Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 September 2016

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

	Committee Members Present: Councillors John Riley (Chairman), Shehryar Ahmad-Wallana (In place of Ian Edwards), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead) and Michael White **Also Present**: Graeme Caul, Borough Director, Central & North West London NHS Foundation Trust Richard Connett, Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust Pauline Cranmer, Assistant Director of Operations - West Sector, London Ambulance Service Dr Michele Cruwys, Consultant Paediatrician, The Hillingdon Hospitals NHS Foundation Trust Neil Ferrelly, Chief Finance Officer, North West London CCGs Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Maria O'Brien, Divisional Director of Operations, Central & North West London NHS Foundation Trust Stephen Otter, (Healthwatch Hillingdon), Healthwatch Hillingdon **LBH Officers Present**: Kevin Byrne (Head of Policy and Performance), Gary Collier (Better Care Fund Programme Manager), Nigel Dicker (Deputy Director of Public Safety & Environment) and Nikki O'Halloran (Interim Senior Democratic Services Manager)
10.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor Edwards (Councillor Ahmad-Wallana was present as his substitute).
11.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
12.	**MINUTES OF THE PREVIOUS MEETING - 15 JUNE 2016** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 15 June 2016 be agreed as a correct record.**
13.	**HEALTH UPDATES** *(Agenda Item 5)* <u>Central and North West London NHS Foundation Trust (CNWL)</u> Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that a number of

changes had been planned around community services to ensure that they were fit for purpose, supporting GP Networks and fit in with local service provision. The services had faced a number of challenges which included high appointment cancellation rates (which had been largely caused by unexpected staff absence) and operating hours (for example, the MSK physiotherapists saw patients that were predominantly of working age, mobile and needed appointments outside of office hours).

Over a 2-3 month period, CNWL had engaged with patients of the services: letters had been sent out to approximately 2,000-3,000 patients, feedback had been received and Healthwatch Hillingdon had been involved in the process. The purpose of the changes was to concentrate the services in three easy to reach centres (MSK physiotherapy would be based at Eastcote Health Centre, Uxbridge Health Centre and The Warren Practice and podiatry services would be based at the Hesa Centre, Eastcote Health Centre and Uxbridge Health Centre) so that they aligned with other relevant specialist services (for example, diabetes and tissue viability). This would enable the services to offer evening and weekend appointments and would enable patients to see more than one specialist at one location during one visit. It was noted that the podiatry home visit service would not be changed.

During the consultation period, CNWL had received about 50 responses which were predominantly concerned with where a patient would now need to go and the transport arrangements available. It was noted that the engagement process would continue over the next month and that CNWL would be working closely with transport services to ensure continued access for patients. Additional help was being provided for those patients who had not previously needed to use transport but who might now need to use this service to access the centres.

It was agreed that the rationalisation of centres from which services were provided seemed to be a reasonable move but that it was important that communication with service users about the changes and the implications was crucial. The new arrangement would offer economies of scale and help to mitigate the impact of staff shortages as a result of sickness absence.

Members were advised that there had previously been a number of administrative posts based at the centres and that a number of these had been relocated to provide room for the collocation of services. This had also provided additional flexibility and growth for the future of the services.

Although CNWL did take on students, 90% of the staff were qualified podiatrists. The footcare specialists were unqualified staff who were monitored and supervised at all times by a qualified member of staff and undertook footcare assessments. There were currently a low number of newly qualified staff and the changes to the provision of the service would enable CNWL to take on more students as they would have a greater support network in place.

Whilst CNWL provided MSK physiotherapist services to deal with issues relating to backs, shoulders, knees, etc, it also provided a home based rehabilitation service. Hillingdon Clinical Commissioning Group (HCCG) had recently agreed to extend this service to cover stroke patients. This service was being developed in consultation with the Stroke Association as a result of investment from the Hillingdon Clinical Commissioning Group (HCCG).

Ms O'Brien noted that a Trust-wide system had been put in place to manage complaints, capture all feedback and track the progress of individual complaints. A wide campaign had been undertaken to explain the procedures for making complaints

as well as providing feedback and compliments. Complaint response times had not previously been very good but, over the last 18 months, 100% of complaints had been responded to within the set timescales. The majority of complaints had been in relation to communication, lack of involvement and staff attitude. It was noted that, if a complainant was not happy with the response that they received, they were able to escalate it to the Ombudsman.

To help reduce complaints, staff had been provided with training. It was thought that the robust recruitment process, which included a Trust values test, helped to ensure that new staff held similar values to their employer. 'Back to the Floor' would also take place in November 2016 and this year's Carers Conference would focus on mental health and the elderly and responding quickly to concerns.

