



HILLINGDON
LONDON



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: THURSDAY, 15
SEPTEMBER 2016

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE
UB8 1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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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

4 Minutes of the previous meeting - 15 June 2016 1 - 8

5 Health Updates 9 - 90

6 Work Programme 2016/2017 91 - 96

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 June 2016

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



HILLINGDON
LONDON

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

	<p>before the last Trust had presented its Quality Account. As there were other specifically health related meetings scheduled during the municipal year, it was agreed by most Members that there was ample opportunity for the Committee to scrutinise the Trusts and hold them to account. Furthermore, these other meetings also allowed the Trusts to learn from each other and share information.</p> <p>The majority of Members agreed that the scrutiny of the 2016/2017 Quality Accounts be split over two consecutive days in April 2017. It was also agreed that Healthwatch Hillingdon would be invited to attend both meetings.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the scrutiny of the 2016/2017 Quality Accounts be split over two consecutive days in April 2017 and that Healthwatch Hillingdon be invited to attend both dates; and 2. the minutes of the meeting held on 26 April 2016 be agreed as a correct record.
6.	<p>MINUTES OF THE MEETING ON 12 MAY 2016 (<i>Agenda Item 6</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 May 2016 be agreed as a correct record.</p>
7.	<p>STRATEGIC SERVICE DELIVERY PLAN UPDATE (<i>Agenda Item 7</i>)</p> <p>The Chairman welcomed Ms Caroline Morison, the new Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), to the meeting.</p> <p>Ms Morison advised that the Strategic Service Delivery Plan (SSDP) aimed to transform care and had outlined a number of challenges that the HCCG would need to address. These challenges included shifts in models of care and improvements in the use of the existing estate. Since the SSDP had been produced, NHS England (NHSE) had launched various other initiatives, some of which fit with the SSDP's aim to provide the right care in the right setting at the right time.</p> <p>Ms Sue Hardy, Head of Strategic Estates for HCCG, advised that a key directive from the Department of Health had been to produce an Estates Strategy. To this end, officers from NHSE, HCCG, the Council, Central and North West London NHS Foundation Trust (CNWL) and The Hillingdon Hospitals NHS Foundation trust (THH) had been meeting on a regular basis and would be looking to identify joint opportunities.</p> <p>Members were advised that, with regard to the St Andrews Park development, there had been a time when engagement with the developer had ceased. However, over the last 4-5 months this situation had improved. Whilst some of the associated s106 money had been used to fund additional capacity at the Uxbridge Health Centre, the remainder would be used to create a new hub (there would be three hubs in the Borough). It was noted that, although commercial terms were still being discussed, the St Andrews developer planned to submit a planning application in the new year.</p> <p>Consideration was being given to a hub at Mount Vernon Hospital (MVH) which was the preferred location within that part of the Borough. To this end, HCCG was currently in consultation with The Hillingdon Hospitals NHS Foundation Trust.</p> <p>Concern was expressed regarding the provision of GP services in Yiewsley, West</p>

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

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

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

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

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

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

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

Ms Hardy advised that officers worked hard to ensure that a local focus was

maintained. To this end, they met regularly with Dr Steve Hajioff (the Council's Director of Public Health) and officers that dealt with s106 contributions regarding investment in Hillingdon. It was believed that financial and physical assets were enablers.

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

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

RESOLVED: That the presentation be noted.

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

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

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

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

Around 2,450 people in Hillingdon had been diagnosed with mental ill health. Approximately 60% of these individuals were supported in the community. It was suggested that consideration be given to who these individuals were, where they were from, etc, to provide the most appropriate treatment and enable resources to be used in the most effective way. However, it was also important to recognise that the fluidity of the system worried some patients, particularly when they were being supported in the community and were experiencing crisis. Similarly, it was important to be mindful of the needs of dual diagnosis individuals who had a substance misuse problem in

addition to mental health needs. Ms Wheeler advised that, dual diagnosis had been factored into the services provided, but substance misuse had not. It was suggested that eating disorders also warranted being looked at more inclusively.

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

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

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

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

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

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

There were some schools which offered great pastoral services which, it was suggested, were needed in all schools. It was noted that some head teachers engaged well and were keen to roll out best practice but that there were some establishments whose main goal was educational attainment. In the longer term, plans were in place for teacher training to include an element in relation to autism and mental health to help with early identification.

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

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

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

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

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

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

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

RESOLVED: That the presentation be noted.

9.	<p>WORK PROGRAMME 2016/2017 (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was agreed that the next scheduled meeting on 12 July 2016 would be cancelled. Instead, an informal meeting would be held with Members at 6pm on 12 July 2016 to discuss possible meeting and review topics. It was agreed that mental health would be included as a subject for consideration at one of the Committee's meetings.</p> <p>It was noted that the GP Pressures Working Group report was currently being developed. The report would need to be considered by the Working Group before being brought back to the Committee and then passed to Cabinet for consideration.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the scheduled meeting on 12 July 2016 be cancelled; 2. an informal meeting be scheduled for 6pm on 12 July 2016 for Members to discuss possible meeting and review topics; and 3. the Work Programme 2016/2017 be agreed.
	<p>The meeting, which commenced at 6.00 pm, closed at 8.02 pm.</p>

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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Agenda Item 5

EXTERNAL SERVICES SCRUTINY COMMITTEE - HEALTH UPDATES

Contact Officer: Nikki O'Halloran

Telephone: 01895 250472

Appendix A: CNWL Update on Physical Health Services

Appendix B: CNWL Complaints Report

Appendix C: RBH Complaints Annual Report 2015-16

Appendix D: HCCG Sustainability and Transformation Plan

Appendix E: Healthwatch Hillingdon Annual Report 2015-16

REASON FOR ITEM

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

Members are able to question the witnesses and make recommendations to address issues arising from discussions at the meeting. Members may also request further information from witnesses.

INFORMATION

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals NHS Foundation Trust (THH) provides services from both Hillingdon Hospital and Mount Vernon Hospital. THH delivers high quality healthcare to the residents of the London Borough of Hillingdon and, increasingly, to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people. Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency department, inpatients, day surgery and outpatient clinics.

THH provides some services at the Mount Vernon Hospital, in co-operation with the East & North Hertfordshire NHS Trust. Mount Vernon Hospital has a modern Diagnostic and Treatment Centre and new buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

The Trust was awarded £12.4 million from the Department of Health to re-engineer its Emergency Care Department at Hillingdon Hospital. This was the second largest successful bid awarded to London Trusts, as part of a wider £330 million allocation for England. The aim of the project was to redesign emergency care pathways to reflect best practice for increasing primary care and reducing admission and length of stay in hospital. Alongside this, a new Urgent Care Centre has been developed offering quick treatment to patients who do not need the full A&E service.

It is anticipated that the redevelopment will see improvements made to the hospital's A&E department, paediatric emergency department, acute medical admissions unit and endoscopy unit. The design of the building and changes in the clinical pathways were developed in conjunction with patient groups, the clinical staff and local GPs. Dr Richard Grocott-Mason, the

Trust's Joint Medical Director, said: "The guiding principle behind our plans is to ensure that patients can access the right service at the right time. This redevelopment will improve the care we can offer to patients and help to shorten the time that they spend in hospital. It will also strengthen the Trust's position as a 'fixed point' for acute care as identified by the North West London 'Shaping a healthier future' programme."

Shaping a healthier future (SAHF)

Members have previously noted that SaHF developments would result in many additional maternity patients going to Hillingdon Hospital to give birth. A detailed assurance process was followed to ensure that adequate measures were in place for the transfer and had resulted in the transfer of services from Ealing being delayed. As well as having enough beds in place at Hillingdon to accommodate the increase in births, the Trust needed to ensure that there were enough nurses and doctors and any staffing gaps were addressed, e.g., specialist registrars, community midwifery, etc.

Concern has also been expressed regarding the increase in the number of patients expected at Hillingdon Hospital following the withdrawal of paediatric inpatient services at Ealing Hospital.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff to provide more than 300 different health services across 150 sites. CNWL services in Hillingdon cover a broad range of both mental health and physical health community services as follows:

- a) Mental health - Adult mental health both inpatient services and community based services, older adult mental health services including inpatient services, community based provision and specialist memory service, psychiatric liaison services with in-reach to Hillingdon Hospital A&E and wards, IAPT, mental health rehabilitation, addiction services, (drugs and alcohol), and child and adolescent mental health services (CAMHS).
- b) Community physical health - including Rapid Response service to prevent unnecessary hospital admission, both adult and paediatric speech and language therapy, specialist community dentistry, home-based children's nursing service, adult district nursing, specialist community paediatricians as part of the Child Development services, school nursing service, specialist wound care services, adult home-on and rehabilitation services, wheelchair service, health visiting, Hillingdon Centre For Independent Living (HCIL), Looked After Children specialist team, community based palliative care team, inpatient intermediate care ward (Hawthorn Intermediate Care Unit), Podiatry and musculo-skeletal physiotherapy services.

CNWL services are delivered in a variety of settings; predominantly in patient's homes but also in hospital settings, GP practices, health centres, schools and children's centres. Approximately 1,000 CNWL staff work across the London Borough of Hillingdon with around 600 of these living in the Borough.

Child & Adolescent Mental Health Services (CAMHS)

Hillingdon CAMHS provides community mental health services to children and young people up to the age of 18 with complex mental health difficulties and their families in a range of different ways depending on their needs. The types of difficulties dealt with by CNWL are predominantly what would be described as Tier 3 (complex and severe) CAMHS services. Due to resourcing issues, there has been a limited service provided at Tier 2 (mild/moderate):

- Complex emotional and behavioural problems

- Deliberate self-harm
- Anxiety and depression and serious mental illness such as psychosis and eating disorders
- Family relationship issues and parenting
- Hyperactivity or poor concentration (ADHD, ASD)
- School refusal
- Children with mental health needs related to learning difficulties, physical illness or disability
- Challenging behaviour

Psychologists, psychiatrists and therapists provide assessment and treatment packages for children, young people and their families. Treatment may include cognitive behaviour therapy (CBT), family therapy, play therapy and individual/group psychotherapy. Medication is also used when appropriate and carefully monitored by the doctors.

Tier 4 inpatient services for children with the most serious problems, are not provided by CNWL for Hillingdon children. This service is commissioned from a variety of providers via NHS England (NHSE).

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

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK, and among the largest in Europe. The Trust works from two sites: Royal Brompton Hospital in Chelsea, West London; and Harefield Hospital near Uxbridge.

RB&H is a partnership of two specialist hospitals which are known throughout the world for their expertise, standard of care and research success. As a specialist Trust, it only provides treatment for people with heart and lung disease. This means that its doctors, nurses and other healthcare staff are experts in their chosen field, and many move to the RB&H hospitals from throughout the UK, Europe and beyond, so they can develop their particular skills even further. The Trust carries out some of the most complicated surgery, offers some of the most sophisticated treatment that is available anywhere in the world and treats patients from all over the UK and around the globe.

The organisation has a worldwide reputation for heart and lung research. It works on numerous research projects that bring benefits to patients in the form of new, more effective and efficient treatments for heart and lung disease. The Trust is also responsible for medical advances taken up across the NHS and beyond. Each year, between 500 and 600 papers by researchers associated with the Trust are published in peer-reviewed scientific journals, such as *The Lancet* and *New England Journal of Medicine*.

