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A

External Services Scrutiny Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Ian Edwards (Vice-Chairman)
Councillor Teji Barnes
Councillor Mohinder Birah
Councillor Tony Burles
Councillor Brian Crowe
Councillor Phoday Jarjussey (Labour Lead)
Councillor Michael White

Date: **WEDNESDAY, 15 JUNE 2016**

Time: **6.00 PM**

Venue: **COMMITTEE ROOM 3 - 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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Contact: Nikki O'Halloran
Tel: 01895 250472
Email: nohalloran@hillingdon.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:

   (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;

   (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and

   (c) respond to any relevant NHS consultations.

2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.

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

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

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

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

PART II - PRIVATE, MEMBERS ONLY

10 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

14 April 2016

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

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White **Also Present**: Joan Veysey, Acting Chief Operating Officer Gary Collier, Better Care Fund Programme Manager **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager)
50.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
51.	**MINUTES OF THE PREVIOUS MEETING - 15 MARCH 2016** *(Agenda Item 4)* It was noted that Detective Chief Superintendent Nick Downing had been appointed as the West London Commander on a temporary basis. **RESOLVED: That the minutes of the meeting held on 15 March 2016 be agreed as a correct record.**
52.	**BETTER CARE FUND UPDATE** *(Agenda Item 5)* Ms Joan Veysey, Acting Chief Operating Officer for the Hillingdon Clinical Commissioning Group (HCCG), advised that the NHS had provided a standard template and schedules which needed to be completed as the formal Better Care Fund (BCF) Plan. Members were assured that messages communicated from the Plan would be in a much more user friendly format. The draft Plan had been agreed by the Hillingdon Health and Wellbeing Board (HWB) and had also been agreed by the HCCG Governing Body in a Part II meeting (as this meeting had taken place before the Plan was considered by the HWB). The Plan would be considered by the Social Services, Housing and Public Health Policy Overview Committee at its meeting on 20 April 2016. Comment on the Plan was now awaited from NHS England (NHSE). The BCF was a national scheme intended to encourage health and social care to work together more closely, as required by the 2014 Care Act, with the expectation of a three year Plan from April 2017 to achieve "full integration" by 31 March 2020. It was anticipated that the definition of "full integration" would be included in the guidance that was expected to be issued by the end of the current quarter. Mr Gary Collier, the

Council's Better Care Fund Programme Manager, advised that he would forward a copy of the guidance to the Committee once it had been received. Officers would start to identify the needs of the Borough and start a local dialogue by the end of this quarter. This information could then be manipulated to fit the Government requirements.

It was noted that BCF funding was not new money. For the 2016/2017 Plan, HCCG and the Council were pooling £22.5m, which was more than the required minimum value of £20m. Government had allocated £1.5bn of new money for the three year plans. It was anticipated that this would be performance related and that the majority would be allocated in the last two years of the three year plans.

The 2016/2017 Plan would focus on older people with a view to helping them maintain their independence and remain at home and in the community for longer. It was noted that most of the 2015/2016 schemes had been rolled forward into the current year.

Achievements in 2015/2016 included:

- A reduction in the number of emergency admissions;
- A reduction in the number of falls-related emergency admissions;
- A reduction in the delayed transfers of care;
- A reduction in the number of permanent admissions to care homes - although a target of 104 had been agreed with NHSE, this had later been revised to 150 and agreed by the HWB;
- An increase in the number still at home 91 days after discharge from hospital to the Reablement Service - this had been quite a challenge, given the needs of the service users; and
- Improved working relationships across health and social care - a self assessment was undertaken in December 2015 and staff indentified a commitment to working together and an understanding of each others' roles across health and social care. There had also been an increasing involvement of GPs and the voluntary sector.

As there were a number of other initiatives in progress during 2015/2016, it was difficult to establish what proportion of these successes was as a direct result of the BCF work. When scoping the BCF schemes, officers had looked at risk factors in relation to falls, for example, individuals with dementia were at least 10% more likely to have a fall.

Concern was expressed that older residents' requests for adaptations to their homes were often rejected as they were not yet disabled enough. The Committee acknowledged that access to Disabled Facilities Grants was based on an assessment of need and that all options were explored, including the provision of community equipment. However, it was suggested that consideration be given to reviewing the way that assessments were undertaken to take a more proactive approach to helping residents stay in their own homes and addressing any service fragmentation issues.

The Good Neighbour Scheme supported 50-60 older people in the Borough, providing them with meals three times each week and taking them on outings. However, despite the valuable support service that the Scheme provided in terms of making residents feel part of the community (reducing social isolation) and helping them to retain their independence, funding was a struggle. Ms Veysey advised that the 2015/2016 Plan had been largely reactive and that the current Plan was being more proactive in building a gateway to the voluntary services.

Although Hillingdon4All was welcomed, it only covered a small sub set of community

services. It was suggested that it also include wider access to voluntary sector support and that a small part of the BCF budget be set aside for these organisations. Members were advised that the Council contributed £1.6m to voluntary and community organisations for a range of social activities, advice and information services. Work would be undertaken, in consultation with the voluntary and community sector, to establish whether this funding was being used in the most appropriate way to support residents. It was noted that the Hillingdon Gateway service would provide a single point of access for residents and signposting to services.

Of the 29 care homes supporting older people currently in the Borough, 26 supported individuals with dementia. Work was underway to expand the alternatives available to care homes. For example, two new extra care sheltered schemes offering 146 self-contained flats would be available early in 2018 for older people with dementia. Consideration would need to be given to reconfiguring the structure of the local care home market to meet the current and future needs of residents, which was addressed in this year's Plan.

It was estimated that there were currently 2,500 residents in the Borough with dementia. Although only 17% had previously been formally diagnosed, the Committee was advised that 67% of these individuals were now known to their GP and had received formal diagnosis. It was anticipated that the prevalence of dementia would increase by 12% by 2020 and, as such, early diagnosis meant that measures could be put in place to help keep these individuals living independently at home for longer.

HCCG and the Council jointly commissioned a community equipment contract, which was accessed by health and social care providers. It was anticipated that demand on the services would increase. HCCG funding for community equipment had been included in the BCF in 2015/2016 and, in 2016/2017, Council funding would be added to enable contract efficiencies to be maximised. Consideration was also being given to relaunching the retail model to enable residents to access lower risk/cost items from pharmacies which would also give them greater choice in the type of equipment they received. The Committee was advised that the equipment retail model worked in a similar way to the current system with spectacles.

The Sustainability and Transformation Plan (STP) was a five year plan (to 2021) that demonstrated the delivery of: improved health and wellbeing; transformed quality of care delivery; and sustainable finances across the health and care system. BCF was a mechanism for delivering on STP themes.

The 2016/2017 BCF Plan took a cautious and incremental approach to minimise the risk to the Council and HCCG. The Plan included:

- Extending existing schemes where benefits could be achieved for other groups, e.g., supported living and carers;
- Adding funds to the pool where demonstrable benefits for residents would be delivered, e.g., specialist palliative care;
- Extending scope to cover new activities, e.g., dementia;
- Accelerating benefits though greater ambition to integrate services across health and social care, e.g., intermediate care; and
- Correcting 2015/16 anomalies, e.g., community equipment.

The intended outcomes for the 2016/2017 BCF Plan were:

- A move towards a more stable, cost effective care market that met local needs;
- A better resident/patient experience of care;
- A reduction in the number of emergency admissions;

- A reduction in the hospital admission rate;
- A reduction in the number of permanent admissions to care homes; and
- A reduction in the demand for ongoing care, where possible.

The eight BCF schemes that had been identified for 2016/17 were:

1. Early identification of people at risk of falls, stroke, dementia and/or social isolation;
2. Better care for people at the end of their life;
3. Rapid response and integrated intermediate care - exploring alternative options and supporting individuals to get out of hospital sooner. As this was currently a little fragmented, it was anticipated that the effects would be realised in 2017/2018;
4. Seven day working - to even out discharges across the whole week;
5. Integrated community-based care and support - risk stratification was now used to identify those at risk of hospital admission or losing their independence, mainstreaming care planning and developing a more integrated approach to the home care market;
6. Care home and supported living market development;
7. Supporting carers - aimed at carers of all ages and ensuring that services were in place to meet their needs; and
8. Living well with dementia.

The Committee was advised that the final version of the BCF Plan 2016/2017 would be submitted by 3 May 2016 and would address a number of national conditions that had been rolled forward from 2015/2016. The following two new national conditions would also need to be met:

- Agreement to invest in NHS commissioned out of hospital services - it was noted that an additional £1.8m would be invested in Hillingdon this year; and
- Agreement on local action plan to reduce delayed transfers of care (DTOC) - Hillingdon compared well but consideration would need to be given to access to care homes for those with challenging behaviours.