Mr Graeme Caul, Hillingdon Borough Director for CNWL, advised that the 'Hello, my name is' campaign had been rolled out across the Trust. Whilst participation was on a voluntary basis, about one third of CNWL staff had signed up to the campaign. As well as further publicising the campaign to encourage staff to sign up, it would be included in the Quality Roadshow and in the Trust induction.

<u>Royal Brompton and Harefield NHS Foundation Trust (RB&H)</u>

Mr Nick Hunt, Director of Service Development at RB&H, advised that the 'Hello, my name is' campaign had been rolled out across the Trust for the same reasons as it had been at CNWL. A Datafix complaints system had also been implemented at the Trust and support had been provided for staff who were on the receiving end of complaints. Complaints tended to be in relation to service waiting times and communication.

RB&H had used a film (Barbara's Story) to show staff how it felt to be a patient or family member when the communication from staff was not great. Opportunities were also available for staff to talk to one another about difficult situations so that they were better able to know how to react to individuals. It was likely that further film training would be made available to staff and some staff had undertaken training on dealing with difficult patients.

Although it was unlikely that complaints would ever be eradicated, the Trust would continue to try to reduce the number. Early intervention had helped to resolve complaints quickly and complaints at RB&H had reduced to around 90 per annum.

Members were advised that NHS England (NHSE) had written to all congenital heart departments in the country to advise that it would be decommissioning some services and gave them three days to respond (the response provided by RB&H was then deemed by NHSE to be insufficient). This had meant that adult and child congenital heart surgery would cease at RB&H from 31 April 2017. Since then, NHSE had advised that it would undertake a public consultation at the end of December 2016 with a final decision of the future of the service expected by the end of 2017. This issue would be considered by the Royal Borough of Kensington and Chelsea at its ASC and Health Scrutiny Committee on Wednesday 21 September 2016. The report included on the agenda from NHSE (representatives of which would be attending the meeting) set out proposals that had not yet been seen by RB&H.

Mr Hunt believed that this proposal was an act of vandalism by NHSE that was incomprehensible and would cost a lot of money and cause a lot of grief. The collocation of specialist paediatric services on one site was cited by NHSE as the reason for the proposed changes but RB&H already met these standards. RB&H was the largest unit in the country and its outcomes were superb. As such, the proposal

was not in the best interest of the service and the Trust was actively working to ensure the proposal failed. All and any support from the Council would be hugely welcomed by the Trust.

Although not opposed to the concentration of specialists units, Members felt that any proposal to withdraw services from a Trust that had a proven track record and excellent outcomes did not make sense. Although the final impact was unknown, decommissioning congenital heart services would result in the loss of services such as paediatric intensive care, transplants and anaesthesia. The proposal would also have an impact on staffing as the possibility that services might be decommissioned would force staff to look elsewhere for employment.

It was recognised that RB&H had possibly the largest portfolio of land/property holdings of all Trusts. To this end, a task force led by Sir Robert Naylor had written to RB&H to advise the Trust that its property was in the top 5 areas of interest to the NHS.

Mr Hunt advised that the Trust had produced a briefing note which he would forward to the Interim Senior Democratic Services Manager for circulation to the Committee. It was anticipated that this would provide further information for Members, should they decide to respond to the consultation when it was launched. The Chairman advised that the Committee needed to look at this issue in much more detail and requested that Mr Hunt provide him with any additional information that he had in relation to the proposals.

Members were wholly supportive of RB&H and recognised that, unlike most other Trusts, RB&H generated its own income. Mr Hunt advised that the NHS tariff received by RB&H was not sufficient to pay for the services provided and, as such, it had created other revenue streams (private patients, research, etc).

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>

Dr Michele Cruwys, Consultant Paediatrician at THH, advised that, prior to the closure of paediatric inpatient services at Ealing Hospital, there had been: 16% increase in A&E/emergency paediatric presentations at Hillingdon Hospital; 21% increase in non-elective inpatient admissions; 60% increase in bed days for children requiring critical care (with the complexity of care also increasing); and 16.9% increase in demand for outpatient services. It was noted that Ealing Hospital had retained its paediatric outpatients services and its Urgent Care Centre (UCC).

The changes had provided THH with the opportunity to improve the infrastructure within Hillingdon Hospital. To this end, a new purpose built Paediatric A&E Department had been opened (with a waiting area and bigger rooms with space for parents to stay so that they could continue to care for their child during their stay). A new Paediatric Assessment Unit (PAU) had also been opened to monitor children's condition for up to 24 hours. These changes had been instigated as a result of the Shaping a Healthier Future (SaHF) review and it was envisaged that proposals would drive up standards across North West London. It was noted that the changes had been implemented to ensure detailed and active care pathways were put in place to get children home as quickly and safely as possible.