NHS Hillingdon Clinical Commissioning Group (HCCG)

The proposal for new clinical commissioning groups was first made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS' as part of the Government's long-term vision for the future of the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning services was devolved to local groups of clinicians. The role of CCGs is set out in the Health and Social Care Act 2012 and specifies that CCGs will:

- Put patients at the heart of everything the NHS does

- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

The CCG is a group of local GPs and health professionals that is responsible for planning and designing local health services for Hillingdon residents. It is responsible for buying/commissioning health services (including community health and hospital services) for people in Hillingdon. These services include:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

The organisation covers the same geographical area as the London Borough of Hillingdon and is made up of all 48 GP practices in the Borough. It works with patients and health and social care partners (e.g., local hospitals, local authorities and local community groups) to ensure services meet local needs.

The CCG has a governing body which meets in public each month and the agendas and papers for these meetings can be found on the CCG website. The governing body is made up of GPs from the Hillingdon area and at least one registered nurse and one secondary care specialist doctor.

Better Care Fund

The CCG is working with the Council and key voluntary and community sector organisations to provide more services that cover both health and social care. Government funding has been made available through the Better Care Fund to support specific services that are provided to patients using health and social care, in the first instances, targeted at services for the over 65s.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK to provide healthcare that is free to patients at the time they receive it. The Trust works closely with hospitals and other healthcare professionals, as well as with the other emergency services and is the only NHS Trust that covers the whole of London. It is also central to the emergency response to major and terrorist threats in the capital.

The 999 service LAS provides to Londoners is purchased by Clinical Commissioning Groups and its performance is monitored by NHS England but, ultimately, LAS is responsible to the Department of Health. LAS has over 5,000 staff, based at ambulance stations and support offices across London and its accident and emergency service is split into three operational areas: west, east and south. Each of these areas is managed by an assistant director of operations, and each ambulance station complex has its own ambulance operations manager.

The CQC undertook an inspection of the LAS in June 2015.

Calls

At the meeting on 17 June 2015, Members were advised that work had been planned in relation to the extensive number of frequent callers which put additional pressure on the limited resources of the Trust. To this end, a Darzi fellow had been appointed to review this issue from September 2015.

The LAS works closely with the Metropolitan Police Service, Urgent Care Centres and clinics to triangulate information and share intelligence about common frequent callers. In addition, the LAS has an information sharing agreement in place with social services - although these agreements need to be in place before information can be shared, this is not an onerous process. Concern has been expressed that information sharing in relation to persistent callers is not as joined up as it could be. Once the Darzi fellow was in post, consideration could be given to attending a future meeting of the External Services Scrutiny Committee to discuss the matter further with Members.

Calls to the LAS are triaged to determine the level of response that they require. For example, a cardiac arrest or a major road traffic accident will result in an auto dispatch of a single responder and an ambulance. Fast response cars are not required for all calls as they tend to only be used to deal with critical issues. There are times when a call may have been deemed to be critical and a fast response car dispatched but that, as the call progresses, more detail about the situation comes to light and it transpires that the car is not required. However, as the cars are not always recalled in these situations, work is underway to rectify this use of resources.

Defibrillators

On 17 June 2015, Members were advised that work was underway to map out the location of all defibrillators in London to provide the LAS with a broader picture to enable identification of the closest equipment at the time it was required.

Healthwatch Hillingdon

Healthwatch Hillingdon is a new health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and care services and give them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

From April 2013, Healthwatch Hillingdon replaced the Hillingdon Local Involvement Network (LiNK) and became the new local champion for health and social care services. It aims to give residents a stronger voice to influence how these services are provided. Healthwatch Hillingdon is an independent organisation that is able to employ its own staff and volunteers.

Healthwatch aims to listen to what people say and use this information to help shape health and social care services. It will help residents to share their views about local health and social care services and build a picture of where services are doing well and where they can be improved. It will use this information to work for improvements in local services. Healthwatch Hillingdon will also provide residents with information about local health and care services including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Healthwatch Hillingdon is currently recruiting to replace its former Chairman of the Board, Mr Jeff Maslen. This Board contains a balance of strong strategic leadership, governance, organisational and financial skills required to lead the new organisation. The Board will be able to represent the communities which it serves and ensure there is a good understanding of the broad areas of health and social care.

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Care Quality Commission

The role of the Care Quality Commission (CQC) is to make sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage these organisations to make improvements. The CQC does this by inspecting services and publishing the results on its website to help individuals make better decisions about the care they receive.

Inspecting all health and social care services in England is not the only role the CQC undertakes. To make sure people receive safe and effective care, the CQC also takes enforcement action, registers services and works with other organisations. The CQC believes that everyone deserves to receive care that is safe, effective, compassionate and high-quality. For this to happen, the CQC inspects hospitals, care homes, GPs, dental and general practices and other care services all over England.

Serious Incidents

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant, or the potential for learning is so

great, that a heightened level of response is justified. On 27 March 2015, NHSE published its revised Serious Incident Framework, which describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. This revised Framework contains three key operational changes:

1. grading – serious incidents are no longer defined by grade, instead all incidents meeting the threshold of a serious incident must be investigated and reviewed according to principles set out in the Framework;
2. timescale - a single timeframe (60 working days) has been agreed for the completion of investigation reports; and
3. the opportunity to use a multi-incident investigation and action planning approach to repeats of similar incidents, such as pressure ulcers and falls.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm. These include:

- where the injury required treatment to prevent death or serious harm;
- abuse;
- Never Events;
- incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and
- incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The needs of those affected should be the primary concern of those involved in the response to and the investigation of serious incidents. Patients and their families/carers and victims' families must be involved and supported throughout the investigation process.

Providers are responsible for the safety of their patients, visitors and others using their services, and must ensure robust systems are in place for recognising, reporting, investigating and responding to Serious Incidents and for arranging and resourcing investigations. Commissioners are accountable for quality assuring the robustness of their providers' Serious Incident investigations and the development and implementation of effective actions, by the provider, to prevent recurrence of similar incidents.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RB&H)
- Hillingdon Clinical Commissioning Group (CCG)
- London Ambulance Service (LAS)
- Healthwatch Hillingdon
- Local Medical Committee (LMC)
- Care Quality Commission (CQC)

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Appendix A

Update on Physical Health Services Review

Objective:

The purpose of this report is to provide Hillingdon Council's External Services Scrutiny Committee an update on the review of CNWL's Podiatry and MSK Service delivery model within the Borough and to provide assurances that the schemes proposed will not reduce service provision or negatively impact quality.

The report demonstrates how CNWL proposes that the services can be delivered in a more efficient and effective manner, aligned to the local ambition to deliver locality based services.

Introduction:

CNWL provides a range of high quality community services to the local population in Hillingdon and is deeply committed to continuing to provide such services into the future. Our community services are effective and well regarded by patients and stakeholders.

Our patient survey results improve year on year with the majority of patients and service users recommending us to friends and family.

Our physical health Community Services were rated as 'good' in the CQC inspection in February 2015. This is something the Trust is extremely proud of and therefore will only commit to transforming services when we are assured that that quality will be maintained or improved as a result for the local population.

The Trust has strong working relationships with all partners in the borough, including the Local Authority and Hillingdon Clinical Commissioning Group (CCG) and is committed as an equal partner to delivering new models of care as part of the implementation of a Hillingdon Accountable Care Partnership, (Hillingdon Health & Care Partners) and the Better Care Fund. We are also working closely with partners to support the development and implementation of the Sustainability and Transformation Plan.

Hillingdon CCG gave a 3 year contract offer to CNWL starting April 2016 which was welcomed as it demonstrates to us the CCG's long term commitment to CNWL and our provision in Hillingdon. This offer has been made on the basis that the Trust continues to support the CCG in delivering services in the most efficient and effective way for the residents of Hillingdon. This requires the Trust to transform some of how we deliver care.

During 2016-17 we agreed to transform how we offer MSK and Podiatry services. We are also making some other back office changes, which do not have any impact on how we deliver those services to the public.

Any change delivered by CNWL is guided by the following principles:

- We are committed to delivering care that is integrated; timely; accessible and coordinated around the patient.
- Services will be aligned to GPs and GP networks and where possible accessible locally within each of the 3 localities,
- We will ensure that changes we implement maintain high quality services; operational stability and financial sustainability
- There will be no reduction in access to appointments and the redesigned services will continue to deliver required activity and other core contractual KPIs

- There will be no negative impact on patient safety

For any change in delivery the Trust we will always carry out a thorough quality impact assessment that will undergo a 3 level clinical sign off process before implementation.

MSK Physiotherapy

The majority of users (nearly 80%) of this service are working age adults. A patient telephone survey undertaken in 2015 revealed that working age patients accessing this service would prefer longer opening hours, with the availability of weekend appointments. This is something that is available in neighbouring areas and CNWL needs to keep pace with changes in the provision regionally and nationally.

In response to this the Trust are implementing a plan that will provide access to appointments from 8am to 8pm weekdays and Saturday mornings. To achieve this we will concentrate our MSK service deliver in three main hub sites; one in each locality:

- Hayes and Harlington: Warren Health Centre in Hayes
- Uxbridge and West Drayton: Uxbridge Health Centre
- North: Eastcote Health Centre

Number of available appointment slots will not reduce. In fact the model plans for growth during 2016-17.

Some patients will inevitably have further to travel, however all 3 sites do have good public transport links and nearby car parking they are less likely to be affected by the changes to location. Patients with mobility problems can be seen at home by the community rehabilitation service.

The Trust is on track to deliver these changes through October 2016.

Podiatry

The current service operation from 8 sites with mixed opening hours is not resilient. Our performance indicators tell us that our cancellation rates by service are high. This is because if a Podiatrist is working alone in a clinic and for whatever reason cannot come to work, the Trust has no opportunity for their appointments from that clinic to be allocated to another member of the team.

Our highest risk patients have comorbidities such as diabetes but our current configuration of clinics does not maximise the opportunity to run appointments which coincide with long-term condition or tissue viability services.

In order to deliver a service that is more convenient for patients with comorbidities, who rely on other services we provide, alongside a service which is more resilient, we plan to concentrate provision on 3 locality based sites.

We will re-model our delivery so we can offer appointments 9am to 5pm across those three sites and have more than one podiatrist working in each of those clinics during these times.

This model allows for second opinions and access to specialist advice, more supervision for our more junior podiatrists and the ability to attempt to re-allocate appointments should a Podiatrist be unwell.

Number of available appointment slots will not reduce, again our modelling factors planned growth over the next year.

In line with our strategy to offer locality based services we will focus on 3 key sites – one in each locality:

- South: Hayes and Harlington: Hesa Primary Care Centre in Hayes
- Central: Uxbridge and West Drayton: Uxbridge Health Centre
- North: Eastcote

One is twelve patients will continue to receive their podiatric care at home.

We have carried out a patient engagement exercise to understand the impact of this change. We have interviewed patients at sites affected with no negative responses received. We wrote to 3,000 patients to explain the planned changes. 1.7% responded with concerns, other callers simply wanted to understand where they would attend in future.

