice and support being made available to those families living with parent abuse. Recommendations for improving these procedures were adopted in full by Cabinet on 15 April 2010.

2010/2011

Health Inequalities - Effect of Overcrowding on Educational Attainment and Children's Development.
One of the main pieces of work was the review commissioned by this Committee on the effect of overcrowding on educational attainment and children's development in Hillingdon. In 2009, the Centre for Public Scrutiny (CfPS) asked for bids from groups of councils to become one of ten Scrutiny Development Areas that would look at health inequalities. The reviews would then be analysed by CfPS and a scrutiny toolkit developed from the findings. The purpose of the review was to assess what procedures were in place and to make improvements to these procedures to mitigate the effects of overcrowding on educational attainment and children's development. The review also looked at the provision of coordinated advice and support being made available to those families living in overcrowded conditions where a child's education and development was suffering. Recommendations for improving these procedures were adopted in full by Cabinet on 18 November 2010.

Children's Self Harm
The second major piece of work was the review commissioned by this Committee on Children's Self Harm. The purpose of this review was to build upon the work currently undertaken by the Council and partner agencies in relation to those children who self harm and their families. The Working Group sought to look at: how residents' expectations and concerns about children's self harm were reflected in delivery of services by the Council; how the Council's services could be improved and standardised; and how staff could be properly equipped to detect and assess

such cases. All of the recommendations proposed for improving these procedures were adopted in full by Cabinet on 14 April 2011.

2011/2012

Re-offending
One of the main pieces of work was the review commissioned by this Committee on adult re-offending rates in Hillingdon and how this could be improved. The purpose of this review was to build upon the work currently undertaken by the Council and partner agencies in relation to those adults who re-offend. More than half of offenders serving less than 12 months in prison or on community sentences re-offend within the first year following their release. This puts huge strain on both local and national resources. The Working Group sought to look at: understanding the needs and requirements of people that re-offend, the agencies that support re-offenders and the services offered to re-offenders; improving awareness and understanding of re-offending for professionals; developing and enhancing early intervention plans and strategies; and ways to reduce re-offending rates in the borough and in-turn reducing the cost to the Local Authority. All of the recommendations proposed for improving these procedures were adopted in full by Cabinet on 26 April 2012.

Dementia
The second major piece of work was the review commissioned by this Committee on Dementia. The purpose of this review was to look at dementia services currently provided by the Council and other public and voluntary services and identify areas for improvement. The Working Group sought to build upon the work currently undertaken by the Council and partner agencies in relation to the provision of services in the Borough for people with dementia and their carers and families. An improved service will contribute to improvements in residents' health and wellbeing. All of the recommendations proposed for improving these services were adopted in full by Cabinet on 26 April 2012.

2012/2013

Special Constables
One of the main pieces of work was the review commissioned by this Committee on the role of Special Constables in Hillingdon and how the valuable work of volunteer Police Officers could be highlighted. The reason for this review was to highlight the work that Special Constables do and the positive effect it has on the community. To improve awareness and the understanding of the role of Special Constables and to look at ways of promoting the role in the Borough and, in turn, add value to the community. The recommendations were further aimed at building upon the work currently undertaken by Special Constables and the services offered to them. All of the recommendations proposed in the final report were adopted in full by Cabinet on 19 March 2013 and are to be taken forward by the Safer Hillingdon Partnership.

Diabetes
The second major piece of work was the review commissioned by this Committee on Diabetes. The report was carried out due to the perceived high impact it would have on Council care and support services. The purpose of this review was to look at diabetes prevention and diabetes care pathways in the Borough and make recommendations for improvements. The Working Group sought to build upon the work currently undertaken by the Council and partner agencies in relation to the provision of services in the Borough for people with diabetes. An improved service will contribute to improvements in residents' health and wellbeing. It is anticipated the final report of this review will go to Cabinet on 20 June 2013.

Appendix C

STIGMA

THE EFFECT ON RESIDENTS' MENTAL AND PHYSICAL HEALTH IN THE BOROUGH

A Major Review by the External Services Scrutiny Committee 2013/2014

Draft Scoping Report

Chairman, Councillor Mary O'Connor

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References

Local Websites

Terms of Reference

Members of the Committee are asked to consider and provide input into the following draft Terms of Reference for the review:

1. To gain a complete picture of how Stigma affects people with mental and physical health problems;

2. To fully understand the underlying reasons and attitudes associated with Stigma;

3. To assess a wide spectrum of local policies, services and activities across the broadest range of local public and voluntary organisations; and to advise how they could adapt and evolve to challenge Stigma;

4. To review the role of local NHS and social care providers in both diagnosis and their approach towards patients with mental and physical health problems;

5. To investigate other local, national and international projects, campaigns and initiatives that have successfully challenged Stigma;

6. To research and actively consult residents and service users; to seek valuable evidence and witness testimony to assist in developing the review's findings;

7. To ensure the Committee's review, report and findings are sensitively approached to reach out most effectively to those affected by Stigma;

8. After due consideration of the above, to bring forward effective, practical and cost effective recommendations to the Cabinet for implementation across the Borough and partner organisations, monitoring progress as required.