Members were advised that Hillingdon Hospital provided Consultant delivered care 24/7 and that a Nursing Practice Development Team had been introduced. There had also been an increase in the number of nurses on each shift for short stay patients as well as across the ward. Training and development programmes had been put in place for GPs (only 40% of GPs had received paediatric training), paediatric trainees and

nurses. THH was working closely with HCCG and SaHF to have a Paediatric Consultant available 24/7 and to provide more focussed training for junior staff.

There were a number of challenges being faced by the Trust which included:

- the increasing complexity of care;
- an increased demand for paediatric services;
- staff recruitment and retention - it was suggested that more robust management and clinical approach might make the service more attractive for staff; and
- getting patients seen within 4 hours of presenting at A&E.

A number of developments were planned to meet these challenges which included:

- a 4 bed expansion of the paediatric in patient services which was due to open in October 2016;
- the introduction of GP Integrated Care Clinics in the community;
- the introduction of Rapid Access Clinics (Hot Clinics);
- the introduction of new patient pathways to ensure that patients were seen sooner; and
- working with commissioners to introduce a paediatric critical care service - although the building blocks for this were now in place, new staff needed to be recruited.

Dr Cruwys advised that paediatric staff were predominantly female and that more junior staff needed (and received) additional support. The Trust would ensure that job plans were interesting and varied and that succession planning was in place for when consultants moved on. It was anticipated that the closer working relationship between HCCG and GPs would also help.

Although language was sometime a barrier, Trust staff encouraged parents to learn English and/or used the LanguageLine service for interpretation if there were no hospital staff available that could speak the language needed.

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

Ms Pauline Cranmer, LAS Assistant Director of Operations - West Sector, advised that she had responsibility for Hillingdon, Brent and Harrow. She noted that demand had risen significantly recently with March 2016 seeing the highest number of incidents ever. In 2015/16, the LAS had attended 20k more incidents than in 2014/2015 and performance had increased from 59.2% in 2014/2015 to 63.6% in 2015/2016 for Cat A8 calls (seriously ill and life threatening). Performance in August 2016 was 67.4%. It was noted that there had been an increase in the number of calls received each year which, in part, was impacted by the accessibility of health services.

In Hillingdon, Cat A performance had improved from 62.78% in July 2016 to 65.87% in August 2016. It was noted that the LAS reached 75% of Cat A8 calls in Hillingdon within 9 minutes 45 seconds. However, the area continued to experience high demand with August 2016 seeing the second highest number of Cat A incidents in London.

The LAS had introduced a system of triage for 999 calls. This meant that around 3,000 callers each week were signposted back to their GP and about 60% of ambulances that were dispatched actually conveyed the patient to hospital. In Hillingdon, this had resulted in 33 complaints (which Members had not deemed to be a high number) and a low re-contact rate.

Members were aware that the CQC had undertaken an inspection of LAS in June

2015, with its findings published in a report on 27 November 2015. Although the Trust had received a 'Good' rating for care of patients, the report had highlighted a number of areas of concern and deemed the service to be 'Inadequate' overall and put the Trust in special measures. The LAS had published its improvement plan in January 2016, setting out the steps that it would take to get out of special measures.

Following a recruitment drive, the LAS had appointed 717 new staff in 2015/2016. This meant that the Trust was able to meet its recruitment target to ensure that all 3,169 frontline posts were filled. Although this had been a huge achievement against a backdrop of increased demand across the country, it was recognised that the challenge would now be retention. To this end, the LAS was working with 4 universities to recruit graduates and it was anticipated that recruitment would be ongoing. It was noted that there were currently 12 vacancies in Hillingdon.

A Vehicle Make Ready pilot had been successfully undertaken in the North East sector, showing a reduction in out of hours service vehicles and improvements in vehicle cleanliness and equipment availability. Consideration was now being given to how this could be rolled out across the Service. Improvements had also been made to medicines management processes, including communication to all frontline staff to outline the professional requirements, clarify medicines management policies and the provision of an increased calendar of clinical audits.

60 new Fast Response Units had been in place by the end of June 2016, taking the total number of available cars to 180. 104 new ambulances were also in production so that, by 31 March 2017, half of the fleet's vehicles would be under two years old.