Of the concerns raised the majority were in relation to the additional travel required by those patients. The sites selected are accessible by public transport and have car-parking facilities available. We will also re-assess all patients as to their eligibility for patient transport should that be required.

The Trust is on track to deliver these changes through October 2016.

Next Steps

The Trust will continue its patient engagement during September.

We have launched a poster campaign in our key MSK sites explaining the planned changes and will speak to every patient registering for the service during September if they are affected.

For those adversely affected by the move in clinic bases (particularly Podiatry) we will proactively offer assessment for Patient Transport either by phone or at their next appointment prior to the change in clinic configuration.

Implementation will be phased throughout October with all changes implemented by November.

Graeme Caul
Borough Director
31 August 2016

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Appendix B

Patient and Carer Feedback

Objective:

The purpose of this report is to provide Hillingdon Council's External Services Scrutiny Committee information in relation to the volume and nature of complaints received by Central and North West London NHS Foundation Trust (CNWL) and whether these complaints have received a response and whether or not the issues arising in the complaints have been addressed (as well as identifying how these issues were addressed).

Introduction:

The Trust recently published an annual review of feedback received (Complaints and Compliments during 2015-16.

Following the implementation of the Datix system for recording patient feedback across the Trust, the volume of patient and carer feedback recorded across the Trust increased throughout the year culminating in Q4. We have seen a 25% increase in the number of compliments received across the Trust following a focused drive to improve our recording of positive feedback.

Volume of Feedback Received:

Overall, we have received 8% more feedback this year, largely driven by **an increase in compliments**. In 2015/16, we received **527** complaints, **1723** compliments and **716** concerns/comments/enquiries across all our services. We analyse the rate of feedback per 1,000 patients.

Specifically in Hillingdon:

Borough/Directorate	No. of Complaints	Complaints per 1000 Patients*	Compliments per 1000 Patients
Hillingdon Mental Health Services	68	3.6	3.3
Hillingdon Community Health Services	36	0.4	3.5

The Trust upheld or partly upheld 48% of complaints, slightly higher than last year's figure of 45% and shows we are listening to and learning from complaints. This figure is in line with the national NHS figure (46%) reported by the Health and Social Care Information Centre (HSCIC) in 2015.

Response Times:

We met the response deadline for 100% of our complaints in Q4. Our performance on response times has increased year on year, a weekly monitoring system is in place to help drive up performance. See Table 1. We have had no breaches in response times since November 2015 and, overall, we responded to 92% of complaints on time across 2015/16. This is a significant improvement on performance in previous years.

Table 1 Performance: Complaints responded to on time:

2012/13	2013/14	2014/15	2015/16
40%	57%	84%	92%

What our Complaints are telling us:

A **thematic review** of all complaints received across the Trust in 2015/16 revealed the following issues underpinning our complaints. When we looked at these across our Mental Health, Community services and Specialist services the top three issues were the same. These are the same themes as last year and track the national picture (HSCIC 2015).

- **Communication** with patients and carers – this can be an issue during care and treatment and also during the complaint response.
- **Lack of involvement** of patients and carers in their care and treatment.
- **Staff attitude** – staff not displaying the characteristics patients & carers value.
- Patients not satisfied with the **Care and Treatment** being provided.

Services have the detail behind the themes based on deep dive reviews and through the year have been taking action.

Complaints to the Parliamentary and Health Service Ombudsman’s Office:

In 2015/16, eight CNWL complaints across the entire Trust were referred to the Parliamentary & Health Service Ombudsman’s Office, the same number as the previous year. Of the cases referred this year, one was upheld, one partly upheld, one not upheld, one was withdrawn and four are still under investigation.

How are we doing in so far in 2016-17?

In quarter 1 2016-17 we have received the following

No of complainants		Q4	Q3	Q2	Q1
in Q1					
16-17					
Hillingdon - Community	6	9	9	12	6
Hillingdon - Mental Health	18	10	17	23	18

Themes are similar to 2015-16

What are our plans for 2016-17?

Issue	Our Response
Patients and carers know how to feedback	We've made it easy for teams to access posters and leaflets and are co-producing a new ' <i>How to Feedback</i> ' leaflet with patients and carers to be launched in Q2.
Better communication and involvement	We have established a Patient and Carer Complaints Reference Group and are taking forward Patient and Carer Involvement issue as a Quality Priority for 2016/17.
Improving the quality of our complaint responses	We have made this a key component of our Complaints Training programme from Q2. We are conducting regular Complainant Satisfaction surveys and sharing this learning. The Chief Executive's Office is auditing complaints responses for quality.
Ensure actions taken/lessons learnt recorded and shared.	We have completed our first audit of actions taken / lesson learned on Datix and we are sharing this with Divisions. This is an integral part of our Complaints Management Training and Datix training.
Improving Communication with our Patients	We are rolling out the HelloMyNamels... initiative across the Trust and improving engagement and communication with patients/carers is an integral part of our Complaints Training programme that will be co-designed with patients and carers
Reinforcing the positive experiences that many of our service users and patients receive	We will build on our success in driving up the recording of compliments in 2015/16 and ensure that all staff record any concerns that they deal with informally. We will highlight and share the positive feedback we receive, for example, promoting the staff characteristics that our patients and carers value - compassion, respect, understanding, listening, and involving - to improve staff attitude .

Graeme Caul
Borough Director Hillingdon Community Services

August 2016

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Appendix C

Patient Advice and Liaison Service (PALS) and Complaints Annual Report 15/16

This report details activity relating to the Royal Brompton and Harefield NHS Foundation Trust for the period 1st April 2015 to 31st March 2016 and fulfils the requirement of Local Authority, Social Services and NHS Complaints Regulations 2009 Reg. 19 which requires an annual report to the Board on complaints and expressions of dissatisfaction.

PALS is staffed by a PALS Manager as well as 2 officers each on Harefield and Brompton sites, who deal with formal complaints, PALS enquiries, bereavement and voluntary services.

The Royal Brompton & Harefield NHS Foundation Trust endeavours continually to improve by encouraging patients, relatives and carers to let us know their views on the service they have received so we can share good practice and learn from poor experience. Complaints form part of this and they are investigated in an open and honest way by the managers in the Divisions and with a willingness to learn and make service improvements where indicated.

PALS aims to resolve concerns from patients, relatives and carers within one working day of receipt. Information and details on concerns raised via PALS are passed to relevant managers so they have an overall view of the concerns raised in their divisions.

Table 1 Formal Complaints Comparison Table

Year	2014/15				2015/16			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of complaints	21	18	29	31	26	25	20	20
Total	99				91			

Table 1 show there was a decrease in the number of Formal written complaints received last year, this figure includes complaints from Private Patients. Of the 91 complaints received last year 38 were classified as complex complaints, 27 as intermediate complaints and 26 as simple complaints.

- Complex complaints = more than one Trust involved; several staff members involved in the response; complex clinical issues
- Intermediate complaints = several issues raised that can be answered by 2 or 3 staff members
- Simple complaints = one issue that can be answered by 1 or 2 staff members.

Parliamentary and Health Service Ombudsman

In 2015/16, 3 complainants approached the Parliamentary Health Service Ombudsman (PHSO) and we are awaiting their decisions. The Trust received decisions on 3 complaints from the previous year, two were partly upheld and one was not upheld. Of the complaints partly upheld the Trust was asked to make payments to acknowledge the distress caused. The Trust was also asked to apologise for failings and to provide action plans to address the problems experienced in the removal of tunnelled lines and also to carry out a consent audit to ensure that translation services were used appropriately.

Performance

We responded by letter to 78% of all complaints within the Trust's target time of 25 working days. Reasons for delays included:

- Investigating Manager on leave
- Staff involved in the complaint on leave
- The need to obtain records from other hospitals/GP services
- Complexity of the complaint covering various services within the Trust
- Availability of staff and patients/relatives to attend meetings.

NHS regulations no longer stipulate a specific time scale for response but the Trust has set an internal metric is 25 working days. Complainants were informed when delays occurred. Where a complaint is complex and unlikely to be responded to within 25 days the expected date of response can be individually negotiated with the complainant. This data is now stored in Datix, the complaints reporting system, and will be available for reporting purposes in Q1 2016/2017.

PALS resolved 68% of enquiries within 24 hours of receipt. Reasons for delays included:

- Delays due to shift patterns, annual leave and/or other reasons.
- Longer investigation times due to complex concerns.
- Cases awaiting the outcome of a meeting with patient/relative.
- Managers unable to make contact with patient to discuss concerns.

Enquirers were informed when delays occurred and contact was maintained throughout.

Complaints by Hospital

Table 2 identifies formal complaints and PALS enquiries by division, category, and by hospital site.

Royal Brompton Hospital

Table 2 RBH Comparison of Formal Complaints & PALS Concerns by Division

RBH	Division	Formal Complaint	PALS Concerns
	Allied Clinical Services	1	74
	Children Services	3	69
	Corporate Services	5	233
	Critical Care	0	13
	Heart	21	337
	Lung	21	313
	Total	51	1039

Table 3 RBH Formal Complaints and PALS Concerns Top 5 Subjects

RBH	Subject	Formal Complaints	PALS Concerns
	Admissions, Discharge and transfers	4	53
	Appointments, Delays and cancellations	6	155
	Clinical	25	63
	Communication/Information	5	415
	Transport	6	50

Harefield Hospital

Table 4 HH Comparison of Formal Complaints & PALS concerns by Division

HH	Division	Formal Complaint	PALS Concerns
	Allied Clinical Services	0	13
	Children Services	0	1
	Corporate Services	2	92
	Critical Care	2	14
	Heart	27	211
	Lung	9	46
	Total	40	377

Table 5 HH Formal Complaints and PALS Concerns Top 5 Subjects

HH	Subject	Formal Complaints	PALS Concerns
	Admissions, Discharge and transfers	6	34
	Appointments, Delays and cancellations	8	46
	Hotel Services	3	11
	Clinical	17	19
	Communication/Information	6	117



Types of Complaints

Clinical Complaints
<ul style="list-style-type: none"> • Information about treatment given to patients • Care following a specific procedure • Care plan about management of complications following surgery • DNACPR decisions
Communication/Information
<ul style="list-style-type: none"> • Lack of information following MDT discussions • Delays in Clinic Letter's being typed and sent to GP/Patient • Signed ATP form not witnessed properly. • Results of tests/investigations not followed up and results not given to patients in appropriate time frame • Discharge summary detail incorrect • Breach in confidentiality because clinic letters going to an old address • Doctors and nurses speaking poor English
Waiting times/delays
<ul style="list-style-type: none"> • Length of waiting list for cardiac surgery • Delays in outpatients and a lack of care continuity • Waiting times for treatment as day case on Lind ward • Delays in diagnosis and treatment.
Staff attitude
<ul style="list-style-type: none"> • Nurse was rude disrespectful and lacked compassion • Secretary was rude and unhelpful • Consultant made unprofessional and hurtful comments
Hotel Services
<ul style="list-style-type: none"> • Patient says he was given food poisoning from a reheated Panini • Lack of catering facilities available to visitors on public holidays • Private patient not supplied with toiletry bag and newspaper on admission
Admission
<ul style="list-style-type: none"> • Delay in admission – Transfer in from another hospital
Discharge
<ul style="list-style-type: none"> • Not seen by consultant prior to discharge • Discharge summary not available to take home • Patient died 2 days after discharge • Patient required admission to local hospital a few hours after discharge
Transport
<ul style="list-style-type: none"> • Driver driving too fast. • Transport not arriving. • Transport home delayed. • Questions over eligibility for hospital transport.
Finance
<ul style="list-style-type: none"> • Requests for refund of private patient fees • Request for compensation for poor care

