

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 June 2016

Meeting held at Committee Room 3 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead) and Michael White</p> <p>Also Present: Caroline Morison, Chief Operating Officer, Hillingdon CCG Sue Hardy, Head of Strategic Estates, NHS Brent CCG Joan Veysey, Deputy Chief Operating Officer, Hillingdon CCG Dr Stephen Vaughan-Smith, Mental Health Lead, Hillingdon CCG Jane Wheeler, Deputy Director, Mental Health Strategy and Transformation Team, NHS Central London (Westminster) CCG Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon</p> <p>LBH Officers Present: Dr Steve Hajioff (Director of Public Health), John Higgins (Head of Service Safeguarding, Quality and Partnerships) and Nikki O'Halloran (Democratic Services Manager)</p>
3.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
4.	<p>MINUTES OF THE MEETING ON 14 APRIL 2016 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 April 2016 be agreed as a correct record.</p>
5.	<p>MINUTES OF THE MEETING ON 26 APRIL 2016 (<i>Agenda Item 5</i>)</p> <p>Councillor Jarjussey advised that he disagreed with the suggestion to hold two meetings on successive dates in April 2017 for the Committee to consider the Trusts' Quality Account reports as he did not believe that there had been any issues with regard Members being limited with the amount of time that they had to ask questions. He felt that splitting the meeting would fragment the process and would not enhance the scrutiny of the Trusts. By having all of the Trusts present, they were able to identify areas where they could work together to resolve issues, share information and make improvements.</p> <p>The Chairman advised that the proposal was to trial discussing the Quality Accounts over two meetings held on two consecutive evenings. It was anticipated that this would enable Members to question each of the Trusts in equal depth and would enable those present to maintain focus.</p> <p>It was acknowledged that representatives from some of the Trusts left the meeting</p>

before the last Trust had presented its Quality Account. As there were other specifically health related meetings scheduled during the municipal year, it was agreed by most Members that there was ample opportunity for the Committee to scrutinise the Trusts and hold them to account. Furthermore, these other meetings also allowed the Trusts to learn from each other and share information.

The majority of Members agreed that the scrutiny of the 2016/2017 Quality Accounts be split over two consecutive days in April 2017. It was also agreed that Healthwatch Hillingdon would be invited to attend both meetings.

RESOLVED: That:

- 1. the scrutiny of the 2016/2017 Quality Accounts be split over two consecutive days in April 2017 and that Healthwatch Hillingdon be invited to attend both dates; and**
- 2. the minutes of the meeting held on 26 April 2016 be agreed as a correct record.**

6. **MINUTES OF THE MEETING ON 12 MAY 2016** (*Agenda Item 6*)

RESOLVED: That the minutes of the meeting held on 12 May 2016 be agreed as a correct record.

7. **STRATEGIC SERVICE DELIVERY PLAN UPDATE** (*Agenda Item 7*)

The Chairman welcomed Ms Caroline Morison, the new Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), to the meeting.

Ms Morison advised that the Strategic Service Delivery Plan (SSDP) aimed to transform care and had outlined a number of challenges that the HCCG would need to address. These challenges included shifts in models of care and improvements in the use of the existing estate. Since the SSDP had been produced, NHS England (NHSE) had launched various other initiatives, some of which fit with the SSDP's aim to provide the right care in the right setting at the right time.

Ms Sue Hardy, Head of Strategic Estates for HCCG, advised that a key directive from the Department of Health had been to produce an Estates Strategy. To this end, officers from NHSE, HCCG, the Council, Central and North West London NHS Foundation Trust (CNWL) and The Hillingdon Hospitals NHS Foundation trust (THH) had been meeting on a regular basis and would be looking to identify joint opportunities.