What is Stigma?

The word ‘Stigma’ comes from Ancient Greek, borrowed later by the Romans, to describe a type of marking or tattoo that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them.

Throughout history, the word has been used to describe the action of societal disgrace, dislike or disapproval on individuals or groups, e.g. lepers or lower social classes.

Over the last century, tolerance and cultural diversity has been transformed in the Western World. Along with medical advances this has reduced many preconceptions about people.

However, stigma is still apparent across much of society and is often different in form depending upon certain ages, religions, cultures and communities. Stigma today is often associated with people who have physical deformities, mental health problems and certain ‘visible’ illnesses.

Societal stigma will never disappear – there will always be individuals or groups that others will disapprove of. Any efforts to challenge stigma are therefore centred on where it is unjust and unacceptable in a modern, tolerant and progressive society, such as the UK.

When a person is labelled by a mental or physical illness, they are often seen as part of a stereotyped group. Negative attitudes create prejudice which leads to negative actions and discrimination.

One of the most significant areas of stigma still, the subject of this major Committee review, is that associated with people that have mental health and physical health problems.

The act and effect of stigma

Depending upon the nature of the mental or physical illness, those that stigmatise people often do so through the following physical actions:

- Bullying and physical abuse;
- Ridicule and verbal abuse;
- Barred from shops and pubs;
- Being spoken to as if they were stupid or like children;
- Being patronised and;
- Having questions or conversations addressed to those accompanying them rather than themselves.

For those affected, such actions can bring about experiences and feelings of:

- Shame;
- Blame;
- hopelessness
- distress and;
- reluctance to seek and/or accept necessary help.

Therefore, Stigma can affect many aspects of people's lives. In addition to social stigma highlighted above, **self-stigma** is an unfortunate by-effect - the process in which people turn stereotypes towards themselves, making matters even worse.

People who are stigmatized can often fall into depression and may feel they are different and devalued by others. Stigma can result in negative experiences in the workplace, education settings, healthcare, the criminal justice system and even their own home.

The World Health Organisation in 2001 highlighted the damage resulting from stigma, where people can experience rejection by friends, relatives, neighbours and employers leading to alienation and depression. They also highlighted the effect of this within family life and social networks.

The Stigma itself can sometimes has a bigger effect on the individual than the actual condition. An international study published in The Lancet in 2012 concluded that the stigma of mental health is worse than the illness itself. The impact of self-stigma can be far reaching, often blighting lives and holding back recovery.

Depending upon the studies reviewed, around 75% of people with mental and physical health problems say they have experienced stigma or self-stigma of one kind or more.

Stigmatization

Studies over the last few decades have indicated that there are several personality and demographic groupings more likely to be affected by stigma because of their mental or physical health. These include:

- Older people
- Those with lower education
- Those from lower social classes
- Being male

Understanding those most at risk of Stigma is an area the Committee may wish to explore further.

Stigma and its associated discrimination have been linked to ignorance and studies show the much of the public have limited knowledge of mental illness and the knowledge they do have is often factually incorrect.

However, this is something that is being corrected slowly over time. A 1998 study within the Changing Minds campaign of the Royal College of Psychiatrists on the stigmatization of people with mental illnesses showed that negative opinions about people with mental illnesses were widely held and that opinions about different disorders differed in important ways. However, the Royal College repeated their study in 2003 which showed some interesting and varied reductions in such negative opinions.

The study showed that the greatest proportion of negative opinion was in the 16-19 year age group and respondents with a better standard of education were less likely than the rest to express such negative views.

A range of other studies also show that those who do stigmatise mental and other physical illnesses have low levels of contact and experience of people with mental illness.

Societal and the media's perception of people can exacerbate stigma. People with alcohol and drug addictions are also not only seen as dangerous, but the public also can blame them for their addiction. Those with schizophrenia can be potentially viewed as violent and impulsive. Social perception and the strength of stigma therefore can depend significantly upon diagnosis or illness type.