Transfers

- Reasons for transferring patients to other hospitals questioned
- Patient's death following transfer to local hospitals

Formal Complaints Summary & Learning Outcomes

Many complaints provided opportunities to learn from the investigation and implement actions to improve services. Among these were:

Summary	Service Changes
<ul style="list-style-type: none"> • Patient experienced complications with his ICD device which kept alarming. The ICD lead was switched off but not the alarm that it triggered. 	<ul style="list-style-type: none"> • Set of competencies developed regarding the reprogramming of ICD devices.
<ul style="list-style-type: none"> • Pacing wires were cut to skin before discharge. Patient developed a long standing wound infection which took over a year for the cause of it (pacing wire) to be removed. 	<ul style="list-style-type: none"> • Clear documentation in discharge summary when pacing wire left in situ for clinical reasons. Patient information card giving advice regarding post-operative complications
<ul style="list-style-type: none"> • Patient concerned about deterioration in condition whilst on waiting list for cardiac surgery. 	<ul style="list-style-type: none"> • All patients waiting over 18 weeks now complete a questionnaire which will be reviewed by clinicians and patients brought for clinic review if necessary.
<ul style="list-style-type: none"> • Discharge summaries being delayed or incorrect. 	<ul style="list-style-type: none"> • Cardiology registrar now designated to oversee the production of discharge summaries in this team.
<ul style="list-style-type: none"> • Patient had a missed diagnosis as bowel specimen report was not red flagged to RBHT Consultant. This led to a delay in patient being referred for the correct treatment. 	<ul style="list-style-type: none"> • Significant review of process undertaken, leading to a more formalised flagging process from the pathology team.
<ul style="list-style-type: none"> • Patient developed hearing loss following sustained antibiotics which were needed due to patient's lack of compliance with treatment. 	<ul style="list-style-type: none"> • Auditory monitoring guidance developed.
<ul style="list-style-type: none"> • Relatives complained that there were inadequate facilities available for visitors on public holidays. 	<ul style="list-style-type: none"> • Catering team have made alternative arrangements for public holidays so that services are always accessible during the day.



<ul style="list-style-type: none"> • Delay in clinic letters being typed and sent to patient and their GP. 	<ul style="list-style-type: none"> • Actively recruitment of more administration staff. • Undertaking a trial in out sourcing typing of letters to Philippines.
<ul style="list-style-type: none"> • Delay in treatment as new doctor was unfamiliar with cyclophosphamide protocol. 	<ul style="list-style-type: none"> • Junior doctors working in ILD now have specific ILD induction when they first arrive. This includes protocols, drug information leaflet, Clinical Nurse Specialist involvement and when to involve Consultants in decision making.
<ul style="list-style-type: none"> • Delays in completing transplant assessment process including obtaining an opinion from bone specialist at another hospital. 	<ul style="list-style-type: none"> • Secretariats included in MDT meetings to ensure requests for information are followed up. • Changes made to transplant assessment protocol • Planning permission being sought to increase number of hospital beds to relieve pressure on inpatient services.

Summary of issues raised via PALS

In each quarter the most complained about subjects were communication and information. The most common concerns were related to:

- Difficulty in contacting various departments. For example when trying to arrange or alter a clinic appointment.
- Lack of communication and information for patients and relatives regarding treatment plans.
- Lack of feedback following an MDT.
- Lack of support and information following diagnosis.
- Lack of information following the cancellation of an operation.

In the course of the year other concerns have included:

- Lack of follow up following a clinic appointment.
- Staff attitude.
- Difficulty in affording hospital accommodation costs.
- Concerns regarding discharge arrangements.
- Delays in clinic.
- Delays in waiting for transport.

The most common requests for information have been about:

- Eligibility for hospital transport.
- Types of treatments offered at the Trust under the NHS and in a private capacity.

- Enquiries from overseas patients.
- Access to medical records.
- Claiming travel expenses.
- Hospital accommodation facilities.
- Contact details for various members of staff.

Bed Days

The table below identifies the proportion of complaints per 1000 bed days – 2015/2016

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Brompton Heart												
Total Inpatient Complaints	2	1	1	2	4	3	0	3	0	2	2	1
Bed days	3297	3508	3657	3694	3253	3389	3525	3634	3355	3648	3615	3389
Brompton Heart complaints per 1000 beddays	0.61	0.29	0.27	0.54	1.23	0.89	0.00	0.83	0.00	0.55	0.55	0.30
Harefield Heart												
Total Inpatient Complaints	3	3	2	1	2	0	2	3	1	2	4	4
Bed days	3724	4047	3988	4027	3811	4040	4171	4027	3980	4197	3901	4114
Harefield Heart Complaints per 1000 beddays	0.81	0.74	0.50	0.25	0.52	0.00	0.48	0.74	0.25	0.48	1.03	0.97
Lung												
Total Inpatient Complaints	3	3	5	4	4	1	2	1	3	1	3	0
Bed days	4685	4589	4994	4775	4398	4616	5067	4804	4565	4768	4841	4632
Lung Complaints per 1000 beddays	0.64	0.65	1.0	0.8	0.91	0.22	0.39	0.21	0.66	0.21	0.62	0.00

Conclusion

In conclusion, the Trust has continued to respond to expressions of dissatisfaction, whether by formal complaints received or through PALS, and made improvements to services by using the information they have received.

Eve Cartwright PALS Manager
 Sharon Gurney Complaints Lead/PALS Officer
 May 2016

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Developing the STP: Supporting information to Hillingdon External Services Committee

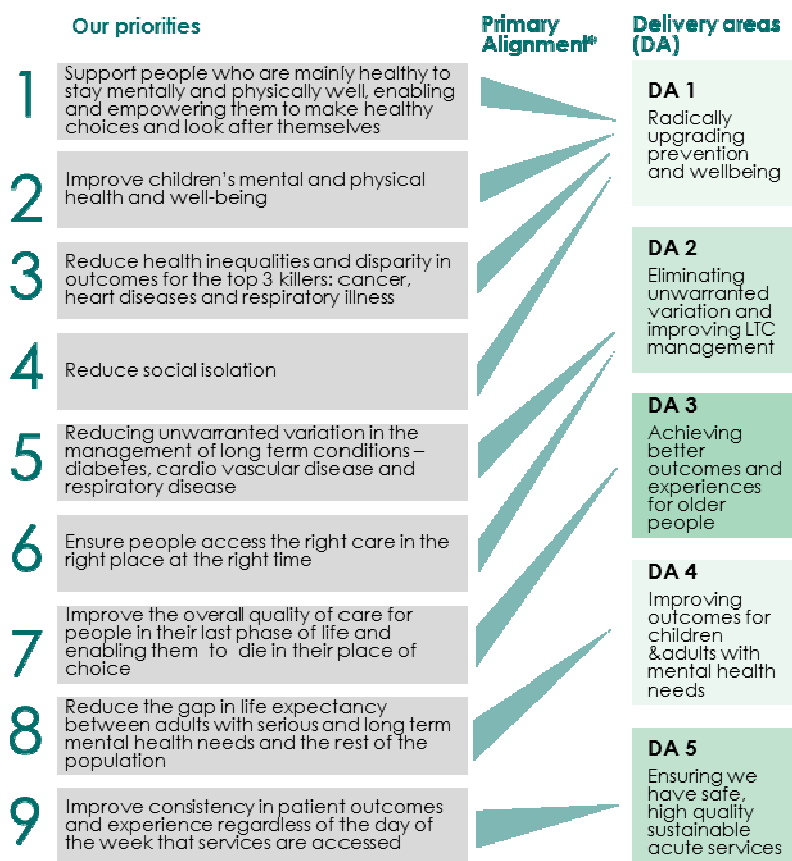
What is the STP?

STPs were introduced by NHS England to support delivery of their Five Year Forward View strategy and there are 44 STP geographic areas (footprints) across England. The STP is an opportunity to radically transform the way NW London provides health and social care. The STP sets out how we address the 'Triple Aims' identified in the Five Year Forward View:

- **health and wellbeing** – preventing people from getting ill and supporting people to stay as healthy as possible
- **care and quality** - consistent high quality services, wherever and whenever they are needed
- **finances and efficiency** - making sure we run and structure our services as effectively as possible

NW London's STP

The NHS and local authorities across NW London have agreed to work together to deliver a better health and care system. The STP describes our shared ambition across health and local government to create an integrated health and care system that enables people to live well and be well. A draft plan of NW London's vision for improving the health and care system has been developed and was submitted to NHS England at the end of June and include 9 Priorities and 5 Delivery Areas:



Work to Date

In Hillingdon health and social care partners have been developing our local plan which will be submitted as part of the final document on 21st October. We have identified a number of 'Transformation Themes' and enablers that will help us collectively to address the 'Triple Aims'. The transformation themes and enablers are embedded in the CCG Commissioning Intentions for 17/18.

A 'Health Conference' was held on 18th July to seek input from service users, carers and professionals. Over 120 people attended and the feedback has been incorporated into our plans.

We continue to develop the programme with partners to ensure we have a common and coherent set of plans for the health and care of Hillingdon residents.

Next Steps

NW London is required by NHS England to submit the final plan on 21st October. Between now and October we have the following priorities:

For Hillingdon:

- **Completing our local plan** – including identifying key milestones, further refining plans based on feedback from partners
- **Refining our approach to engagement and involvement** – setting out our vision for how service users, carers and front line staff should be core to the design and delivery of the transformation
- **Developing the governance to deliver our plans** – establishing a jointly-owned programme of work and the governance structure required to support it

For NWL:

- **Completing the NWL plan** – incorporating feedback from local governance boards and from public and staff engagement
- **Establishing governance arrangements** – to support the STP delivery
- **Mobilising projects outlined in the STP and accelerate delivery**
- **Measuring and supporting 16/17 delivery and developing a detailed plan for 17/18**

Annual Report 2015/16



A catalyst for change

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Message from our Chairman



Welcome to the third Annual Report from Healthwatch Hillingdon. I am delighted to be able to report that we have continued our excellent progress during 2015/16 in helping to achieve real improvements in local health and social care services, although there is much still to be done.

Our aim is to give Hillingdon residents a voice to influence local change and also to continue to highlight those services which fail to meet expectations.

I am particularly pleased that we are able to highlight a number of areas where the organisations who run our local Health and care services have acted upon our representations and made improvements to services as a result. One of our main duties is to listen to residents of Hillingdon so that we understand the things that are most important to you and the extent to which services are currently meeting your needs or expectations. We use this information to illustrate where patients and service users

want to see changes, provide as much evidence as we can to support the need for improvement and we then monitor progress being made by the appropriate agency. We are not always successful in obtaining the changes wanted by residents but we will continue to represent your views and needs.