Members were advised that, with regard to the St Andrews Park development, there had been a time when engagement with the developer had ceased. However, over the last 4-5 months this situation had improved. Whilst some of the associated s106 money had been used to fund additional capacity at the Uxbridge Health Centre, the remainder would be used to create a new hub (there would be three hubs in the Borough). It was noted that, although commercial terms were still being discussed, the St Andrews developer planned to submit a planning application in the new year.

Consideration was being given to a hub at Mount Vernon Hospital (MVH) which was the preferred location within that part of the Borough. To this end, HCCG was currently in consultation with The Hillingdon Hospitals NHS Foundation Trust.

Concern was expressed regarding the provision of GP services in Yiewsley, West Drayton and Heathrow Villages. Members were advised that a bid for primary care

investment funding had been submitted to NHSE to replace the portacabin at the Yiewsley Health Centre with a new, larger one to provide additional clinical capacity. Ms Joan Veysey had attended a Heathrow Villages residents' meeting regarding access to GPs in the area and the barriers faced regarding registration. A set of actions had been agreed which included the need for a discussion with GPs about catchments areas. HCCG would provide residents with feedback on outcomes. Healthwatch Hillingdon was also working closely with NHSE and HCCG as residents in some areas were having to contact NHSE to be assigned a GP. These were often difficult conversations as the individuals fell outside all GP catchment areas.

With regard to the development of an administration centre for community health services, Members were advised that a site search and feasibility study were being undertaken. However, residents still had concerns in relation to the accessibility of community services.

It was noted that the GP Pressures Working Group had looked at the provision of practices and the trend towards contracted GPs. It was suggested that NHSE needed to invest in infrastructure to attract GPs else it was likely that the situation would worsen.

A void had been left when the Shakespeare Avenue practice moved to Hayes. With the big building programme in Hayes and the advent of Crossrail, investment was needed for the provision of GPs in West Drayton and Hayes. Members were advised that pressure was being put on other practices in the area.

Concern was expressed that there were five levels of coordination within the health service and that this made it more difficult to get a plan working. Members were advised that the SSDP had been established 18/24 months ago. Since then, NHSE had published its Five Year Forward View, the Sustainability and Transformation Plan (STP) had been put together to respond to the Five Year Forward View and the local chapter of the STP had been developed. Although these national requirements were established after the SSDP had been published, they did support the aims of the SSDP.

The Strategic Estates Group (SEG) was a local group that would help to shape the Estates Strategy from a local perspective. NHSE's ImBC (Implementation Business Case) tied this together for the Shaping a Healthier Future programme and presented the case for the total capital investment required. It was anticipated that this would provide access to funds to develop the hubs in the Borough but that investment would also be needed to develop the primary care estate across the whole of Hillingdon. A stock survey had recently been undertaken to determine condition and establish which sites could be expanded. There was now an opportunity to request funding from NHSE alongside s106 funding.

It was noted that the SEG did not currently include public representation as it was a strategic planning group which made decisions/proposals that were then consulted on. If there were plans for a service redesign, this would be the subject of a public consultation. Concern was expressed that there was a fault in the model as the opportunity to change was being missed. It was suggested that consultation with residents needed to take place at the earliest opportunity to ensure that outcomes met the needs of residents (rather than their perceived needs).

Ms Hardy advised that officers worked hard to ensure that a local focus was maintained. To this end, they met regularly with Dr Steve Hajioff (the Council's Director of Public Health) and officers that dealt with s106 contributions regarding investment in

Hillingdon. It was believed that financial and physical assets were enablers.

With regard to the Nestles site, it was anticipated that this development would be the size of a small village. Although the developer had said little about health provision on the site, it would be important to establish the required provision for the new residents as soon as possible so that it could be addressed. Ms Hardy explained that HCCG was keen to retain the health building at Elers Road which could offer the additional capacity required within this part of the Borough associated with this and other residential developments.

It was imperative that new homes were built to accommodate the growing population and health service provision needed to be expanded accordingly. Consideration needed to be given to addressing how the provision of health services could keep up with the rate of expansion. It was suggested that this might need a new model of provision as it was unacceptable that residents were unable to gain access to/register with local GPs.