Insofar as risk sharing arrangements were concerned, each agency was largely managing its own risk, with the exception of community equipment and specialist palliative care, where it was based on the proportion of funding provided. A shadow risk share arrangement was being developed for 2016/2017.

Mr Collier advised Members about the key determinants of success. National metrics had been used in 2015/2016 to assess information/advice in relation to the benefits service and quality of life (to address social isolation). In terms of governance, the Core Officer Group met on a monthly basis and provided the HCCG Governing Body and the Hillingdon Health and Wellbeing Board with quarterly update reports.

It was noted that, once the Plan had been submitted, only an 'Approved' judgement would result in no additional support from NHSE.

Members were advised that HCCG's responsibility was in relation to those individuals who had registered with a GP. The Council's responsibility was in relation to anyone resident in the Borough. Understanding this difference had helped to design services that would eventually be seamless. The 2016/2017 Plan had moved away from counting numbers/instances, and now looked to measure better outcomes, quality, safety and sustainability.

Work was underway to ensure that care plans could electronically move from one

	organisation to another and all interventions were evidenced. To this end, the Care Information Exchange was being piloted but there were still some issues that needed to be resolved. Although the work in relation to assessment and discharge notices was almost complete, Members were advised that there were issues regarding the associated software costs which might require national intervention to resolve. Progress had been made with regard to IT but it was anticipated that residents would not see the effect of this for a little while yet. Ms Veysey advised that the Borough had a 4.6% growth assumption which equated to 600 additional adults in the next year. The BCF process had so far enabled HCCG and the Council to learn lessons whilst also showing that they could make progress. The aim was to deal with and care for an increasing number of people using the same amount of money each year. Members were advised that HCCG had a statutory obligation to reduce health inequalities. However, as it was important to have a clear understanding of who the beneficiaries would be, impact assessments were undertaken for target groups. The Committee was encouraged by the work that had been undertaken and suggested that further consideration be given to the issues that had been raised by the Members. **RESOLVED: That:** **1. Mr Collier forward a copy of the 2017-2020 BCF Plan guidance to the Committee when published;** **2. consideration be given to the suggestions made by the Committee; and** **3. the report and presentation be noted.**
53.	**WORK PROGRAMME 2015/2016** *(Agenda Item 6)* Consideration was given to the Committee's Work Programme. The Committee's final meeting of the 2015/2016 municipal year would consider the Quality Account reports of the local Trusts. As the meeting tended to be lengthy, the Trusts had been asked to keep their presentations to no more than 12 slides and that they should take no more than 10 minutes each. It was suggested that attendees at similar meetings in the future be asked to present for 5 minutes (and no more than 5 slides) or advise that they not to provide a presentation at all. It was agreed that the traffic light system be used at the Committee's next meeting to try to keep the presentations to the given timescales. It was anticipated that, by keeping the presentations time limited, it would provide Members with more time to ask questions of each Trust. Consideration was also given to two Members leading on each of the Quality Account reports at the meeting. This approach would still enable other Members to ask questions on all of the reports to tease out what action would be taken as a result of the Quality Account reports. It was also suggested that Members only asked questions after every two presentations. The Democratic Services Manager agreed to email Members with copies of the two Quality Account reports that had already been received. This would give Members more time to read and digest the content prior to the meeting. **RESOLVED: That:** **1. the Democratic Services Manager email the Quality Account reports to Members; and** **2. the Work Programme be noted.**

	The meeting, which commenced at 6.00 pm, closed at 8.14 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.

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

26 April 2016

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

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White **Also Present**: • Graham Hawkes, (Chief Executive Officer - Healthwatch Hillingdon), Healthwatch Hillingdon • Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust • Richard Connett, Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust • Dr Christopher Jowett, Vice Chair, Local Medical Committee • Kim Cox, Central & North West London NHS Foundation Trust • Ela Pathak-Sen, Associate Director for Quality Assurance, Improvement & Involvement, Central & North West London NHS Foundation Trust • Dr Pramod Prabhakaran, Divisional Medical Director, Central & North West London NHS Foundation Trust • Joan Veysey, Acting Chief Operating Officer, Hillingdon Clinical Commissioning Group (HCCG) • Claire Lamb, Assistant Director Quality and Safety, Hillingdon Clinical Commissioning Group (HCCG) • Zoe Packman, Director of Nursing and Quality, London Ambulance Service • Briony Sloper, Deputy Director of Nursing and Quality, London Ambulance Service NHS Trust • Shane DeGaris, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust • Jacqueline Walker, Deputy Director of Nursing and Integrated Governance, The Hillingdon Hospitals NHS Foundation Trust **LBH Officers Present**: Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager) **Press and Public: 1**
54.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
55.	**PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS** *(Agenda Item 4)* <u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u> Ms Jacqueline Walker, Deputy Director of Nursing and Integrated Governance at THH, advised that there had been a range of quality achievements in 2015/2016 which

included:

- Levelling of weekend / weekday mortality which had achieved the 'lower than expected' SHMI band (Summary Hospital-level Mortality Indicator);
- 30% reduction in Clostridium difficile since 2014/2015 - there had been 12 reported cases during 2015/2016. Root/cause analyses had been undertaken which had shown that only one case had been as a result of a lapse in care;
- one case of MRSA attributed to THH during the year which had been as a result of a contaminated culture rather than the patient actually being infected;
- Continued high performance in relation to the 18 week target for referral to treatment and the national waiting time standards for key cancer performance indicators;
- Reduction in the number of hospital acquired pressure ulcers and inpatient falls - although this was just shy of the target; and
- Improved patient safety incident reporting rate - this was better than the London average and had received a 'good' rating in the 'Learning from Mistakes League' published by Monitor and the NHS Trust Development Authority.

Members were advised that more than 25,000 responses had been received in relation to the Friends and Family Test (FFT) and that 93% of inpatients had been happy to recommend THH services. The number of FFT respondents that would recommend A&E and inpatient service was higher than for London and England.

The annual staff survey had shown that 65% of staff would recommend THH has a good place to work. This was 4% higher than the average acute Trust score. This survey had also shown that staff engagement was 3.86 out of 5 which was above the national average. The Trust had also received national recognition for outstanding core skills compliance by the London Streamlining Programme.

Insofar as CQUIN (Commissioning for Quality and Innovation) was concerned, THH had achieved 100% of its requirements in the following areas:

- Developing IT systems to support integrated care;
- Reducing unnecessary admissions and A&E attendances;
- Reducing unnecessary follow-up appointments for outpatients;
- Improving communication with GPs for patients who have long term conditions;
- Timely referrals to specialist cancer centres; and
- Recovery at home for appropriate elderly patients (Homesafe).

However, THH had received partial achievement in the following areas:

- Improving services for patients with dementia (96%);
- Working towards implementation of 7 day services (70%); and
- Improving services for patients with a sepsis (70%).

More than £3m had been invested in the improvement and expansion of THH's children's services as part of the *Shaping a healthier future* programme. In addition, more than £1m had been invested in establishing a new Nuclear Medicine Facility to house the latest SPECT CT scanner and a £240k simulation suite had been created to ensure that staff could develop their skills in a safe and supportive environment.

There were a number of areas where THH's performance had not met the agreed targets in 2015/216. These were:

- A&E performance - 92% (target was 95%). There had been a 43% increase in blue light activity during the period and, in March alone, there had been an additional 619 patients which had stretched resources;

- Readmission to hospital within 28 days - 105.3 (which was above the London and national average). A lot of work had been undertaken in the last year to look at the reasons for readmission and consideration was being given to what action could be taken to manage long term conditions;
- VTE (Venous Thromboembolism) - 94.5% (which was below the 95% target and below the London and national average);
- FFT response rates: Inpatients - 21% (although this had risen to 26% in March, the target was 30%), A&E - 10% (target was 20%) and Maternity - 16.4% (although the target was 20%, THH had achieved 32% in March);
- PROMS knees - performance was below the national average and there had been a reduction in performance on the previous year. A detailed investigation was underway regarding patients' expectations about post surgery quality of life; and
- Complaints response targets - 70.7% (target was 90%). There had been a reduction in the performance figures during June/July 2015 which had been as a result of staff shortages.