Senior managers had received training in leadership by Defence Medical Services (DMS) following its CQC inspection. DMS had delivered a two day training course to senior and middle managers and worked with them on a development package to support and manage staff differently. As well as delivering the training, they had also provided the LAS with a toolkit.

Other actions to improve the Service included a focus on reducing demand, recruiting staff and supporting staff to work more efficiently. It was noted that around 3,500 callers were dealt with over the phone each week and that the LAS was working with care homes to manage their requests more appropriately. A project to manage frequent callers was underway and effort was being made to recruit more frontline staff.

With regard to local improvement actions, a quality improvement plan taskforce had been set up, involving frontline staff to make a difference. The taskforce held visibility days where they could listen to the views of staff. The LAS was also working with partners in Hillingdon to look at frequent callers, care home falls training (October 2016), an urgent care streaming project and attending GP forums.

Feedback from patients, their families and the public was an important way to drive improvements in the Service. This had been captured by the Patient Experiences Team who had managed 3,800 enquiries and 1,025 complaints in 2015/2016. The LAS Learning from Experience Group had also reviewed the themes and issues that emerged from complaints and the action taken to improve services. Action as a result of feedback had included:

- amending the elderly fallers protocol;
- asking National Academy to review the way that diabetic patients were assessed; and
- reviewing the way that the LAS assessed children who had swallowed a foreign object.

It was noted that complaints were predominantly in relation to delay and staff attitude. These two issues could be deemed to be linked as any delay in the arrival of an ambulance tended to make patients unhappy which could then affect staff attitudes. Action was being taken to see how staff could calm affected patients and there had been a reduction in the number of complaints in relation to delays. Of the 37 complaints received in Hillingdon between 1 April 2015 and 31 March 2016, 32 had been addressed by providing an explanation, 2 required no further action and 3 resulted in staff reflective practice/training. Members noted that a significant amount of time had been invested locally to look at how staff could be supported when they were the subject of a complaint.

Ms Cranmer advised that Community First Responders (CFRs) had been created through a partnership between St John's Ambulance and the LAS. CFRs responded from home and provided a support service for ambulances. CFRs received a high level of training and would only be called to attend a scene if they were likely to get there ahead of an ambulance (they would only be called to deal with certain types of issues). There were 130 responders and had been first on the scene for 2,629 calls (54%) in 2015/2016. Although there were no CFRs in Hillingdon, consideration was being given to the possibility of a CFR unit in the Borough.

There were around 145 Emergency Responders (ERs) that volunteered with the LAS. They attended on-duty shifts from stations and had attended 6,920 calls in 2015/2016, 5,165 of which where they were first at the scene (74.6%). These volunteers received intermediate first person on the scene training for serious medical emergencies and traumatic injuries.

Members were advised that there were two Emergency Responder units and 35 Responders in Hillingdon. These Responders had given 2,883 hours of their time during this period and been first on the scene to 1,405 of the 1,904 calls (73.7%).

Ms Cranmer noted that regular public information recruitment evenings had been held and staff were provided with regular CPD/training which resulted in excellent mandatory training compliance.

It was noted that detailed work on repeat callers had been undertaken with HCCG, THH and GPs. Patients were now being triangulated to identify how they could be best signposted.

With regard to public driving standards, there were still times where an altercation would occur when an ambulance crossed a red light or where it was parked over someone's driveway. Members were advised that the LAS had a separate department to deal with significant driving standard issues regarding Trust staff.

<u>Hillingdon Clinical Commissioning Group (HCCG)</u>

The Sustainability and Transformation Plan (STP) set out the North West London (NWL) CCGs' shared plans for the next five years to 2020/2021 and provided a focus on each of the constituent boroughs. The STP brought together providers and commissioners of care (both local government and NHS) to deliver a genuine place based plan for the Borough. It would act as a platform for development of a new and innovative way of funding health and social care in Hillingdon.

Ms Caroline Morison, Chief Operating Officer at HCCG, advised that the STP had been put in place to ensure that health and social care in NWL was sustainable. If no action

was taken, NWL would have a £1.3b funding gap across health and care by 2020/21. The STP had identified the following five delivery areas that would deliver a more proactive model of care as well as reduce the costs of meeting the needs of the population to enable the system to be financially and clinically stable:

1. Radically upgrading prevention and wellbeing;
2. Eliminating unwarranted variation and improving long term conditions' (LTC) management;
3. Achieving better outcomes and experiences for older people;
4. Improving outcomes for children and adults with mental health needs; and
5. Ensuring we have safe, high quality, sustainable acute services.