RESOLVED: That the presentation be noted.

8. **LIKE MINDED: MENTAL HEALTH STRATEGY FOR NORTH WEST LONDON**
(Agenda Item 8)

Like Minded was a strategy for establishing joined up care that led to excellent mental health and wellbeing outcomes for people in North West London. Ms Joan Veysey, Deputy Chief Operating Officer at the Hillingdon Clinical Commissioning Group (HCCG), advised that CCG clinical leads from across North West London had met to identify opportunities for working collaboratively across the area. A local health needs assessment had been undertaken in 2014 which had aligned with key areas of concern. A public consultation event had also taken place to assess the key priorities, which were endorsed by the Health and Wellbeing Board in December 2015.

Ms Jane Wheeler, from North West London Collaboration of CCGs, advised that work had been undertaken across all ages and all levels of need to look at prevention and early intervention. However, consideration needed to be given to the timing for optimum intervention and the best ways to access services

It was noted that the Five Year Forward View for mental health had been published in March 2016. Ms Veysey advised that the investment by HCCG was matched in physical and mental health care. In 2014, the budget spent on mental health by HCCG increased by 7.6%. In 2016, this figure was 5.8% as the emerging picture identified that physical health issues could have a component of mental health issues, for example, perinatal. The HCCG Governing Body had made an explicit decision to invest on a parity basis.

Around 2,450 people in Hillingdon had been diagnosed with mental ill health. Approximately 60% of these individuals were supported in the community. It was suggested that consideration be given to who these individuals were, where they were from, etc, to provide the most appropriate treatment and enable resources to be used in the most effective way. However, it was also important to recognise that the fluidity of the system worried some patients, particularly when they were being supported in the community and were experiencing crisis. Similarly, it was important to be mindful of the needs of dual diagnosis individuals who had a substance misuse problem in addition to mental health needs. Ms Wheeler advised that, dual diagnosis had been factored into the services provided, but substance misuse had not. It was suggested that eating disorders also warranted being looked at more inclusively.

There were a number of issues and needs addressed by Like Minded which aligned with local priorities and which followed the transformation work streams:

1. Serious and long term mental health needs - ensuring that physical and mental health needs were addressed simultaneously and reduced the use of A&E/ acute hospitals;
2. Common mental health needs - worked with frail elderly and on long term conditions' needs to reflect depression and anxiety;
3. Children and young people - specialist eating disorder services were now provided across North West London and the CAMHS redesign was underway with paediatric pathway links to CAMHS;
4. Perinatal - specialist assessment, treatment and support for women in Ealing, Hounslow and Hammersmith & Fulham;
5. Learning disabilities - improving the care and support available for people with a learning disability and/or autism who also had, or were at risk of developing, a mental health condition;
6. Crisis care - single point of access 24/7/365 for people of any age needing crisis advice or referral and setting up Early Intervention Psychosis pathways. In April 2016, CNWL received 4,668 calls, 67% of which were referrals from GPs;
7. Wellbeing and prevention - improving wellbeing at work through the London Healthy Charter programme for employers (a lot of work was being undertaken by Public Health in schools around emotional wellbeing which needed to be rolled out across all schools);
8. Enablers for mental health - workforce and outcomes linked through all work streams; and
9. Social isolation - linked to the Sustainability and Transformation Plan (STP). Scoping programme through coproduction with partners and users. This was thought to be a real challenge as it impacted on other transformation programmes. As such, it was important to identify how to effectively work with partners to engage ethnic minorities and the socially isolated. To this end, HCCG had been working with local imams to improve engagement from their communities.

It was suggested that social isolation could be reduced if there were places to go. As such, it was important that community assets were used to provide normality and that support to access services was available.