Examples of areas where HW has been instrumental in achieving change are set out in the report and I will not repeat them here, but one area that does warrant special mention is services for children and young people with mental health issues. This is a very common problem for many families in the borough and we have been able to show that local services are often quite poor and our young people haven't been getting the support they need in their formative years.

This is also a national issue but we do believe that local services can be improved and we are still waiting to see tangible improvements in Health outcomes for young people in our area and we will continue to watch for progress.

Our overriding priority for the future is to continue our successful work in helping to obtain local improvements in services. In addition to following up issues in any service, we are doing some work in two specific areas.

First of all, in maternity Hillingdon is having to increase its activity considerably due to maternity units in other parts of North West London closing down. We are therefore

looking at the experience of Mothers using Maternity in Hillingdon to obtain a view about the quality of service. We will also be looking at the experience of people who are discharged from hospital, particularly older people, to see what improvements may be needed.

We shall also continue to examine bigger changes being proposed to the way in which health and care services are delivered in order to protect resident's interests.

Finally, I would like to offer a huge thank you to Graham Hawkes and his team as well as Board Members for their hard work, effort and support which has resulted in a successful year for Healthwatch and a final year for me, as my term has now closed.

Jeff Maslen
Chairman
Healthwatch Hillingdon

Message from our Chief Executive



I hope you will agree as you read our 2015-16 Annual Report that the Healthwatch Hillingdon team should be proud of their achievements and pleased with the outcomes of their work.

As we prepared the annual report what really struck me this year was how much the team had achieved. Sometimes it is not until you take time out of your busy daily schedule to look back, that you really appreciate just how far you have progressed.

It has been a positive year and I thank everybody who has contributed to Healthwatch Hillingdon. For the residents who have spoken to us, the volunteers whose valuable time is so appreciated, my dedicated staff for their hard work and the Board for all their support again this year. It has been a real team effort.

As Jeff steps down as Chairman, I would like to express my sincere gratitude to him and acknowledge his contributions during his term of office.

As Chairman, and founding member of the Board, Jeff has been at Healthwatch Hillingdon from its inception. Through his leadership, dedication and effort over the last 3 years, Healthwatch Hillingdon has developed into a strong, well respected organisation within Hillingdon and the wider Healthwatch Network.

Jeff should be proud in the knowledge that he leaves us on a firm foundation. He will be deeply missed and I wish him all the best for the future.

Vice Chair, Stephen Otter, becomes the Acting Chair whilst Jeff's replacement is recruited. I look forward to continuing to work closely with Stephen in the months ahead.

Board Member, Turkey Mahmoud, also stepped down from the Board at the end of his term in March. I am really grateful for all his help and support over the last 3 years and I am so pleased he has decided to continue his Enter & View work as a volunteer.

Success can be measured in many different ways and as you read our report you will determine for yourself whether by your standards this has been a successful year for Healthwatch Hillingdon.

Although it is important for us to meet our performance targets, success for me is all about how we have served our residents.

“Success is all about how we have served our residents”

I am so pleased that this report outlines the many ways in which we have helped people and made a real difference in their lives. With contacts to our information, advice and signposting service more than doubling, to 1100 people in the last year, we really hope this rise continues and we have the opportunity to help so many more.

One of the most pleasing aspects of our work this year is the focus we have continued to bring upon children’s mental health in the borough. With £2.5 million¹ being invested in 4 new services over the next 5 years, this has been a real ‘catalyst for change’.

“ With £2.5 million being invested in 4 new services over the next 5 years, this has been a real ‘catalyst for change’ ”

We have come a long way since I sat down with 5 parents nearly 3 years ago and they told me about how Hillingdon’s services were letting their children down. We have more work to do and I certainly will not rest until I know the new investment has improved services and the mental wellbeing of children in our borough.

As we look to the future I know we will have to work hard to surpass this year’s achievements. One thing I can promise you, is the team will continue to focus on our residents and give their best to help in every situation.

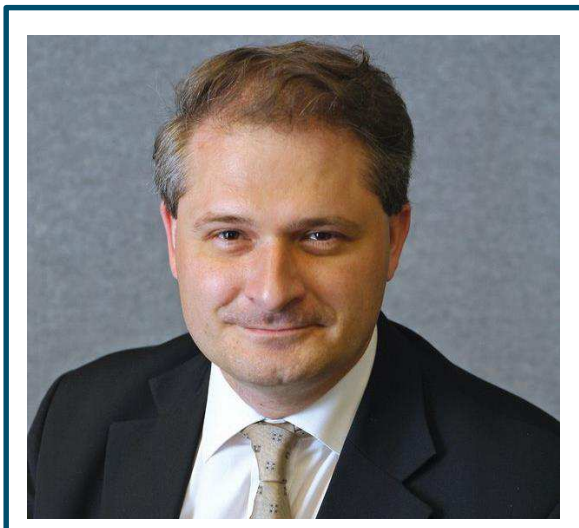
Finally, I would like to ask for your help. Our work has proved that armed with the evidence of your lived experience of care, we can improve services.

We need to hear from you, your family and your neighbours. Tell us your story. Together we can make a difference in our communities.

Graham Hawkes
Chief Executive Officer
Healthwatch Hillingdon

1. <https://www.england.nhs.uk/wp-content/uploads/2015/07/annex-4-transformation-plan-guidance-ccg.pdf>

Forward-Councillor Philip Corthorne



I'm delighted to be able to congratulate Healthwatch Hillingdon once again for the work it has undertaken on behalf of our residents over the last year and as set out in this annual report.

Our partnership working has gone from strength to strength and Healthwatch Hillingdon has proven itself as a valuable partner and as an integral part of our Health and Wellbeing Board, representing the voice of consumers as we seek to improve health and social care standards.

I offer particular thanks to Healthwatch's outgoing chairman, Jeff Maslen, who has steered Healthwatch expertly through its start up to the established partner it is today. In addition, I am grateful for the Healthwatch team and all the volunteers, trustees and residents who have

helped to deliver the impressive programme set out in this report.

As ever the future holds uncertainty, we are working together on a five year Sustainability and Transformation plan which promises much, but crucially, needs to deliver benefits locally. During this unprecedented period of change and it is reassuring to know that we have the "consumer voice" at the heart of our plans.

**Cllr Philip Corthorne MCIPD
Cabinet Member for Social Services,
Housing, Health and Wellbeing
London Borough of Hillingdon**

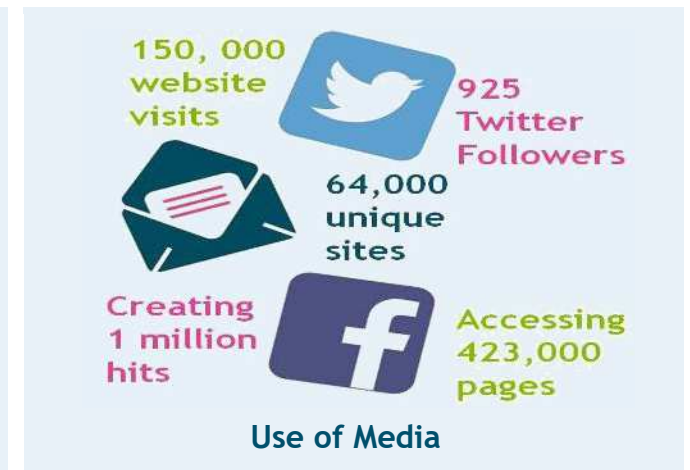


The year at a glance

Listening to people who use health and social care



Giving people advice and information



Representation



Our People - Volunteering



Who we are

Healthwatch Hillingdon is completely separate from the NHS and the local authority.

We represent the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We exist to make health and social care services work for the people who use them.

We monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

As part of a network of local Healthwatch from every local authority area in England, we are also uniquely placed to raise issues nationally through Healthwatch England.

Our vision

Our vision is to become the influential and effective voice of the public.

We want to ensure that local decision makers and health and care services put

the experiences of people at the heart of their work.

And, give adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are run in Hillingdon.

This vision is founded on the strong belief that services work best when they are designed around the needs and experiences of the people who use them.

Our priorities

The focus of our work for 2015-16 was established after undergoing an in-depth analysis of the data and intelligence gathered from our residents during the previous year.

A number of areas were highlighted for consideration by the Board and the final priorities were agreed and set out in the published work-plan, presented to the Health and Wellbeing Board in October.

The key area for 2015-16 was the continuation of our work on Childrens & Adolescent Mental Health and Wellbeing - which is given comprehensive attention later in this report. It was also agreed to look at Discharge from Hillingdon Hospital for the over 65s and Maternity Care following the closure of Ealing Hospital's Maternity Unit. Although started, the conclusion of these projects are planned for later in 2016.

Full details of the Healthwatch Hillingdon Work Plan 2015-2017 can be viewed at <http://bit.ly/20QJAcy>

Our Shop



The Healthwatch Hillingdon shop in Uxbridge continues to be a major focal point for our work and we must again sincerely thank the Pavilions Shopping Centre for making this possible.

We are able to provide our signposting service and give information, advice and support to our residents from an easily accessible central location.

Being directly open to the public, Monday to Friday has enabled us to talk to hundreds of residents and has been a rich source of information about the services provided in Hillingdon.

The shop also provides the added value of being able to offer other organisations within Hillingdon a venue to deliver their services.

This year we have supported REAP (Refugees in Effective and Active Partnership), the Pukaar Hillingdon EACH Domestic Violence Counselling Service and The Hillingdon Learning Disability Team provide weekly sessions. The space has also been used by Hillingdon Social Services and VoiceAbility as a place to meet clients.

“When the National Childbirth Trust approached us about their Little Bundles Program, it was a real pleasure to be able to support such a great cause”

Late last year the shop came to the rescue of another local organisation in an unexpected way.

The Hillingdon branch of the National Childbirth Trust approached us about their Little Bundles Program, and asked us if we knew anybody who could help them with storage. It was a real pleasure to be able to support such a great cause by offering them use of our basement.



**Hillingdon Little Bundles Program
Brook Grange
National Childbirth Trust Hillingdon**

“ We set up Little Bundles in September 2015 with the aim to help new and expecting mums that find themselves in financial hardship, and are unable to provide the essentials for their baby. The program is run entirely by volunteers and relies on donations from parents and

local businesses. We are always in need of things like Moses baskets, baby carriers, toiletries, and other baby essentials - things most parents take for granted.

Of course with all of the generous donations, we need a permanent storage solution to keep these items clean, dry and safe. We were so grateful that Healthwatch Hillingdon have been kind enough to help us in the interim with temporary storage in their basement.

I think the entire program can be summed up by a message I received from one of our referring midwives: "Thank you for your support you should be here when the ladies receive the packs. Thank you for giving me that pleasure." ”

“We were so grateful that Healthwatch Hillingdon have been kind enough to help us”

Listening to people who use health and care services



Gathering experiences and understanding people's needs

To gather the experiences and views of our residents we use a number of methods to promote awareness of Healthwatch Hillingdon. We carry out a wide ranging engagement programme to try to reach a broad cross-section of our communities, encouraging as many people as possible to share their views with us.



Promotion and Communication

To advertise and encourage people to talk to us we have promotional materials in GP practices, hospitals and libraries. Our details are in every edition of Hillingdon People and we regularly have articles published in the local paper, where we call for people's experiences on specific conditions and issues.