Following the October 2014 inspection, the CQC had undertaken its re-inspection of the Trust on 5 and 7 May 2015. As a robust improvement plan had been put in place, this visit had resulted in a de-escalation of warning notices in relation to regulations 10 and 12. Although there had been significant improvements with regard to Safe Care and Treatment for Cleanliness and Infection Control in relation to bare below the elbows and hand hygiene since the last CQC visit, the Trust had received a requirement notice against regulation 12. The four 'inadequate' ratings in the safety domain (A&E, Medicine, Surgery and Services for Children) had been changed to 'requires improvement'.

The Trust had been working through the detailed improvement plan which was regularly audited and monitored and presented to the Trust Board and commissioners on a monthly basis. Consideration had been given as to how to communicate with patients, particularly with regard to delays, and a lot of work had already been undertaken across divisions in relation to 7 day working. THH was awaiting its next re-inspection and was striving for an 'outstanding' CQC rating (with 'good' as a minimum).

Ms Walker set out the Trust's performance against its Quality Priorities for 2015/2016. She noted that THH was behind on its targets with regard to communication with patients.

THH had engaged with stakeholders and staff with regard to setting its 2016/2017 quality priorities and had used the feedback from patient experience surveys, complaints and PALS themes. As a result, the priorities for 2016/2017 would be:

1. Achieving NEWS compliance to support early escalation of the deteriorating patient;
2. Achieving improvement in relation to seven day working priorities;
3. Delivering compassionate care and improving communication; and
4. Safer staffing-improved recruitment and retention to ensure delivery of safe care.

Mr Shane DeGaris, THH Chief Executive, advised that 2015/2016 had been a tough but good year. He noted that there had been a significant increase in activity at the Trust in the last two years and that THH had one of the smallest A&E departments in London. As Hillingdon's A&E department was working at capacity, the Trust was having to work more smartly whilst also being conscious of keeping the momentum going in relation to the drive for quality and delivering against financial targets.

Members were advised that there had been a huge increase in the number of patients that the Urgent Care Centre (UCC) was contracted to see and it regularly became very busy, which had a knock on effect on A&E. If patients found it difficult to access their GPs, they might come to A&E instead of waiting for a GP appointment. The UCC had seen a 32% increase in the number of children that were being seen which, it was thought, might be as a result of the changes at Ealing Hospital.

The number of patients arriving via ambulance was increasing across London and it was unclear as to the cause. Ms Zoë Packman, Director of Nursing and Quality at the London Ambulance Service NHS Trust (LAS), advised that there had been an increase in the number of patients calling the ambulance service in particular in the evenings and at weekends which had started at Christmas and been sustained throughout Q4. She noted that the Trust was currently receiving up to 1,800 calls some days which was higher than New Years Eve and that there had been an increase in the volume of calls from those aged 25-45. The LAS had requested support to achieve system wide change from NHS England and NHS Improvement which had resulted in a workshop being held. It was noted that a follow up workshop would be held in May 2016 to establish whether the actions taken to address the phenomenon had been effective.

Ms Joan Veysey, Acting Chief Operating Officer at the Hillingdon Clinical Commissioning Group (HCCG), advised that an audit would be undertaken in the next few months in relation to the patient pathway from blue light arrival through to discharge so that this could be analysed. It was suggested that, when looking at patient pathways, consideration be given to what had happened prior to a patient being transported under blue lights. Members were assured that everything that could be done to resolve this issue, was being done.

In the Picker results of the National Patient Survey, THH had been rated as worse that other trusts in relation to questions on admission, environment and food, clinical care, surgery and discharge. Although these results were disappointing, Mr DeGaris noted that the only around 400 people had been surveyed in comparison to the 25k that responded to the Trust's FFT.

<u>Central and North West London NHS Foundation Trust (CNWL)</u>
Ms Ela Pathak-Sen, Associate Director of Quality at CNWL, advised that, as a result of stakeholder feedback, this year's Quality Account had struck a balance between the inclusion of local and corporate information. To understand whether or not the actions taken by CNWL in 2015/2016 were having an effect, the Trust had tested whether:

1. patients felt involved in their care or treatment - 82% of CNWL patients had reported that they were definitely involved (target was 75%);
2. patients had received care or treatment that helped them achieve what mattered to them - CNWL achieved 91% against its target of 85%; and
3. support had been provided to carers to be involved in care or treatment - this issue had been overseen by the Carers Council (which was chaired by a Hillingdon resident) and had resulted in the co-production of the carers survey and the carers information leaflet, co-delivery of training, an increase in the number of Carers Forum meetings and a Carers Conference.

Feedback sought through surveys, telephone surveys undertaken by service users and the FFT had resulted in 97% of respondents advising that they had been treated with dignity and respect and 92% advising that they would recommend CNWL services to their friends or family. However, this feedback also highlighted that further work was need in relation to: mental health inpatient risk assessments being linked to care plans

(achieved 90% against a 95% target); mental health inpatients receiving medical physical assessments on admission (achieved 93%); and improving the response rate to the patient and staff FFT. Work was already underway to broaden the media used to solicit feedback and could include SMS text messaging, electronic surveys and paper surveys.

The recent CQC assessment of CNWL had identified the Trust as being 'outstanding' in the caring domain but also showed that its London mental health inpatient services required improvement. CNWL had developed an action plan which was being closely monitored and the Trust continued to report to its commissioners.

CNWL had held a stakeholder consultation event on 4 March 2016 to discuss possible Quality Priorities for 2016/2017. When choosing its priorities, the Trust had established that less was more (in terms of the number of indicators) and had learned from previous years that it was not just about metrics but also about the actual service delivery. The event was attended by Dr Kate Granger who led the 'Hello my name is' campaign and talked frankly about her own experiences. It was anticipated that this campaign would be rolled out across the Trust.

It had been decided that key areas of focus for 2016/2017 would be around staff engagement and patient and carer involvement. Ms Pathak-Sen set out what it was that CNWL wanted to achieve, what action would be taken and how success would be measured. Although the Trust had received a good response to the staff survey, the response had not been so good in relation to the FFT. Consideration would also be given to staff recruitment and retention (there was an 18% turnover in Hillingdon which included internal moves and promotions), particularly in relation to mental health community and inpatient staff and that staff engagement would be an important factor in this. Dr Pramod Prabhakaran, Divisional Medical Director at CNWL, advised that the Trust was looking at the reasons for individuals leaving in the first year of employment as this and retention were key aspects of employee engagement.

One comment in the staff FFT summed up the need for good staff engeement succinctly: "to care for others, we need to feel cared for ourselves". It was noted that the NHS was under huge pressure nationally and this, coupled with the systems and processes changes made by CNWL had meant that some staff had felt destabilised. The Trust recognised that it was important to nurture its staff and take action to ensure that they felt valued and cared for and, as such, now undertook exit interviews with staff that left CNWL.

It was noted that there was a lack of mental health nurses and that, to address this, the Government had looked to make more training posts available. In addition, CNWL was now interviewing potential new staff first before asking them to complete the literacy, numeracy and language tests.

Ms Kim Cox, Hillingdon Borough Director at CNWL, advised that there had been a number of highlights in 2015/2016 in relation to Hillingdon Community Services including 96% of young people in secondary schools rating the service as high. She noted that a lot of work had already been undertaken or was planned in relation to pressure ulcers, complaints and mental health care plans. With regard to staff engagement and recruitment, there had been changes to some posts (to make them rotational) and recruitment fairs would be held in the Borough shortly. Insofar as complaints were concerned, work had been undertaken to reduce response times (the Trust had achieved 100% in the last six months) and either speaking to the complainant on the telephone or face-to-face.

Approximately 4,600 individuals had used the Improving Access to Psychological Therapies (IAPT) speech therapy service in the last year. Three years ago, this number had been around 400 so it was evident that GPs were referring to the service. There had also been significant improvements in single point of access (SPA) for community patients.