The media have often been accused of sensationalism by portraying mental illness inaccurately in their quest to gain higher ratings. However, they can also play an important role in reaching out to many different audiences to promote mental health literacy. For example, celebrities such as Stephen Fry (diagnosed with bipolar disorder) have spoken publicly about their illness.

Many people also experience stigma in employment, e.g. when applying for jobs with gaps in their CV due to episodes of mental ill health or feeling difficulty in being able to tell colleagues about the matter.

In 2012, a peer reviewed article showed that those with mental health illnesses also encountered discrimination when accessing services such as GPs. They reported professionals as being dismissive or assuming that physical presentations were “all in the mind”. The author stated that this resulted in reluctance to return for further visits, which had a detrimental effect on physical health.

The previous Government’s Social Exclusion Unit in 2004 suggested evidence shows that people with mental illness are at greater risk from physical health problems, including cardiovascular disease, diabetes, obesity and respiratory disease; they also have a higher risk of premature death.

Developing mental illness can also lead to breakdowns in relationships with partners, family and friends. The Government Unit reported that a quarter of children had been teased or bullied because of their parents’ mental health problems. Additionally, that evidence showed rates of co morbidity of drug and alcohol use and psychiatric problems were believed to be rising.

Challenging Stigma

There are two central aspects when considering how to challenge stigma – social and self:

- Changing perceptions and attitudes of those who may stigmatise and stereotype, whether intentionally or not.
- Helping those who are stigmatised who may sometimes start to act in ways that worsen perceptions about them, or their health and wellbeing gets worse as a result.

Clearly, exploring this will be a key aspect of the Committee's further work, looking particularly at what the Council, community and partners can do in its services, actions, policies and procedures to challenge stigma.

However, there are a number of recent national projects and initiatives that will be of interest to the Committee. There is also a wide variety of work within Hillingdon that any findings from the Committee can be incorporated into.

Comic Relief is currently funding "It's time to talk, It's Time to Change campaigns in England and Wales. Working with Mind, along with Rethink Mental Illness, this is an ambitious campaign to reduce the stigma and discrimination faced by people who experience mental health problems.

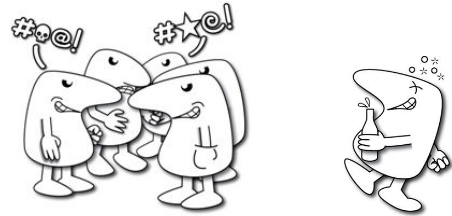
The campaign is aimed at people who know someone with a mental health problem – family, friends, colleagues and neighbours – but who don't realise the impact their attitudes and behaviours can have or who don't know what to say and do. It includes local community activities, a high-profile anti-stigma campaign, targeted work with organisations and a network of grassroots activists combating discrimination.

Since its inception in 2009, 'Time to Change' has shown to have a small positive impact on public attitudes and behaviour towards people with mental health problems. An additional campaign 'It's time to talk' aims to tackle the fear and awkwardness that people feel around talking about mental health.

It is clear that the media can play a role in reducing **social stigma**. In May 2013 Bournemouth University and Dorset Healthcare created a set of films to reduce the stigma around talking about mental health issues featuring the local community and their experience of mental health problems and overcoming them. These are available to watch on the University YouTube channel.

"Pushing Back - a pilot study on self-stigma in Scotland" was launched in May 2012 and called for more to be done to tackle the **self stigma** of mental health problems amongst service providers and the NHS. It identified that some of the biggest areas of potential improvement lied with service providers and professionals and practitioners in the health sector.

Locally in Hillingdon, some work is being done already on a targeted basis.



Hillingdon Mind undertakes a variety of local projects, counselling, befriending and social activities for those with mental health problems.

The Council has previously used the media for anti-social behaviour campaigns, whilst not pointing the finger at any particular group of people. Additionally in 2012 a partnership event was organised by the Asian Health Agency to explore mental health issues affecting BAMER communities.

Given that stigma affects people beyond boundaries, the largest impact made to challenge it will always be achieved nationally or internationally. However, local government and its partners do have a role to play and indeed understand their communities and residents better.

Overall, there has been little focus on this important matter across the local government sector. This major review by the Committee therefore, has the potential to help influence matters on a much wider scale. It could be a very useful review both locally and beyond.

Adding value to the work of the Cabinet and our partners

This review has the potential to impact on a wide variety of service areas within the Council and add value to priority work areas identified by the Cabinet. Preliminary discussions have taken place with a few service areas and their positive response to the Committee's review is given below:

Business Improvement Delivery (BID)

There are a number of transformation projects underway where officers could consider this issue. These include work in Children's Services around parenting support, domestic abuse and substance misuse.