Social media has become an excellent way to raise our profile and reach members of the public.

Engaging

Staff and volunteers listen to our residents at events, workshops, presentations, meetings and numerous outreach activities.

- In our focus on mental health and emotional wellbeing, children and their parents told us their stories and how they felt that they were being let down and wanted things to change.
- Our regular presence at Hillingdon, Mount Vernon and Harefield Hospitals in the early part of the year enabled us to speak directly to people using those hospitals.
- Working closely with the Boroughs' Older Peoples, Disability and Carers Forums has given us an in depth view of the services these residents receive. As a result, we have heard positive reviews of patient transport and have been able to support the deaf community to access GP and hospital appointments.
- By presenting on Healthwatch Hillingdon at individual groups gives us an opportunity to hear about specific issues. Our visit to The Parkinson's Group led to a number of people contacting us and a resident receiving access to a crucial drug they were being denied.



- With the threat of a third runway, residents from The Heathrow Villages remain disadvantaged. Through our engagement with them, we continue

to hear their concerns about having no local GP, dentist, or chemist. Working with NHS England we have supported a number of residents to register with GPs in other parts of the borough.

We also submitted a response to the Government Airports Commission consultation on the possible effects on Hillingdon residents of another runway at Heathrow.

**Jane Taylor - Chair of
The Harmondsworth and Sipson
Residents Association**

“ HASRA has often questioned if our community’s proximity to Heathrow Airport is to the detriment to our health and is concerned that the requirements of air passengers and hotel guests are often perceived to supersede those of the residents.

Aircraft noise has recently been highlighted in the media as a possible reason for the onset of depression. High levels of air pollution are thought to be responsible for increased incidents of heart disease and breathing ailments. On top of this, many long term village residents have lived through decades of stress, being under the constant threat of having their homes demolished.

Life expectancy in the south of the borough is quoted as seven years lower than for those who live in the north. Seven years is a significant number. With such a discrepancy, what are health professionals doing to understand this difference. Surely if this gap is to be closed, health service provision for the

south of the borough should be considered a high priority within local resources and the needs of the south targeted.

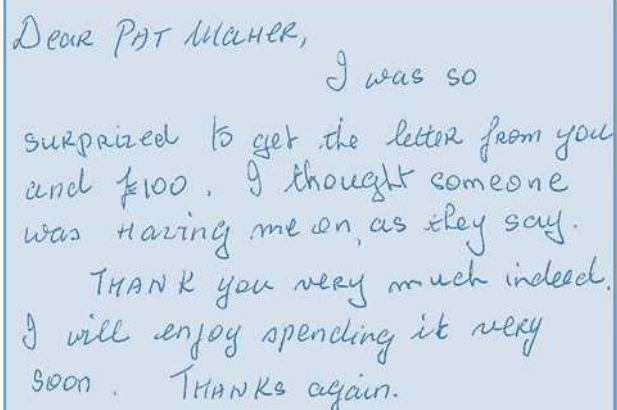
HASRA would like to thank Healthwatch Hillingdon for listening to our residents and acknowledges the significant support we have received from Healthwatch in raising the profile of our unique circumstances. We hope to continue this partnership with a view to achieving a more appropriate investment in the south of the borough to improve our health and well-being leading to the probability we can enjoy a life comparable to those living in the north of the London Borough of Hillingdon. ”

- Supporting the Council’s engagement team at the Older Peoples, Disability and Carers forums has led to us regularly hearing from almost 300 residents.

One of the work-streams of the Disability Assembly early in the year was non emergency patient transport. In addition to holding a workshop, we carried out a survey in conjunction with Hillingdon CCG and Hillingdon Hospital, with participants being entered into a prize draw. The Mayor of Hillingdon, Cllr George Cooper,



drew out Mrs G from Hayes as the lucky winner

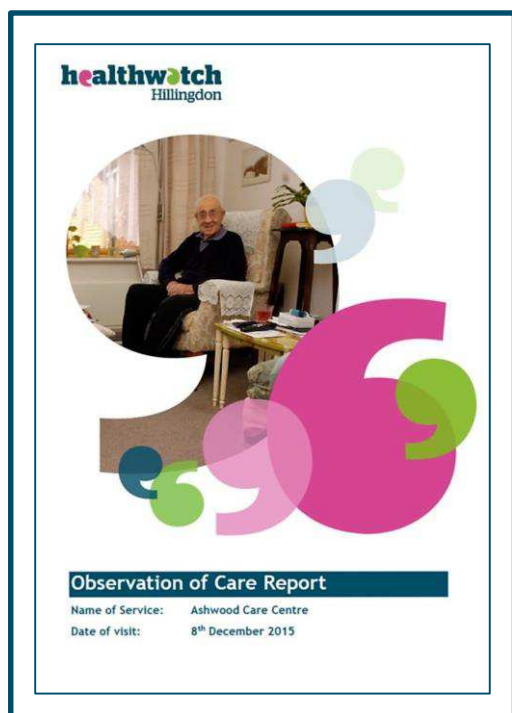


Dear PAT MAHER,
I was so surprised to get the letter from you and £100. I thought someone was having me on, as they say.
THANK you very much indeed. I will enjoy spending it very soon. THANKS again.

Importantly, over 90% of the 138 people who completed the survey, or attended the Disability Assembly recommended the service.

What we've learnt from visiting services

Our Enter & View Representatives and PLACE Assessors visited services on 15 occasions during the year.



We work very closely with colleagues within the Local Authority Contracts Monitoring Team and Care Quality

Commission, to inform their inspection schedule. Our own enter and view activity is therefore very small. In December, we visited Ashwood Care Centre, Hayes, at the request of the Manager, to observe their lunchtime service to residents and make recommendations on how this could be improved.

We also joined Central and Northwest London NHS FT to view the care at the Heathrow Detention Centres at Harmondsworth early in the year, and visited the wards at the Riverside Inpatient Unit in Hillingdon, as part of an internal quality audit.

Patient-led assessments of the care environment (PLACE) looks at patient privacy, the quality of food and how hospitals and clinics maintain and clean the areas where they provide care.

Our team of 10 PLACE Assessors have carried out over 300 hours of assessment during the year. Their work is helping organisations understand how well they are meeting the needs of their patients.

At Hillingdon and Mount Vernon Hospitals, for example, a number of areas were identified and improvements are starting to be put in place:

- The introduction of earing loops at reception desks
- Privacy in reception areas
- Secure storage of personal possessions
- Ensuring there are handrails in corridors and on approaches to bathrooms and toilets
- Dementia friendly floors, signage and door colours

FOCUS - reaching out to residents through local media

Working with the local media is an important way for Healthwatch Hillingdon to highlight issues that affect our communities and to encourage people to share their experiences about local health and social care services.

This year we featured regularly in the local print media, highlighting local concerns and calling for peoples experiences on fertility treatment, maternity services, young people's mental health services and much more.

UXBRIDGE
Gazette

Here are some of the examples of how the use of local media has enabled us to represent our residents and gather information.

Children's mental health

'Frightening' truth of Hillingdon's youth mental health services (11.08.15)

Around our work on children's mental health and in line with our published report *'See & Heard – Why not now?'* which outlined how a lack of early intervention, lack of funding and fragmented services impacted upon children's emotional wellbeing, we spoke to the local media and highlighted the struggles faced by young people and their families with accessing mental health services in Hillingdon. We called for local people to share their experiences of accessing mental health services in Hillingdon.

<http://bit.ly/1Jc72v1>

Adult Mental Health

Hillingdon adult mental health services to get a re-vamp (29.02.16)

At the CNWL launch of the new model of care for community mental health services which aims to offer an 'improved experience' for both mental health service users and professionals; we shared our comment's with

the local press on such as positive development in mental health services for the borough as a real opportunity to improve outcomes for local residents.

<http://bit.ly/28Te5O7>

Mental Health

NHS Trust apologies for 'inadequate' mental health services in Hillingdon (29.07.15)

In light of the findings of the Care Quality Commission's inspection report on Hillingdon's mental health services, which concluded that some of the mental health services in Hillingdon were 'inadequate', we were asked to share our views on the report's findings. Through the work we had carried out on children mental health services, we were able to echo some of the CQC reports findings about delayed treatments and long waiting lists. As this had been expressed to us by the parents and young people we had spoken to.

<http://bit.ly/28Rcveu>

Maternity Care Services

Hillingdon health watchdog concerned for vulnerable mums-to-be in light of national report (07.03.16)

In light of the findings from the national maternity report which proposed that mums-to-be should be given a personal budget of £3000 each to design their own personalised maternity care plan, we highlighted the need for vulnerable and disadvantaged women to receive adequate advice and support to enable them to make informed choices and called for local women to share their experiences of using maternity services in Hillingdon.

We are following this up with a focused project to listen to women's experiences on maternity care services in Hillingdon.

<http://bit.ly/2925bUz>

Contraception

Concern over contraceptive coil removal across Hillingdon GPs (14.12.15)

Following a decision made by Hillingdon Health & Wellbeing Board to decommission (stop) the service providing the contraceptive coil to local women across general practice, which raised concerns about teenage pregnancy rates, we were contacted by the local press to give our comments. We asked for women affected by the changes to come forward and share their views and experiences.

<http://bit.ly/28UUw7L>

Fertility treatment

West London Patients suffer mounting 'stress' over IVF postcode lottery (05.02.16)