Royal Brompton and Harefield NHS Foundation Trust (RB&H)

Mr Richard Connett, Director of Performance and Trust Secretary at RB&H, advised that the CQC would be inspecting the Trust between 14 and 17 June 2016. RB&H had set six quality priorities in 2015/2016:

1. improving our organisational safety culture - the Trust had undertaken the Safety Climate Survey with 865 members of front line staff and the results were used by each ward/department to select one area of improvement. Quarterly executive led patient safety walk rounds were undertaken, there had been an increase in the reporting of incidents via the DATIX system and a range of training sessions had been held;
2. improving the patient experience cardiac surgery pathway - at Harefield Hospital, there had been a significant increase (43%) in the cancellation of cardiac surgery for non-clinical reasons and a small reduction (5%) in the number of patients whose pathway exceeded the 18 week target. Conversely, at Royal Brompton Hospital, there had been a 49% reduction in cancellations and a 6% increase in the number of patients exceeding the 18 week target. This would continue to remain a priority in 2016/2017;
3. improving the identification and management of patients at risk of pressure ulcers and falls in hospital - there had been a 36% reduction in the number of hospital acquired ulcers during 2015/2016 and a number of initiatives would be continued with a view to reducing patient falls;
4. improving the management of patients with cancer - although improving overall waiting times for the 62 day cancer pathway was challenging, RB&H would continue to work with its referring partners to assist in improving the lung cancer pathway for all patients. Members were advised that a significant number of patients were referred after day 62 had already passed. These referrals were often from hospitals in Hertfordshire, Buckinghamshire, Bedfordshire and Berkshire. The Trust had worked with these hospitals to reduce the referral delays by doing things to help speed up the diagnostic part of the patient pathway. It was noted that a more complicated system of breach allocation would be introduced during 2016/17 which would focus on RB&H's performance for its part of the pathway. Although no penalties had been exacted for failing to meet the pathway target so far, the Trusts' reputations could be damaged and RB&H was keen to improve outcomes for patients. It was noted that MONITOR had not changed RB&H's governance rating from green, despite not meeting the target for a year;
5. improving the management of the deteriorating patient; Acute Kidney Injury (AKI), SEPSIS, NEWS and PEWS (Neonatal and Paediatric Early Warning Scores) - monthly AKI reporting had started at the end of November 2015 and a number of initiatives and pilots had been introduced. It was anticipated that monthly audits of the modified observation chart would start in June 2016; and
6. Safer uses of medicines and medical devices - the Trust was pleased with the 9% increase in the number of medication incidents reported in 2015/2016 as this indicated that it was not being underreported.

As part of the Trust's Quality and Safety Strategy 2015-2018, RB&H had joined the NHSE 'Sign up to Safety' initiative. The Trust aimed to reduce avoidable harm by 50%

and continuously measure the quality of care that it provided throughout the next three years and beyond. It was noted that the three year initiative would form the basis of the Trust's 2016/2017 quality priorities which would be:

1. Reducing acute kidney injury particularly in diabetic patients
2. Reducing sepsis including surgical site infection
3. Improving detection and management of the deteriorating patient
4. Reducing the incidence of pressure ulcers
5. Reducing in-patient falls
6. Improving medication and device safety

RB&H was also working to reduce cancellations and reduce the complications of interventions and procedures.

Mr Nick Hunt, Director of Service Development at RB&H, advised that the Trust was the biggest transplant centre for heart and lung and that patients could arrive at any time of day or night. Although Harefield Hospital had emergency access, Royal Brompton Hospital did not. There had been delays in the development of the critical care unit which, it was hoped, would be in place next year to relieve pressure on the service.

With regard to the number of patients being seen by the Trust, NHSE had advised that there was no ring holding with regard to who got transferred to which hospitals. Members were advised that there was significant evidence to show that, although University College London Hospital (UCL) had moved the Heart Hospital to St Bartholomew's Hospital, many patients had actually gone to Imperial and RB&H hospitals as the journey was more straightforward. NHSE had recognised the additional pressure that had been placed on RB&H as a result of this and had provided additional funding to help the Trust alleviate the 18 week pressure. Dr Chris Jowett, Local Medical Committee, advised that GPs held RB&H in the highest regard and did not perceive the Trust to be a slow operator.

Cancer and Coronary Heart Disease (CHD) networks had been disbanded as a result of NHS funding cuts. Mr Hunt noted that the hospitals involved would be attempting to revive these networks but that this would be at their own volition.

Ms Joan Veysey, Acting Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), advised that wider cancer standards looked at the patient journey. This could be supported by increasing opportunities through HCCG's commissioning intentions, 5 year plan and Sustainability and Transformation Plan.

<u>London Ambulance Service NHS Trust (LAS)</u>

Ms Zoe Packman, Director of Nursing and Quality at LAS, advised that 2015/2016 had been an extremely challenging year with a continued increase in demand, workforce pressures, an increased terrorism threat (following the incidents in Paris and Brussels) and being put into special measures following the CQC inspection. However, quality had remained a significant priority for the Trust.

During 2013/2014, there had been an average of 8,830 incidents per week. By 2014/2015, this had risen to 9,374 and in 2015/2016 it was 9,652 with a 19 week period where activity ranged from 10,007 to 10,983 incidents per week. It was noted that six of the seven busiest ever months for the LAS had occurred since November 2015, with March 2016 being LAS's busiest month on record.

The CQC had undertaken its inspection of the LAS in June 2015 in relation to four core

services: Emergency Operations Centre (call centre); Urgent and Emergency Care (ambulances); Patient Transport Services (a small part of the LAS's business); and resilience planning, including the Hazardous Area Response Team (responding to incidents at places like the Underground, etc). The CQC inspection report was published on 27 November 2015 and, overall, the Trust was rated by the CQC as 'inadequate'. The failings identified during the inspection had been recognised and action had been taken to improve compliance. Five areas identified for improvement were:

- Making the LAS a great place to work;
- Achieving good governance;
- Improving patient experience;
- Improving environment and resources; and
- Taking pride and responsibility.

The LAS had received an NHS Improvement review of actions taken to date which was generally pleased with the progress that the Trust had made since its CQC inspection. Furthermore, it was anticipated that the action taken meant that the Trust was on track to come out of special measures at the earliest opportunity.

For 2016/2017, the Trust had set its priorities (which were linked to the CQC findings) as:

1. Patient Safety - to build on the progress already made in relation to the 'Sign up to Safety' campaign, review medicines management (including the appointment of a pharmacist) and infection control (ensuring that meaningful and reliable audits were undertaken and processes in place with regard to the cleanliness of stations, bare below the elbow and blankets). Members were advised that the LAS currently used red blankets but consideration was being given to using disposable blankets and/or using a managed blanket service. Arrangements were also being discussed with some hospitals with regard to blankets;
2. Patient Experience - to focus on mental health (dementia and patients detained under Section 136, which had been a priority for the last two years), bariatric care (although the number of patients was small, this number was growing) and end of life care (great progress had been made in North West London in the last year in relation to training, incident review, patient/carer experience and stakeholder engagement). Insofar as bariatric patients were concerned, the LAS experienced difficulties with regard to safely removing patients in particular, from confined spaces; and
3. Clinical Effectiveness and Audit - as well as looking at Exercise Unified Response 2016, continuous re-contact, Sickle Cell crisis, hypovolaemic shock and the Mental Capacity Act, work would continue in relation to the Paediatric Conveyance Review and heart failure.

Ms Briony Sloper, Deputy Director of Nursing and Quality at LAS, advised that the Trust had enrolled on the 'Sign up to Safety' campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.

With regard to the 2015/2016 quality priorities, the LAS delivered more babies that the average maternity unit. As such, a consultant midwife had been employed and paramedics had undertaken training with local maternity units. Insofar as frequent callers were concerned, a Darzi Fellow had been appointed who had mapped and stratified the cases and action was being taken to quantify the problems posed to the service. A review of current processes had been undertaken and a new reporting system introduced. The information now available identified how many calls were

received from frequent callers, the reasons for the calls and the location of the caller and was split by CCG area. Consideration would now need to be given to how the frequent caller volume could be reduced.

Members were advised that a number of Frequent Caller Forums had been set up and were focussed around particular acute trusts. Where these existed, they had a significant impact. If the calls were in relation to:

- single diseases (e.g., asthma), the LAS worked with primary care;
- malicious callers, the LAS worked with the police to get Community Behaviour Orders in place;
- social isolation, the LAS worked with social care and organisations such as Silver Line to look at loneliness and befriending services; and
- multiple co morbidities (e.g., complex mental health needs or substance misuse) - although these frequent callers took up a lot of resources from a number of agencies, no solution had yet been found.

In 2015/2016, improvements had been made in relation to safeguarding training and supervision and partnership working. With regard to mental health:

- Dementia care - focus groups had been held and partner engagement undertaken;
- Training and education - mental health/psychiatric liaison nurses were present in the control centre which had resulted in a very good 'close, hear, treat' rate;
- Parity of esteem - appropriate mental health care pathways had been put in place;
- Care of patients detained under the Mental Health Act 1983 - work had been undertaken with regard to the Newborn Emergency Transport Service (NETS) and a Section 136 audit. NETS had been introduced in June 2015 to increase the availability of frontline staff to attend life threatening calls made to the service and ensure lower acuity patients received transport within an agreed timeframe for a better patient experience. The service had received positive feedback; and
- Mental health and wellbeing of LAS staff - 'Hear Us' and MIND training had been put in place.