Three gaps had been identified within the Five Year Forward view and the STP guidance (health and wellbeing; care and quality; finance and efficiency). HCCG had outlined the Hillingdon vision for closing these gaps. If the plan was successfully delivered, it would address the funding gap across health and social care of around £100m over the next five years.

It was noted that the local plan would need to be refined before it was submitted on 21 October 2016. Governance processes had been undertaken to ensure that partner Boards were sighted on the content of the local and NWL plan and the content would need to be embedded into local planning processes (CCG Commissioning Intentions, development of a three year Better Care Fund plan, etc). In addition, local governance and delivery mechanisms would need to be established.

Ms Morison advised that HCCG had been proactively working with other agencies on issues such as the older people's model of care (including care coordination, a single care plan and social isolation). Work was also being undertaken to support the delivery of care to residents in the right place at the right time which might include new ways of providing primary care. It was important to ensure the provision of planned and systematic access to services and to promote an understanding of what residents should expect. The third sector played an important part in this work.

Members suggested that a further report on the STP be brought back to a future meeting for further discussion.

<u>Healthwatch Hillingdon (HH)</u>

Mr Stephen Otter, Vice Chairman at HH, advised that the HH Annual Report highlighted the need to raise the importance of the patient experience. In addition, he suggested that, moving forward, consideration would need to be given to looking at development sites such as St Andrews and Nestle to ensure that the infrastructure put in place met the needs of the local residents.

Mr Graham Hawkes, HH Chief Executive Officer, advised that the organisation was seen as an equal partner in the Borough (which was not necessarily the case across the country). He had been pleased with the reaction from partner agencies to HH's CAMHS report and the work that had been undertaken together in relation to child health and wellbeing.

Members were advised that there had been a lot of work undertaken through the HH shop in the Pavilions shopping centre as it provided a useful platform to receive feedback from residents. Although HH had secured a one year extension on its shop lease, it was noted that, with the imminent arrival of a large retailer in the centre, it was likely that the HH presence there would change.

Mr Hawkes noted that HH was undertaking a review of hospital discharges for those aged 65+ and the community support provided thereafter. A piece of work was also being undertaken in relation to maternity services at Hillingdon Hospital. Consideration had been given by HH to a number of possible review topics which had included IVF. However, it was thought that a national approach would need to be taken to IVF.

Mr Hawkes had been involved with the development of the STP and sat on the Board. He expressed concern about the short timescales given to provide plans and the impact that this had on the ability for public engagement in the process. As such, commitment had been sought to ensure a more robust involvement of the public in the STP.

Insofar as access to GPs was concerned, it would be important to have frank discussions with residents to gain a better understanding of their concerns.

The Chairman placed on record the Committee's thanks to Mr Jeff Maslen for the work that he had undertaken as Chair of Healthwatch Hillingdon as well as his loyal and distinguished service as a former Council employee.

RESOLVED: That:

1. **Mr Hunt forward the briefing note to the Interim Senior Democratic Services Manager for circulation to the Committee;**
2. **a further report on the STP be brought back to a future meeting for further discussion; and**
3. **the report and presentations be noted.**

14. **WORK PROGRAMME 2016/2017** *(Agenda Item 6)*

Consideration was given to the Committee's Work Programme.

Members discussed the issue of paediatric cardiac services at Royal Brompton and Harefield NHS Foundation Trust (RB&H). It was noted that outcomes tended to be better for patients cared for in larger specialist settings and it was recognised that withdrawal of the service would have a knock on effect on things like staffing levels and the onward pathway from Hillingdon Hospital paediatric department. It was noted that RB&H was cost effective and, to a certain extent, was effectively financially propping up other Trusts. Members were keen to gain further information about the proposals so that consideration could be given to whether or not an additional meeting should be scheduled.

The Committee agreed to have an update on child sexual exploitation at its meeting on 15 February 2017. The Chairmen of the Social Services, Housing & Public Health and Children, Young People & Learning Policy Overview Committees would be invited to take part in this meeting.

It was agreed that a Working Group would be set up to look at community sentencing: What had replaced probation? How effective was it? It was suggested that the review include witnesses such as former offenders and that it also cover reoffending.

It was noted that the Fire Brigade would be invited to attend the next meeting of the External Services Scrutiny Committee as part of the Committee's bi-annual scrutiny of the Safer Hillingdon Partnership.

Consideration had previously been given to the creation of a Working Group to review CAMHS. It had been suggested that this Group comprise the Chairman and Labour

	Lead of various relevant Council Committees. It was noted that this review was currently on hold. **RESOLVED: That:** **1. a Working Group be established to undertake a review into community sentencing; and** **2. the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 8.51 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.