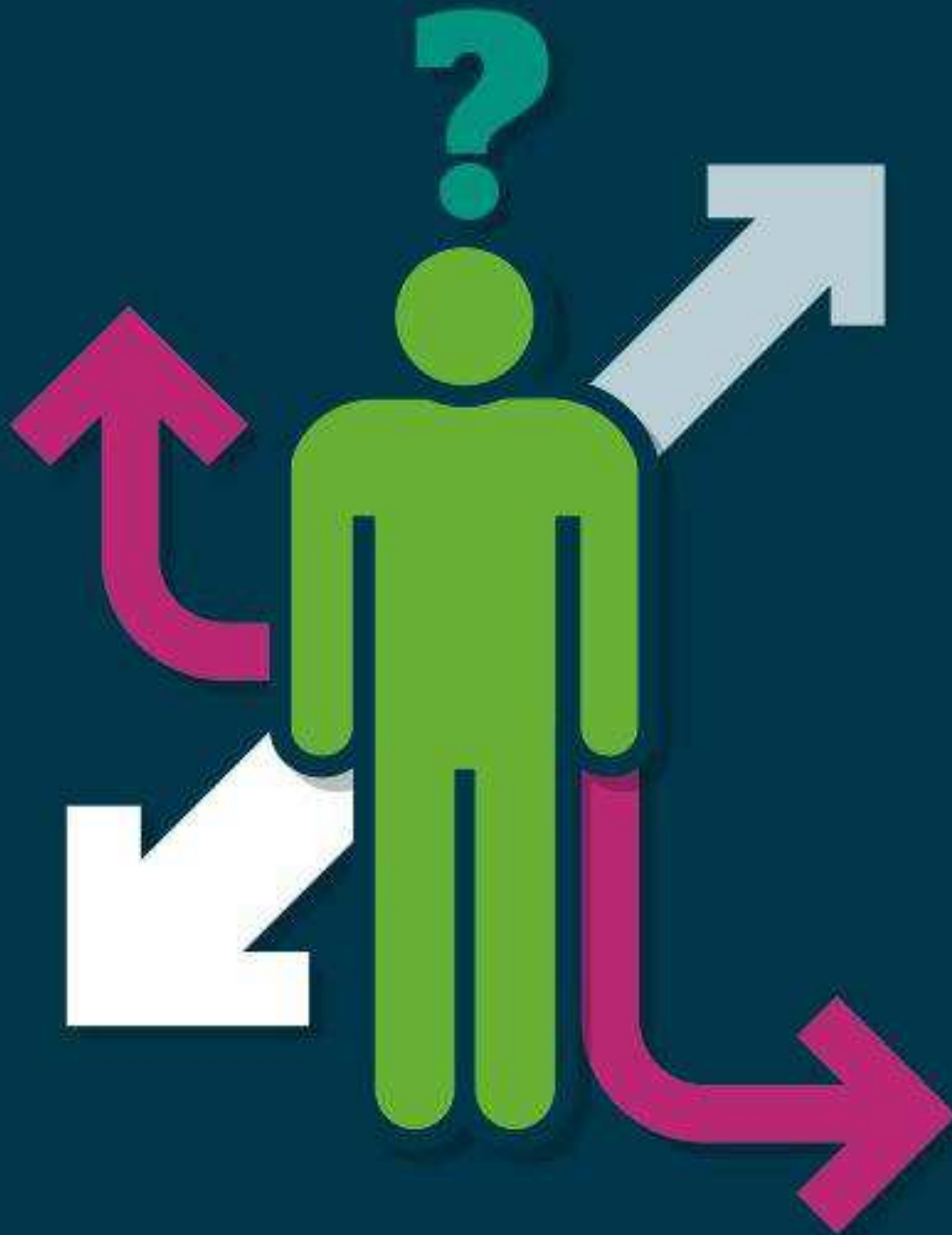
We challenged the inequalities faced by IVF patients in Hillingdon who were suffering the strain of a 'postcode lottery', by only being allowed one treatment cycle on the NHS, compared to three cycles on offer in other boroughs.

We called for women to share their experience of IVF treatment in Hillingdon and used Facebook and Twitter to engage with local women to gather their experiences.

<http://bit.ly/28PJn4s>



Giving people advice and information



Helping people get what they need from local health and care services

At Healthwatch Hillingdon we provide a comprehensive information, advice and signposting service to our residents, through a number of different ways:

- Our shop within The Pavilions Shopping Centre
- Stalls at events and fairs across the borough
- Our website and social media
- Taking telephone enquiries and receiving emails

The shop is used as a main information hub. We have a wide ranging array of leaflets and posters to inform residents.



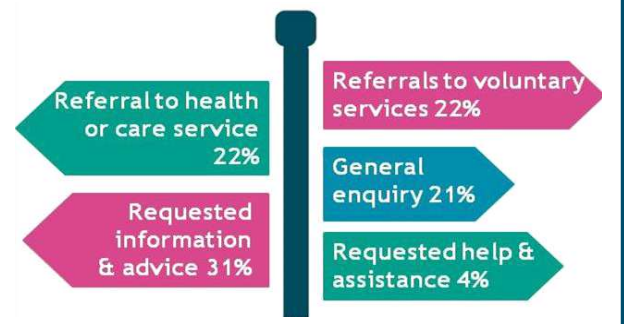
Our website also features similar information and has been visited over 150,000 times this year.

We signpost people to NHS, Care and Voluntary Sector Organisations.

Where possible we look to empower people by providing them with the information and advice to make their own choices.

Where required, we intervene for residents and on a few occasions have provided intensive one to one support.

1102 residents contacted our information, advice and signposting service in 2015/16



The reasons that people contact us are very varied. They range from simple enquiries, to some very complex issues. Our experienced team have an excellent knowledge of health and social care and the services that are provided locally.

As these examples show, this means that when approached we can offer residents advice and support that best meets their needs:

- A deaf and mute gentleman had been sent an appointment for an eye clinic. He wanted to change the appointment but could not contact the department, as telephone was the only method, and both he and his wife were deaf and mute and they did not know another person who could help them.

We contacted outpatient appointments on the gentleman's behalf and rescheduled the appointment.

We also raised this with the hospital and are working with them to ensure that methods of communication for people who are sensory impaired are appropriate to their disability.

On 37 occasions this year we have referred residents to other independent services that provide

advocacy support. The majority of these were to VoiceAbility for people needing help to make a complaint. We have however referred 4 people who alleged clinical negligence to Action against Medical Accidents (AvMA).



- A number of people contacted us to tell us that their NHS dentists had told them they no longer provided treatment for NHS patients and they would have to pay privately. Where people gave us their permission, we contacted NHS England and reinstated NHS treatment for those patients. We have also shared these experiences with Healthwatch England and the Federation of London Local Dental Committees.
- Mr B, contacted Healthwatch with a request for help. Mr B is frail, elderly and has chronic respiratory and cardiovascular conditions. He was referred to Charing Cross Hospital, part of Imperial College Healthcare NHS Trust. His GP advised him that he would need patient transport. Mr B attempted, without success, over a 2 month period to arrange transport to Charing

Cross Hospital including 1 missed appointment.

Our intervention with Imperial College Healthcare NHS Trust resulted in Mr B being assigned patient transport and he was able to attend his next appointment.

Additionally, Healthwatch Hillingdon raised a number of concerns with the NHS Trust regarding their patient transport policy. In response to these concerns, the patient transport policy was revised to improve equality of access for all patients who go to Imperial College Healthcare NHS Trust.

‘The previous methodology for assessing if a patient is eligible for patient transport was primarily based on mobility and how the patient currently managed their daily activities... Our revised assessment involves a new series of specific questions that assess a patient’s medical need... rather than the previous set of questions that may not have identified all of the patients that truly needed patient transport’

Imperial College Healthcare NHS Trust’

- After we visited the local Parkinson’s Group, Mrs P contacted us about access to a medication called apomorphine. She had been informed by Imperial College Hospital Trust (ICHT) this treatment for Parkinsons was no longer available.

On enquiry we discovered that the Trust had decided to withdraw this costly treatment to patients as it was not a directly commissioned service. We challenged this decision and the outcome was that ICHT re-instated access to apomorphine for Mrs P and all NWL residents, whilst a permanent solution is found with commissioners.

- During changes to the Wheelchair Service in Hillingdon we received a high volume of calls from residents. Many people contacted us after receiving a letter about the changes, to advise they had already returned their wheelchair and some family members rang us to advise the person being written to was deceased. We raised this immediately and a public apology was issued to those relatives by the Chief Executive Officer of Central NorthWest London NHS FT.

Will came to the shop to tell us about his experience of the new service



When the new provider took over we helped residents during the transition and in the period the new service was imbedding, to ensure they were fully informed about the new service.

- A number of residents contacted us because they had been unable to register at a GP surgery.

On investigation we found that the majority of these residents had been registered for a number of years with other GP surgeries in Hillingdon, but as a result of the relocation of a GP practice, they were now looking to move to another local surgery.

On contacting the surgeries, all confirmed that without exception their policy was to only register a patient who had photographic identification.

As this was contrary to current UK law and NHS England guidance, Healthwatch Hillingdon challenged this policy and supported all local residents who had contacted us to register with a GP.

As a result, a GP Access Forum was started by Hillingdon CCG and we are working closely with them and NHS England to address similar problems across the borough.

To date everybody who has contacted Healthwatch has been registered with a GP.

How we have made a difference



“Just sending you a very BIG thank you, had a phone call off (CNWL) and met with them the following day, and L now has a permanent care coordinator and the consultant she wanted. Thank you” Mr T

“Thank you very much for the information regarding (nursing home), as well as the time that you and your organisation have spent with our family. It is greatly appreciated.

We had a meeting with Hillingdon Social Services after seeing you on Wednesday. The objective was to complete an assessment of Mum to determine Mum’s future level of care that she needs....

..... we will keep you informed of progress. Once again thank you and your organisation for all the advice and time given to us.” Mr S

“I attended the national maternity review as per your advice. I tried to put forward my experience to them. Hope it brings a change. It was really helpful. Thank you.”- Ms E

“A note to say ‘thank you’ for your valuable support during our traumatic experience relating to my mother’s numerous hospitalisations this year.

Your support was extremely valuable and important and a catalyst to ensuring our mother’s treatment vs recovery at Hillingdon Hospital was effectively carried out. Without your involvement, we strongly believe the outcome would have been detrimental.

Your involvement was a ‘life saver’ for our mother.” Ms W

“Thank you again for being so helpful and understanding, it's made me very glad I contacted your service!” Ms J

“Healthwatch are fantastic they made sure I get a British Sign Language (BSL) interpreter when I go to the doctor, instead of taking my (school age) son.” Lady at Disability Assembly via BSL interpreter.

“When I rang you I was not expecting anything. You were the 4th organisation I had contacted. The others did not even try to help but you were excellent. Thank you so much for helping me register with a GP.” Mr C

“Thank you for all the help you are doing for me.” H

“But again I am glad I contacted you and followed up and acted on your advice.” Ms J

“I’m really grateful for your help. Not sure we would have got this without your involvement.” Ms W

“Yes I am happy with all the help I can get right now, thanks for what you guys are doing.” Mr P

Working with other organisations

Healthwatch Hillingdon has very strong operational relationships locally with NHS, Council and Voluntary Sector organisations.

As the ‘stakeholder statements’ demonstrate later in this chapter, we are seen as independent, an equal partner and a valued “critical friend” within health and social care.

These important relationships enable us to have considerable strategic input into the shaping of local commissioning and the delivery of services.



This year Healthwatch Hillingdon attended 235 health and social care meetings and 79 voluntary sector and community meetings, covering a wide range of subjects.

Our involvement enables us to fulfil our duties professionally, keeping us well-informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents. It also ensures that the lived experience of our patients and public are clearly heard and are influencing decisions and improving health and social care in Hillingdon.

In practice our strong relationships ensure that whatever element of our work we are engaged in, we are able to directly communicate with all organisations at any level.

- Working with Hillingdon Clinical Commissioning Group is a key relationship. We have an independent seat on the Governing Body, all their strategic meetings, and across a range of work streams. This strong avenue of communication has allowed us to regularly raise quality issues and challenge commissioning decisions. High on the agenda this year has been our work on children’s mental health, access to GP services, Continuing Health Care, fertility treatment, Co-commissioning and the transfer of services from Ealing to Hillingdon Hospital.
- At the Health and Wellbeing Board (HWB) we have used our statutory membership to champion our concerns on the boroughs provision of Childrens and Adolescent Mental Health. We were the only Healthwatch in NWL asked by a HWB to sign off their Childrens and Adolescent Mental Health Transformation Plan, before its successful submission to NHS England, and later in the year the Better Care Fund. This is testament to our valued contribution to the HWB.
- We meet with Hillingdon Social Services to input into a number of areas, such as, discharge from hospital, care homes, domiciliary

care and SEND (special educational needs and disability)

- We work in similar ways with both The Hillingdon Hospitals NHS FT and Central West London NHS FT.