The deep dive and process review that had been undertaken in relation to the complaints backlog, systems and processes had identified some areas for improvement. A comprehensive action plan was subsequently developed which had been integrated into the Trust's Quality Improvement Plan.

The LAS had positioned an additional 717 frontline staff in 2015/2016 and increased the number of paramedics in training places with universities from 150 to 590. It was noted that a number of staff had taken retirement soon after the 2012 London Olympics at the same time as other areas started recruitment drives which further impacted on LAS staffing levels.

To help with retention, the Trust had introduced non pay benefits, appraisals and leadership training for clinical team leaders. Road shows, a new intranet, VIP awards and CEO video messages had been introduced and executive visibility had improved. Staff training had also been improved with the introduction of an 8 week core skills refresher course and e-learning courses and time was now built into the rota for staff to practice their skills.

The staff survey results had been significantly better in 2015 in comparison to the

previous year. However, the four areas identified by staff as being worse than the previous year (despite the Trust making every effort to address the issues) were:

- Acting upon concerns raised by patients and service users;
- Managers taking a positive interest in the health and wellbeing of their staff;
- Staff looking forward to going to work; and
- Happiness with the standard of care provided by the organisation.

It was noted that the staff survey showed that 38% of staff had experienced harassment, bullying or abuse from staff in the last 12 months, compared to the Trust's 2014 score of 31% and the 30% national average in 2015. The Trust was disappointed with this result and was now working with a bullying and harassment specialist and had produced a Dignity at Work policy. However, it was acknowledged that managers performance managing their staff was sometimes deemed to be bulling or harassment. Going forward, a non-executive Director had been appointed as the Bullying and Harassment Champion to provide staff with independent assurance.

The Trust had also reduced from 63% in 2014 to 60% in 2015 in relation to the percentage of staff that believed that the LAS provided equal opportunities for career progression or promotion (against a national average of 71%).

Despite the increase in the number of calls received by the LAS, the volume of complaints had dropped from 1,403 to 1,050 in 2015/2016. The majority of these complaints were in relation to delays/staff conduct, involved multiple issues across multiple agendas and alternative pathways (patients were not always particularly happy about being advised that an ambulance would not be dispatched to them). It was acknowledged that the LAS needed to undertake a communication exercise regarding the expectation that an ambulance would be dispatched to them if an individual called 999.

Members were advised that a number of improvements had been initiated following patient feedback. These included:

- Elderly fallers protocol;
- Children that had swallowed a foreign object;
- Diabetes and ketone levels;
- Non weight bearing injuries; and
- Deep lacerations.

The LAS had undertaken a range of patient engagement activities including: Patient Representative Reference Group; Mental Health Focus Group; Dementia Focus Group; Friends and Family Test (FFT) (although this was not working well); taxi usage (patient survey); and feedback from an extensive range of events attended by LAS staff.

Ms Packman stated that a new Chief Executive had been appointed and a new Chairman of the Board had been put in place three weeks ago. It was anticipated that these changes would prompt further changes at the Trust. Appointments had been made to all of the leadership posts: governance manager, operations manager and a stakeholder engagement manager in each area. As team leaders now spent 50% of their time supervising and 50% doing clinical work, more appraisals had been undertaken and better support was being provided for staff. Although investment had been made in a team leader development programme, it was acknowledged that there was still more work to do.

The LAS employed paramedics and emergency ambulance crews who drove the

	ambulances and regularly received training in relation to driving standards. It was suggested that the LAS undertake a publicity campaign to encourage drivers to move out of the way of ambulances ("Pull to the left - tomorrow it might be you!"). Members were advised that education campaigns such as 'Safe Drive, Stay Alive' had helped to improve the driving of younger motorists. <u>Hillingdon Clinical Commissioning Group (HCCG)</u> Ms Joan Veysey, Acting Chief Operating Officer at HCCG, advised that HCCG would be reviewing all of the providers' Quality Account reports for 2015/2016. She noted that HCCG had a good working relationship with the providers and that a Sub Group of its Governing Body reviewed any quality issues. <u>Healthwatch Hillingdon (HH)</u> Mr Graham Hawkes, Chief Executive Officer at HH, advised that the organisation worked closely with colleagues throughout the year and that HH's comments were welcomed by them. He noted that, during their regular meetings, HH received updates on performance against quality indicators and, as such, HH's comments on the Quality Accounts would not be a surprise to the Trusts. The areas of concern to HH were in relation to: 1. Access to GPs (especially in relation to UB7); 2. Domiciliary care provision - HH was working with the local authority on this; and 3. Customer service skills of the individuals that provided health and social care services - the agencies involved were working to resolve this issue but it was noted that agency staff often had a negative impact on the patient experience. Mr Hawkes advised that there had been an increase in the number of issues raised in relation to self funders being discharged from hospital (those individuals who were known to Social Services but who did not meet the criteria for funding). It was recognised that this annual meeting to discuss the Trusts' Quality Account reports tended to be very long. As such, the Chairman advised that consideration would be given to how this could be split over two meetings in 2017. **RESOLVED: That:** **1. the information received be used to help to inform the Committee's response to the Trust's Quality Account reports for 2015/2016; and** **2. the presentations be noted.**
56.	**WORK PROGRAMME 2015/2016** *(Agenda Item 5)* It was agreed that the Democratic Services Manager would collate comments from the Committee in relation to the Royal Brompton and Harefield NHS Foundation for submission to the CQC prior to its inspection of the Trust starting on 14 June 2016. Suggestions for future reviews included: • Female Genital Mutilation (FGM); • Hospital discharges; and • Frequent callers. **RESOLVED: That:** **1. the Democratic Services Manager collate comments from the Committee in relation to the Royal Brompton and Harefield NHS Foundation for submission to the CQC; and**

	2. the Work Programme be noted.
	The meeting, which commenced at 6.00 pm, closed at 8.48 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.

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

12 May 2016

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

	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
1.	**ELECTION OF CHAIRMAN** *(Agenda Item 1)* **RESOLVED: That Councillor John Riley be elected Chairman of the External Services Scrutiny Committee for the 2016/2017 municipal year.**
2.	**ELECTION OF VICE CHAIRMAN** *(Agenda Item 2)* **RESOLVED: That Councillor Ian Edwards be elected Vice Chairman of the External Services Scrutiny Committee for the 2016/2017 municipal year.**
	The meeting, which commenced at 9.05 pm, closed at 9.10 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.

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EXTERNAL SERVICES SCRUTINY COMMITTEE - STRATEGIC SERVICE DELIVERY PLAN UPDATE

Contact Officer: Caroline Morison, Hillingdon CCG

REASON FOR ITEM

To provide the Committee with an update in relation to the Strategic Service Delivery Plan, specifically in relation to out of hospital care.

OPTIONS OPEN TO THE COMMITTEE

- To note the information provided.
- To consider the developments and progress to date.
- To make comments and / or request further information.

INFORMATION

The Hillingdon Clinical Commissioning Group's (HCCG) vision is to provide residents with the right care, in the right place at the right time. To deliver this successfully, services need to be redesigned so that they provide proactive, joined up care and support people to self manage where appropriate, as well as ensuring that an increasing number of services are delivered in community settings or in people's homes.

Caroline Morison, Chief Operating Officer at Hillingdon CCG, and Sue Hardy, CCG Estates Lead at Hillingdon CCG, will attend the meeting to provide Members with an update on the CCG local estate strategy within the context of the North West London (NWL) Shaping a healthier future (SaHF) programme, the HCCG Strategic Service Delivery Plan (SSDP) and the Hillingdon chapter of the NWL Sustainability and Transformation Plan, which all support the NHS Five Year Forward View.

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EXTERNAL SERVICES SCRUTINY COMMITTEE - LIKE MINDED: THE MENTAL HEALTH STRATEGY FOR NORTH WEST LONDON

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Like Minded - What does this mean for Hillingdon?

REASON FOR ITEM

To provide the Committee with an update in relation to the Like Minded strategy.

OPTIONS OPEN TO THE COMMITTEE

- To note the information provided.
- To consider the developments and progress to date.
- To make comments and / or request further information.

INFORMATION

The attached paper provides information in relation to Like Minded. Like Minded is a strategy for establishing joined up care that leads to excellent mental health and wellbeing outcomes for people in North West London. Development of the strategy is being led by North West London Collaboration of CCGs (Clinical Commissioning Groups).