Additionally, the new ways of working in the Children's Pathway project supports working with families not just individuals (e.g. providing support for children in families where Mum has a mental health problem). Shifting the focus for the provision of universal services from being provided by the Council to supporting delivery within the community does support a change in thinking around stigma.

Within the Council's new public health remit, there is also opportunity to change the way we interact and think about different groups of people.

In terms of raising awareness, training and support for staff, partners and community groups or a campaign, we can offer support for any findings from this review accepted by Cabinet.

Youth Services

The Committee's review into Stigma could benefit a number of our activities around youth work and engagement.

Social Care & Health

The areas where stigma is most apparent are in mental health, people who use drugs or alcohol and people living with HIV. There will be plenty our service can contribute to the Committee's review from these areas.

Corporate Policy and Communications

We would support the Committee focussing on existing Council actions, programmes, policies and services, to see if stigma is a factor in these. For example, Members could look at mental health and dementia which features as a key priority in the Health and Wellbeing Strategy.

Members may wish to consider how best we can influence public perception through campaigning and presenting positive images, which we have already

done in a few areas (e.g. fostering). Looking at such behavioural change or "nudge" could also link well with new public health responsibilities.

Key strategies

- Joint Health and Wellbeing Strategy and Action Plan
- Older People's Strategy
- Joint Mental Health Strategy (draft)
- Joint Strategic Needs Assessment

It is suggested the Committee also explore the activities of our local partners, NHS and voluntary organisations in a similar way.

Shaping and informing the review

Support

The Committee will be supported directly by Democratic Services, with involvement from an array of Council teams.

Themes

To assist the Committee in shaping the review, the following themes could be considered to shape the review's structure during its meeting cycle:

1. Research, studies and evidence
2. Local society and community attitudes
3. Workplace & the Family environment
4. The personal impact on being stigmatised
5. Medical / professional diagnoses, support & training
6. Shaping local policies, services and actions by public bodies
7. Media, communications and local information, changing attitudes
8. Joint working to make the biggest impact

Consultation

Democratic Services can devise a dedicated website for the review, where people can find out more, raising its profile amongst other organisations.

A survey can be undertaken amongst the local population to provide both quantitative and qualitative data to support or show local attitudes in comparison to any national evidence.

An anonymous and secure feedback mechanism could be created for individuals to give personal accounts, which could be promoted amongst local voluntary groups to increase engagement.

Targeted views could be sought amongst the younger population, where some studies show they are more inclined to stigmatise.

Witnesses and expert advice

Witness sessions could be undertaken at the Committee meetings itself or off-line with individuals, if more appropriate. Possible witnesses could include:

Internal

- Cabinet Member for Social Services, Health and Housing.
- Interim Director of Public Health
- Head of Early Intervention (Youth Services)
- Corporate Policy
- Corporate Communications

- Older People's and Commissioning Teams

External
- Direct accounts from individuals affected by stigma
- Older People's Forum
- Age UK
- Community Integrated Care (CIC)
- Hillingdon Clinical Commissioning Group
- The Hillingdon Hospital NHS Foundation Trust
- Hillingdon Healthwatch
- Hillingdon MIND
- Youth charities and workers

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

Best Implementation of findings

The most effective local vehicles for taking forward any findings by the Committee would be the Cabinet and then to the Health & Wellbeing Board, chaired by the Leader of the Council.

Depending upon the Committee's findings, an appropriate Officer and Cabinet Member could be requested to lead on implementation internally.

Research

There is a wide variety of academic and professional research both within the UK and internationally on this subject. Many national initiatives have also been undertaken, which the Committee could explore further.

Logistics and timetabling

Meetings	Primary activity	Other deliverables
11 June 2013	Agree Scoping Report	Decide on further research, witnesses and structure of the review.
16 July 2013	Committee Witness Session 1	Evidence & enquiry Agree consultation exercises
August & September	Informal witness meetings and consultation outside main Committee	Evidence & enquiry Research & Consultation phase
10 October 2013	Committee Witness Session 2 & formulation of findings	Evidence & enquiry Findings & Conclusions Delegation to Chairman to finalise review report
November	Final report circulated to Committee Members for comment	Member Feedback Update given to Cabinet Member
19 December 2013 (Cabinet meeting)	Final report presented to Cabinet	Presented by Chairman Recommendations considered for formal approval

Risk assessment

Equalities

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse Borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.

Risk assessment

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

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Local Websites

Hillingdon Mind
http://www.hillingdonmind.org.uk

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