Although it was acknowledged that there was a balance between talking about issues and having the capacity to deal with issues, Members queried what methods had been used to engage schools. Dr Stephen Vaughan-Smith, HCCG Mental Health Lead, advised that the CAMHS programme had been aligned with the Council's aspirations.

Although HCCG had the funding, as the 220 CCGs across the country had rolled out the CAMHS programme at the same time, there was significant competition for staff. As such, although CNWL was able to meet the waiting time target for assessment, treatment was not necessarily quite so timely.

Over the last few months, a programme of health and wellbeing talks had been rolled out in schools. It was anticipated that, in the short term, this would result in an increase in the number of young people using the CAMHS service but that this would reduce in the long term.

There were some schools which offered great pastoral services which, it was suggested, were needed in all schools. It was noted that some head teachers engaged well and were keen to roll out best practice but that there were some establishments

whose main goal was educational attainment. In the longer term, plans were in place for teacher training to include an element in relation to autism and mental health to help with early identification.

Members were conscious of GPs becoming overloaded. It was suggested that if early identification was undertaken in an education setting, it would be important that educators were familiar with the relevant signposting to support services and that it was not always necessary to go straight to a GP.

Dr Vaughan-Smith advised that the CAMHS Steering Group had produced a flow chart of all mental health services available in Hillingdon. It was anticipated that this useful document would be published and available to parents, teachers, etc, in the near future.

A conference had been held in March 2016 which was attended by service users. Issues that had been identified at the event included de-escalation and peer support provision/access. A full day engagement event had also been organised for young people in July 2016. It was queried whether there would be any value in a mental health event being organised for head teachers. Members were advised that the head teachers met regularly but that there would need to be a culture shift, for example, some schools were using pupil premiums to pay general salary bills and some would only address mental health issues in an individual's exam year. Some schools also believed that their schools did not have any mental health problems. It was suggested that schools be reminded of the poor publicity that they would receive (and the associated implications) if mental health issues escalated in their organisation.

Ms Wheeler advised that, if the system needed to be redesigned, feedback would be required. It was noted that consideration was already being given to:

- why Hillingdon as the second highest user of the single point of access service, yet the number of emergency cases was very small; and
- how to measure/monitor individuals in their recovery journey to identify how effective the services actually were.

HCCG had already received six months of data from Single Point of Access (SPA provided a first point of contact for people wishing to access adult community mental health services). This information would help HCCG to address the issues raised above.

With regard to awareness raising amongst residents, it was queried how the message was getting out about accessing services and whether there were leaflets available in venues such as surgeries and libraries. Members were advised that there was some anxiety amongst existing CAMHS staff about publicising services as there would be an anticipated significant increase in service use. As such, it would be important to ensure that these staff were protected and supported and that they understood that this increase could be managed through a phased approach. Whilst the Committee understood this fear, it was recognised that there were many individuals who were currently unable to access CAMHS and that the staff needed to be able to respond to this demand or signpost individuals to other, more appropriate, services.

RESOLVED: That the presentation be noted.

9. **WORK PROGRAMME 2016/2017** (*Agenda Item 9*)

Consideration was given to the Committee's Work Programme. It was agreed that the next scheduled meeting on 12 July 2016 would be cancelled. Instead, an informal

meeting would be held with Members at 6pm on 12 July 2016 to discuss possible meeting and review topics. It was agreed that mental health would be included as a subject for consideration at one of the Committee's meetings.

It was noted that the GP Pressures Working Group report was currently being developed. The report would need to be considered by the Working Group before being brought back to the Committee and then passed to Cabinet for consideration.

RESOLVED: That:

- 1. the scheduled meeting on 12 July 2016 be cancelled;**
- 2. an informal meeting be scheduled for 6pm on 12 July 2016 for Members to discuss possible meeting and review topics; and**
- 3. the Work Programme 2016/2017 be agreed.**

The meeting, which commenced at 6.00 pm, closed at 8.02 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.