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Appendix A

Like Minded –the Mental Health and Wellbeing Strategy for North West- What does this mean for Hillingdon

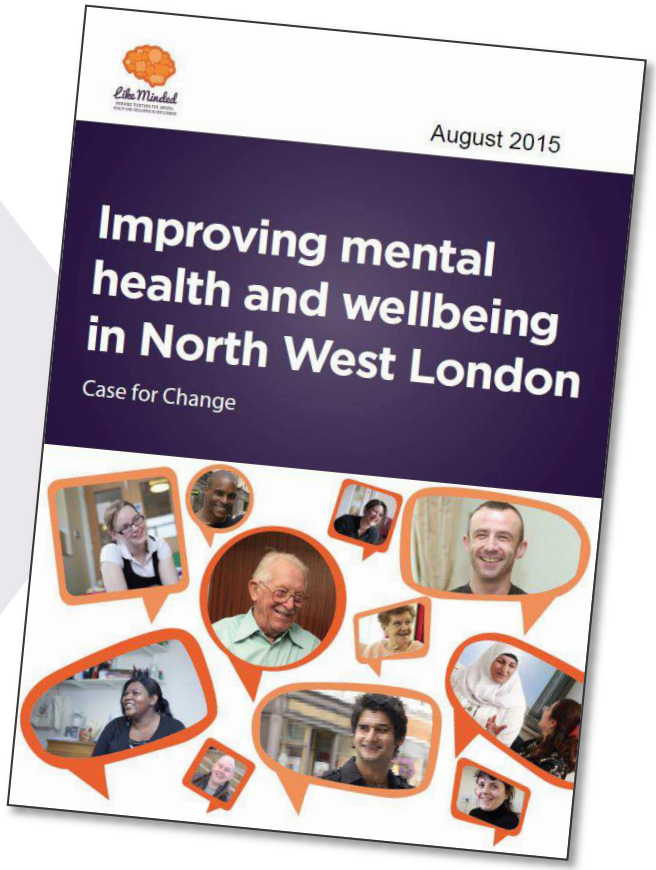
15th June 2016

Update and discussion on progress and next steps with Hillingdon External Service Scrutiny Committee

Like Minded Overview: What is it? What will it achieve?

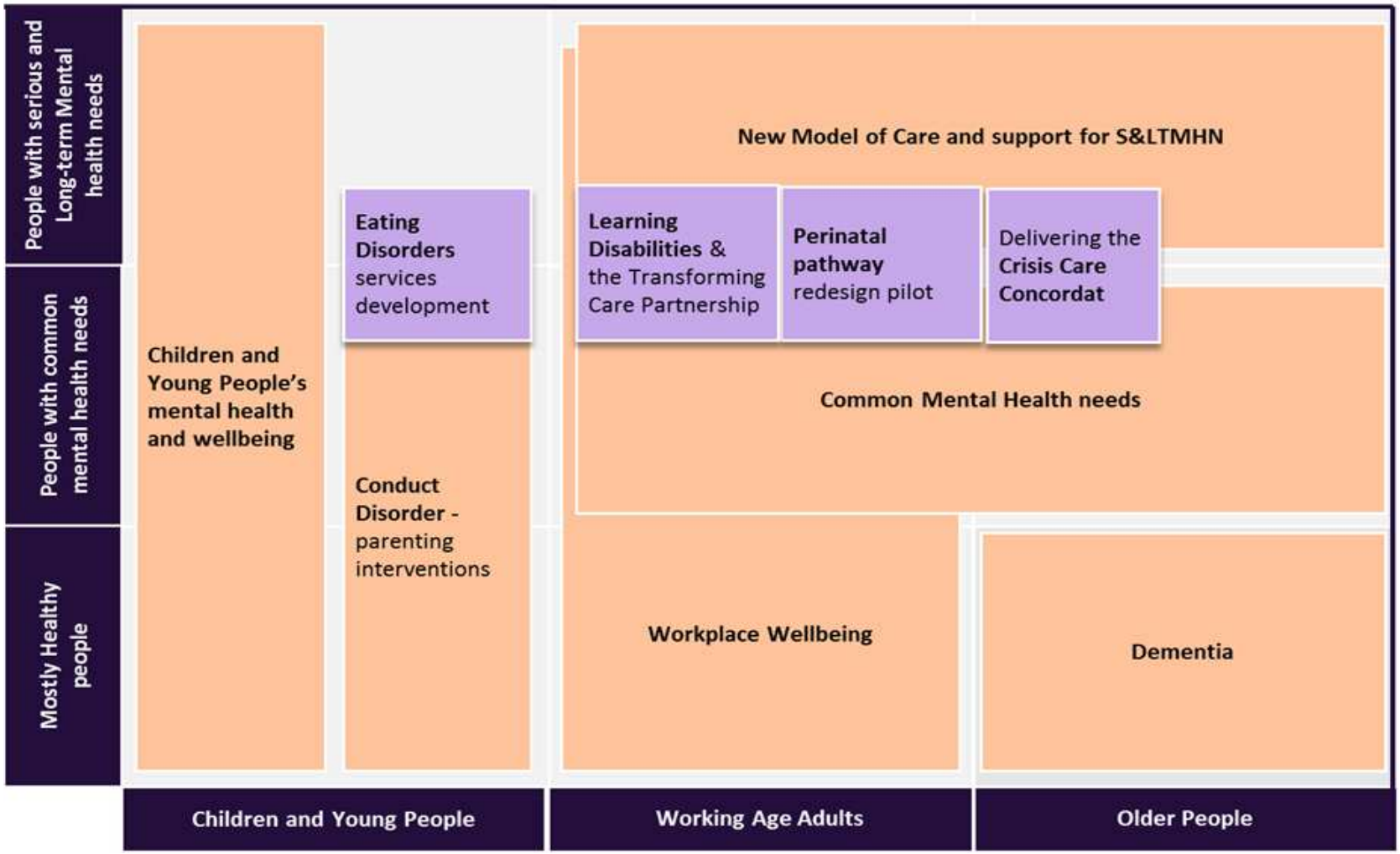
Like Minded is the strategy for establishing joined up care that leads to excellent mental health and wellbeing outcomes for people in North West London.

- Development is led by the NW London Collaboration of CCGs.
- Co-produced with service users, carers, health & care professionals, third sector & user-led organisations and other experts.
- Both Mental Health Trusts in NW London actively involved in developing the strategy.
- Case for Change published August 2015 – describing a shared picture of the issues and our shared ambitions.
- We are now working towards realising this vision.



Like Minded **works across North West London – building on the local transformation and co-production work within each Borough, and on work led by our mental health providers**

Like Minded addresses mental health needs for people of all ages and levels of need



Like Minded addresses needs and issues through transformation workstreams

Serious and Long Term Mental Health Needs

Ensuring we address physical and mental health needs simultaneously and reduce use of A&E/acute hospitals

Common Mental Health Needs

Work with frail elderly and on Long Term Conditions needs to reflect depression and anxiety

Children & Young People

Specialist Eating Disorder services now provided across NW London, & CAMHS redesign underway - paediatric pathways link to CAMHS

Perinatal

Specialist assessment, treatment and support for women in Ealing, Hounslow and Hammersmith & Fulham

Learning Disabilities

Improving the care and support available for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition

Crisis Care

Single Point of Access 24/7/365 for people needing crisis advice or referral and setting up Early Intervention Psychosis pathways

Wellbeing and Prevention

Improving wellbeing at work through the London Healthy Charter programme for employers

Enablers for Mental Health

Workforce and Outcomes link through all our workstreams

Social Isolation

Links to Sustainability Transformation Plan. Scoping programme through co-production with partners and users

Like Minded working with Hillingdon

Around 2,450 people in Hillingdon have been diagnosed with Mental Ill Health including schizophrenia, bipolar and/or psychosis, which is double the national average. Around 60% of these people are supported in the community.

- **Like Minded works in partnership with:**
  - Central and North West London Mental Health Trust,
  - the Hillingdon Clinical Commissioning Group
  - The London Borough of Hillingdon,
  - Local Voluntary Sector and service users and carers.

- **Hillingdon is part of the NWL Mental Health and Transformation Board**
  - Serious and Long Term Model of Care & Support was endorsed at the Mental Health & Wellbeing Transformation Board in October 2015, where Hillingdon was represented by the CCG clinical lead Dr Stephen Vaughan-Smith.
  - Like Minded Strategy was then endorsed by Hillingdon CCG Governing Body and Hillingdon Health and Well Being Board in November 2015 .

- Like Minded workstreams are transforming mental health services for Hillingdon's population.

The Like Minded programme and workstream updates

Crisis Care

- 24/7/265 Single Point of Access (SPA) & rapid response now live across NW London. In April, CNWL received 4668 calls, the majority (67%) of referrals from GPs.
- CNWL implemented a new Early Intervention in Psychosis pathway and is working towards full compliance with new access and treatment standards.
- Perinatal specialist clinical pathway to be developed.

Perinatal

- WL & CL clinical pathway in development - 3rd workshop taking place 1st June 2016.
- Perinatal Innovation & Design Group - questionnaire on the future of group now closed, preferred option for future of group is to hold a quarterly networking event.

Social Isolation

- Scoping work is underway; there is an increased focus due to the inclusion of Social Isolation in the Sustainability Transformation Plan.
- Carolyn Regan has agreed to chair a group, and a co-produced event is being planned for autumn 2016.

Common Mental Health Needs

- Imperial College Health Partners have provided a paper on economic case for different interventions including the proposed Long Term Conditions focus.
- A pan-London Digital mental wellbeing project is being supported during 'discovery' phase.

Learning Disabilities: Transforming Care Partnership

- The North West London TCP sets out the vision for improving the care and support available for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging.

Mental Health chapter -NHSE

- Like Minded team involved in regular stocktakes. specialised commissioning, demand & capacity

Wellbeing & Prevention

- We are working with Trust champions, CCG Organisation Development teams and other leads across Councils to promote and encourage sign up to the London Healthier Workplace Charter.

The Like Minded programme and workstream updates

Children and Young People (CYP)

- **Specialist Community Eating Disorder services** for Children and Young People (aged 17 and under) went live in April 2016. Accepts referrals via Self, GPs, Schools/Colleges and other professionals - Brent, Harrow, **Hillingdon**, Kensington & Chelsea and Westminster Telephone: 020 3315 2711.
  - CNWL (5 CCGs) have dealt with 12 cases and 2 home visits as of 12th May - estimated demand in Year 1 is 120 cases.
  - The next steps include a communications plan/official launch; planning GP training to enable meeting of national guidelines for support; evaluation planning.

- **CAMHS Out of Hours (OOH) service in CNWL** area went live in January. This includes specialist mental health face-to-face on-call consultation, assessment, review and intervention services to sites, during evenings Monday to Friday and at weekends and bank holidays.
  - The total number of assessment and review sessions by CNWL CAMHS OOH staff in February was 40 and for March was 32. In February 40% of cases were not admitted, 40% were admitted, and in 20% of cases the young person was already admitted when reviewed by the CAMHS team. For March, 68% were not admitted, 12% were admitted, and 20% were already admitted when reviewed by the CAMHS team.
  - Planning for evaluation is underway with evaluation reports expected in July.
  - These work streams are aligned with the Hillingdon Local CAMHS Transformation Plan

Like Minded new services in 2016

Crisis Response

- **Single Point of Access: A first point of contact for people needing crisis advice or referral.**
- **Rapid Response Home Treatment Team aims to provide 24/7/365** emergency mental health care with the same urgency that people expect from the NHS in a physical health emergency.
- Over 2,250 calls were received and dealt with in the first 3 weeks of service.
- **220 calls were received from Hillingdon in April : 145 (66%) were given advice and 26 (12%) were referred to the service.**
- Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster
  Telephone: 0800 0234 650
  Email: cnw-tr.spa@nhs.net
- Ealing, Hounslow,

Perinatal mental health service

- **Specialist assessment, treatment and support for women in Ealing, Hounslow and Hammersmith & Fulham** with current or previous moderate to severe mental illness who are pregnant or have given birth with the past year.
- Accepts referrals from any professional including mental health professionals, midwives, obstetricians & GPs, and offers telephone advice to professionals if they have concerns about a woman's mental health.
- Around 50 referrals as of 7th April
- **Website: www.wlmht.nhs.uk/service/perinatal-mental-health-service**

Children with Eating Disorders

- **Specialist Community Eating Disorder services for Children and Young People (aged 17 and under).**
- Accepts referrals via Self, GPs, Schools/Colleges and other professionals.
- Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster
  Telephone: 020 3315 2711
- Ealing, Hounslow, Hammersmith & Fulham
  Telephone: 020 8354 8160 (CAMHS reception)

Serious and Long Term Mental Health Needs (SLTMHN) Model of Care and Support

Increasing intensity of need

Principles

- Care and support should be safely provided in the least intensive setting necessary
- As risk of relapse increases, additional support should be rapidly available
- Individuals will have needs that simultaneously exist across the system
- People can seamlessly transition between boxes not just those adjacent (i.e., not a tiered system)

Whole Systems model focused on the community

Urgent care pathway

Living a Full and Healthy Life in the community	Coordinated Community, Primary and Social Care	Specialist Community based support	Urgent/ crisis care to support stabilisation	Acute inpatient admissions
Support to people and carers to effectively manage their own mental health and wellbeing at home and in their community with a focus on prevention	Continuity of care and support around individual needs including co-produced care-plan, case management, and proactive multi-disciplinary support	Specialist care for individuals with higher intensity needs that require ongoing support for complex needs or specialist care packages (e.g., psychosis, PD)	Support to anyone feeling in crisis including 24/7, single point of access, timely assessment, more crisis management and recovery at home and in the community	Inpatient admission when community-based support is no longer appropriate, and for shortest time necessary with continuity in the community to support recovery to living well

Better transitions and transfers across different parts of the system

Enablers to support integrated working including shared data and new governance and payment models

Living well in least intensive setting

What the Model of Care means for Hillingdon

Settings of Care		Model of Care Aspiration	…what this means for Hillingdon
Whole systems community based model	Living a full and healthy life in the community	Mental Health Navigators providing **navigation services** to mental health service users in the borough, with the aid of an integrated **online service directory and mapping tool**	▪ **Mental Health Navigators –** already in place and embedded within the PCMH Team ▪ **Mapping tool –** integration of existing directories (e.g. 'Connect-to-Support Hillingdon') into a single platform
	Coordinated community, primary and social care (WSIC)	Centred around patients, their carers and GPs, The Primary Care Mental Health Team will operate as a fully **multi-disciplinary team**, **case managing** a caseload of people in the community, ensuring individuals receive the whole systems wrap around support they need to stay well	▪ **Primary Care Mental Health Team: developing** primary care mental health team. Addition of further clinical and non-clinical roles to form a truly **multi-disciplinary team** ,to cover all GP networks in the borough is being developed
	Specialist community based support	Specialist care in the community is delivered through evidence based pathways of care in particular for **Psychosis**, **CAD/T, Personality Disorder** and **Rehabilitation**, with a cross pathway dual diagnosis capability. Harnessing **Technological Advancement** will also ensure clinical staff can spend more of their time providing meaningful care.	▪ **Specialist community pathways:** further investment in specialist teams in secondary care to resource the specialist pathways *(clinical design work ongoing with the support of CNWL Mental Health Trust)* ▪ **Technology –** pinpointed technological solution rolled out across the borough *(options development currently underway)*
Urgent care pathway to living well	Urgent/crisis care in the community	Further investment in urgent/crisis care in the community will expand current capacity to keep pace with increasing demand, to ensure that individuals receive the care they need in a timely manner and are only admitted to hospital if it is appropriate for them.	▪ **Home Treatment and Rapid Response Team:** investment in extra resource for this team by HCCG to further develop urgent and crisis care
	Inpatient admissions	Developing **discharge planning and follow up** capability will ensure individuals spend only the time that is necessary in acute settings of care, and an expansion of **alternatives to an inpatient bed** will ensure there are suitable places available for patients that do not need to be hospital but need a level of additional support to stay well	▪ **Non crisis alternative accommodation:** Investment over time for approximately 10 places in supported living accommodation or equivalent to meet predicted increased prevalence *(work ongoing to define most suitable accommodation profile)* ▪ **Discharge planning:** further investment in discharge planning resources

Where are we up to?

- North West London-level model of care and business case framework developed:
  - Model defines shift in activity away from in-patient beds and alternative forms of community-based support to be developed in Hillingdon
  - 24/7 Single Point of Access element of the model already live for Hillingdon population

- Now working with Hillingdon CCG to develop a local business case for approval (September) for service changes from April 2017
- Working in parallel with Hillingdon Council to quantify the impacts for the Council and ensure the model address these impacts with Hillingdon Ambition to achieve endorsement of the model as *'the right thing to do'* Council in parallel

Example questions to address .

Which service users will benefit from the additional supported accommodation?

What sort of additional supported accommodation (or equivalent) will be needed (e.g. crisis avoidance, step-down)?

Which service users will benefit from increased/enhanced community-based support?

How does community-based support in the model 'fit' from a Local Authority perspective? Are there any gaps?

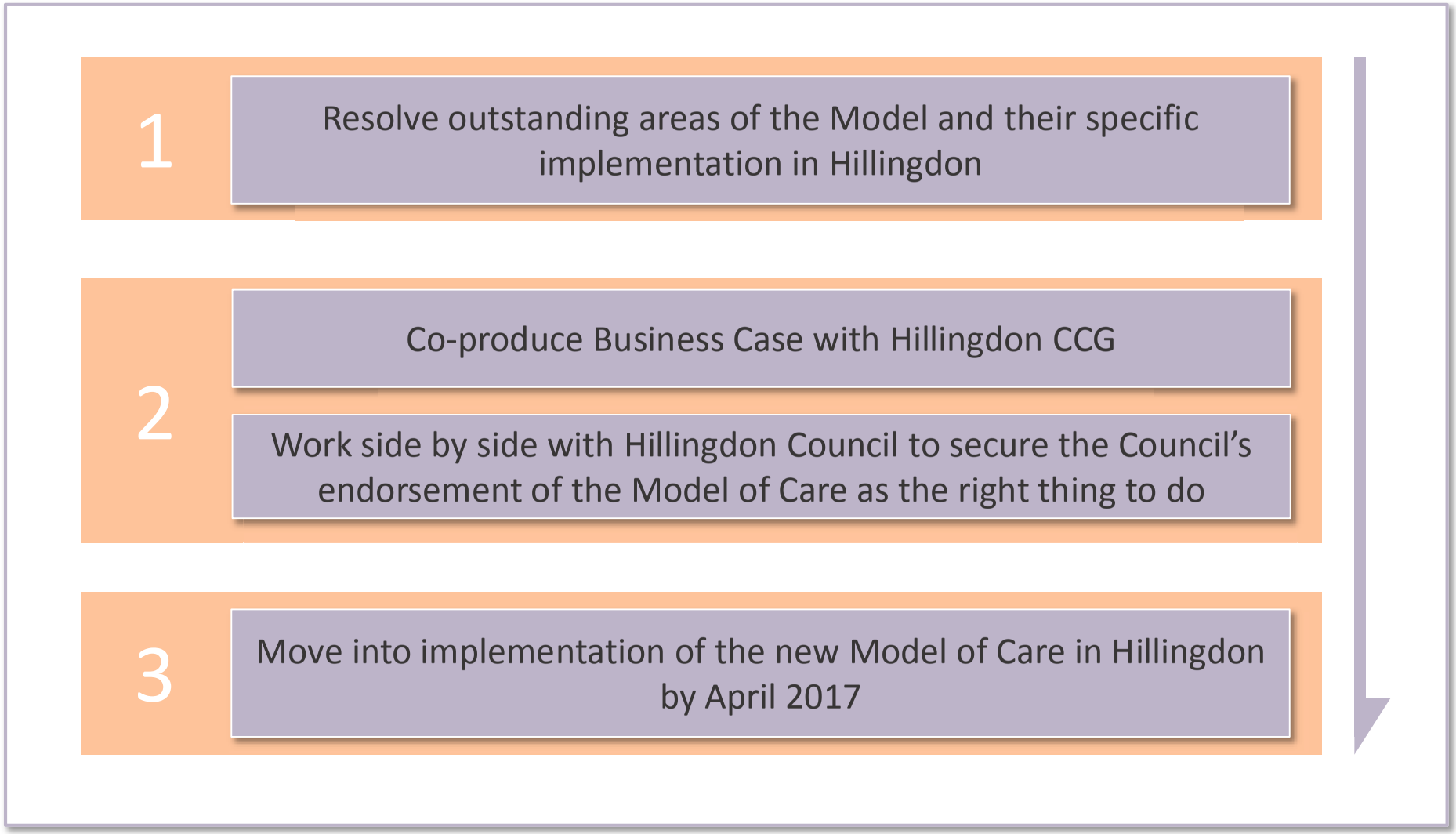
What ways of working together will be important a) during design and implementation b) delivering the service

What other changes will be needed to achieve the shifts in activity in the model? (e.g. improved processes for admission avoidance, discharge, delayed transfers of care, trusted assessment, joint multi-disciplinary team working?

What other questions should we be asking?

What else will be important to explain or demonstrate to members ?

Next Steps


1
Resolve outstanding areas of the Model and their specific implementation in Hillingdon
2
Co-produce Business Case with Hillingdon CCG
Work side by side with Hillingdon Council to secure the Council's endorsement of the Model of Care as the right thing to do
3
Move into implementation of the new Model of Care in Hillingdon by April 2017

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2016/2017

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Work Programme 2016/2017

REASON FOR ITEM

To enable the Committee to track the progress of its work in 2016/2017 and forward plan its work for the new municipal year.

OPTIONS OPEN TO THE COMMITTEE

Members may add, delete or amend future items included on the Work Programme. The Committee may also make suggestions about future issues for consideration at its meetings.

INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
Wednesday 15 June 2016, 6pm	CR3
Tuesday 12 July 2016, 6pm	CR6
Thursday 15 September 2016, 6pm	CR6
Thursday 6 October 2016, 6pm	CR6
Tuesday 15 November 2016, 6pm	CR6
Thursday 12 January 2017, 6pm	CR6
Wednesday 15 February 2017, 6pm	CR6
Wednesday 15 March 2017, 6pm	CR6
Thursday 27 April 2017, 6pm	CR6

2. It has been agreed by Members that consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A. Members will note that further consideration will need to be given to the content of the meetings in October 2016, January 2016 and February 2016.

Scrutiny Reviews

3. Members are asked to suggest possible future review topics for consideration by the External Services Scrutiny Committee during this municipal year. It is proposed that the Committee identify one/two topics it would like to scrutinise in more depth during 2016/2017.

BACKGROUND DOCUMENTS

None.

PART I – MEMBERS, PUBLIC AND PRESS

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APPENDIX A

EXTERNAL SERVICES SCRUTINY COMMITTEE

2016/2017 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
15 June 2016	**Health** To receive the following updates: 1. North West London Collaboration of CCGs - NWL mental health 'Like Minded' strategy 2. Strategic service delivery plan for Out of Hospital Care **Major Review 2 (2015/2016):** Consideration of final report from the GP Pressures Working Group
12 July 2016	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Local Medical Committee 6. Local Dental Committee 7. Public Health 8. Hillingdon Clinical Commissioning Group 9. Care Quality Commission (CQC) 10. Healthwatch Hillingdon **Health** To receive a performance update and the annual report of Healthwatch Hillingdon. **Major Review 1 (2016/2017)**: Consideration of a scoping report and the formulation of a Working Group to undertake a major review on behalf of the Committee

Meeting Date	Agenda Item
15 September 2016	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health
6 October 2016	
15 November 2016	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Local Medical Committee 6. Local Dental Committee 7. Public Health 8. Hillingdon Clinical Commissioning Group 9. Care Quality Commission (CQC) 10. Healthwatch Hillingdon **Major Review 1 (2016/2017):** Consideration of final report from the Working Group **Major Review 2 (2016/2017):** Consideration of the scoping report
12 January 2017	
15 February 2017	**Update on the implementation of recommendations from previous scrutiny reviews:** • Alcohol Related Admissions Amongst Under 18s
15 March 2017	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health

Meeting Date	Agenda Item
	Major Review 2 (2016/2017): Consideration of final report from the Working Group
27 April 2017	**Quality Account Reports & CQC Evidence Gathering** To receive presentations from the local Trusts on their Quality Account 2016/2017 reports and to gather evidence for submission to the CQC: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Local Medical Committee 6. Local Dental Committee 7. Public Health 8. Hillingdon Clinical Commissioning Group 9. Care Quality Commission (CQC) 10. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
1. CAMHS - possible joint major review with Children, Young People and Learning POC in 2016/2017.	

1st MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors TBA

Topic: TBA

Meeting	Action	Purpose / Outcome
ESSC: **12 July 2016 or** **15 September 2016**	Agree Scoping Report	Information and analysis
Working Group: **1st Meeting - TBA**	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: **2nd Meeting - TBA**	Witness Session 2	Evidence and enquiry
Working Group: **3rd Meeting - TBA**	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: **TBA**	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: **TBA** *(Agenda published ???)*	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.