Through observation and the sharing of information we work together to gain a wider understanding of service quality and how their patient's experience the services each organisation provides.

Healthwatch has a duty to respond each year to the Trusts Quality Statements and we now work very closely with each Trust throughout the year to make sure that quality is continually addressed and those areas which require the most focus are seen as a priority.

We support both Trusts by providing volunteer PLACE Assessors to carrying out inspections of the care environment and this is resulting in improvements to their condition, cleanliness and to the provision of food.

This year we have worked closely with both Trusts on major strategic changes.

Hillingdon Hospital have seen maternity services transfer to them from Ealing hospital and they have also been preparing for the transfer of children's paediatric services in 2016.

At Central West London NHS FT there has been a reconfiguration of the way in which mental health services are delivered in Hillingdon with a greater

emphasis on providing services in the community.

Throughout these changes we have made sure residents have been kept fully informed and supported.

- We represent Hillingdon at regional meetings for change programmes which are being planned and implemented across North West London. Such as:

Shaping a Healthier Future - the reconfiguration of acute and community services

Like Minded - the reconfiguration of mental health services

Sustainability and Transformation Plans - health and social care working together to build services around the needs of the local populations

- Healthwatch Hillingdon continues to develop strong relationships with our local voluntary sector and community groups.

We work closely with Age UK, DASH, Hillingdon Carers and MIND, supporting residents together, through the sharing of information and signposting to each others services.

Our work on children's mental health saw us work very closely with Hillingdon Carers, Link Counselling, P3 Navigators and local schools on our CAMHS report.

- Our role on the NWL CCG's Policy Development Group (PDG) is to ensure that access to certain NHS treatments is both fair and equitable.

As reported in our last 2 annual reports, Healthwatch Hillingdon has been working to remove weight restriction in the access to knee replacement operations. We are pleased to acknowledge that this was finally implemented across the whole of NWL this year.

We have also pressed the case for changes to the referral criteria for inguinal hernias. Our intervention led to a recommendation by the PDG that the referral policy should be changed to reflect the standpoints of the Royal College of Surgeons and NICE. This is a major step forward for the safety and quality of care for hernia patients across NWL.

- During 2015-16 we have continued to hear from many Hillingdon women and couples about the unfairness they face in accessing fertility treatment on the NHS.

SHOULDN'T ALL WOMEN HAVING NHS IVF HAVE EQUAL CHANCE OF A SUCCESSFUL PREGNANCY?

NICE say 3 IVF cycles increases chance of a successful pregnancy to over 50%

80% of CCGs only offer 1 cycle and reduce a women's chance of pregnancy to 20%

Equal opportunity and access for all can be achieved economically

1 Cycle = 2 in 10 success rate

3 Cycles = 5 in 10 success rate

We are disappointed that to date we have been unable to change policy. Based on the feedback we have gathered and our work in this area over the past 3 years we believe that NHS England and the Department of Health undertakes a national review

of the access to fertility services for NHS patients and consumers.

- Our strong relationship with Healthwatch England continues to go from strength to strength.

Our regular attendance at the London Healthwatch Network meetings provides a valuable opportunity to share intelligence and good practice with others in the London Healthwatch network and to help influence the work of Healthwatch England at the national level.

We would particularly like to thank Healthwatch England's policy team for their work with us on Children & Young People's Mental Health and the National Maternity Review, which is presented later in our report; And for the work with us and NHS England on strengthening the CCG conflict of interest national guidance and NHS Continuing Health Care advocacy, which follows:

CCG conflict of interest guidance

Healthwatch Hillingdon continues to make significant contribution at the national level by working in partnership with Healthwatch England and NHS England to bring about improvements.

In our annual report last year, we highlighted our concerns around the potential conflicts of interests in the joint co-commissioning of GP services by CCGs.

We are pleased to report this year that NHS England and Healthwatch England have responded positively to these concerns and have actively involved Healthwatch Hillingdon in

the development of more robust conflict of interest guidance to CCGs.

“We view this as a really positive step, which demonstrates our ability to deliver impact and outcomes at both the local and national level”

We believe that the revised conflict of interest national guidance goes a long way to address many of the concerns highlighted in our last annual report.

We view this as a really positive step, which demonstrates our ability to deliver impact and outcomes at both the local and national level.

NHS Continuing Health Care

Last year we also highlighted the need to improve access to NHS Continuing Health Care (CHC). We have seen a steady and welcomed improvement in this area, although more can and should be done.

Through this work we became aware of a gap in the provision of advocacy support for those people who could most benefit from NHS CHC. This resulted in us stepping in to provide direct support for local residents.

“Just a brief note to say thank you for attending yesterday's meeting on behalf of Healthwatch Hillingdon, it made it a friendlier place and was much appreciated”

We highlighted this gap to both our local CCGs and NHS England. We

were pleased with the positive responses we received and their willingness to work with us, in partnership with Healthwatch England to address this issue.

This work will take some time to deliver outcomes and improvements. In the meantime, as this year, we will continue to step in and provide appropriate support for local residents in the NHS CHC process.

- Healthwatch Hillingdon regularly shares anonymised feedback and intelligence on providers with the Care Quality Commission (CQC).

We hold regular quarterly meetings with the CQC where we discuss common concerns and areas of improvement with the regulator. Healthwatch Hillingdon values our growing relationship with the CQC and we look forward to strengthening this relationship in the year ahead.

Our reports and recommendations

Healthwatch Hillingdon's strategic input enables us to use the information collected from residents, to make regular recommendations to commissioners and providers on how they could improve the quality and safety of services. Our input is recorded in the minutes of meetings and this means that recommendations do not always have to be formally submitted by letter, or in a report.

Following the transfer of maternity services from Ealing we wrote to the Shaping a Healthier Future Clinical Board outlining a number of recommendations. The response was positive and a commitment has been made to improve

the consultant presence in maternities to meet the Royal College’s standards.

This will potentially result in helping to ensure that the clinical outcomes for mothers and new born babies will be improved for 29,000 mothers per year across NWL.

Our ‘Seen & heard?’ report, published following our engagement with young children and their families outlined a number of recommendations on how children’s mental health and emotional wellbeing could be improved in the borough. Full details of the impact of this report and how recommendations were received are outlined in “Our Work in Focus”

Involving local people in our work

There have been a number of ways we have directly involved residents in Healthwatch work, or supported them in other opportunities.

Our Board members are not only involved in the governance of the organisation but regularly attend meetings as Healthwatch representatives, including the Health and Wellbeing Board.

Our Enter and View representatives and PLACE Assessors are all active members of our volunteering team and undertake visits to NHS and care facilities.



Through active promotion of local events in our newsletter and direct contact with residents by telephone and email we make sure that residents attend important events and conditions specific focus groups where their input is invaluable.

Safeguarding Boards

Through an advertising campaign we were able to



help recruit lay members to both the Children’s and Adult’s Safeguarding Boards in Hillingdon. This is enabling local people to use their expertise on these important boards and it was a way for us to support the Local Authority who were having difficulty recruiting to these volunteer posts.

“Just to say a big thank you for all your help in this process. I have recruited KP for the children board and MN for the SAB. Both were really keen and I think will contribute a lot to the board. I couldn’t have done it without your help, so thank you.”

Andrea Nixon, Business & Development Manager LSCB and SAPB, London Borough of Hillingdon

National Maternity Review

In addition to sharing the experiences of over 150 mothers of maternity services at Hillingdon Hospital with the National Maternity Review (Cumberlege Review), we also supported two families to attend the Maternity Review’s “listening event” into serious injury during birth. This gave those local families the opportunity to share their recent experiences directly with the national review team.

Stakeholder statements

Hillingdon Clinical Commissioning Group
Caroline Morison,
Chief Operating Officer

NHS
Hillingdon
Clinical Commissioning Group

“ Healthwatch Hillingdon is a key partner for Hillingdon CCG. They provide a valuable contribution to a number of our formal committees, including our Governing Body and Quality Safety Risk Committee, supporting us in the identification of local priorities as well as the development and delivery of plans to address them. Healthwatch Hillingdon is also a member of our Conflict of Interest Panel, working with us to manage potential conflicts of interest arising from Primary Care Co-Commissioning robustly and transparently.

In addition, we value the role that Healthwatch Hillingdon plays in ensuring that ongoing, consistent feedback from the residents of Hillingdon is incorporated into the way that our services are commissioned and delivered. In 15/16 that has included input to access to community and primary care services, including the development of integrated care for older people, GP access and end of life care. Healthwatch have supported us with the development of mental health transformation programs, specifically focusing on urgent care, talking therapies, perinatal care, dementia and improved coproduction with children and young people with

mental health needs. Healthwatch Hillingdon also contributes to shaping services outside Hillingdon including attending the North West London Policy Development Group.



‘Future of Health and Care in Hillingdon Event’

Hillingdon CCG looks forward to continuing to work in partnership with Healthwatch Hillingdon, shaping our services in a way that best meets the needs of Hillingdon residents.”

The Hillingdon Hospitals NHS FT
Shane Degaris,
Chief Executive Officer

The Hillingdon Hospitals **NHS**
NHS Foundation Trust

“ The Trust has continued to work in close partnership with Healthwatch Hillingdon and appreciates the valuable contribution they provide to the organisation. Representatives from Healthwatch Hillingdon have regularly attended focus groups and committees and have attended meetings of the Trust Board, Council of Governors and People in Partnership. Healthwatch Hillingdon is

an active member of our Experience and Engagement Group which oversees the delivery of the Trust-wide plan for improving patient experience.



Healthwatch Hillingdon has direct access to the Chief Executive and meets bi-monthly with the Chief Executive and Director of Nursing to provide feedback from patients and local residents who are in receipt of services provided by the Trust

Healthwatch Hillingdon and Healthwatch Ealing attend a quarterly quality meeting, to check progress and gain insights into how the Trust is performing against a number of quality indicators. The Trust has benefitted from the involvement of Healthwatch Hillingdon in Executive appointments at the Trust and we continue to work closely with Healthwatch Hillingdon on the consultation for the priorities for the quality report, PLACE inspections and follow up actions.

The Trust undertakes regular engagement with local people by attending community events and forums. The Trust has attended several events with Healthwatch Hillingdon providing

opportunity to work together to improve services for the local community.

In the coming year the Trust will be supporting Healthwatch Hillingdon on two projects which will be looking at the patient experience on maternity and discharge into the community. ”

Central & North West NHS Foundation Trust
Maria O'Brien,
Divisional Director of Operations

“ CNWL deliver a significant number of health services in Hillingdon including inpatient and community based mental health services as well as adult and children’s physical health community services such as district nursing, rehabilitation, rapid response, health visiting and school nursing. It is therefore essential that we work with local organisations to improve services and respond effectively to feedback from our service users and patients.



Our relationship with Healthwatch Hillingdon is an important element of this feedback and as a critical friend to the organisation, it is important that we are able to work in partnership to address any concerns, improve existing services or redesign them completely to meet the changing needs of our local patients.

We have a longstanding and established working relationship with Healthwatch with regular meetings in place between

Healthwatch senior officers and the CNWL Mental Health and Community Borough Directors and Divisional Director of Operations. We recognise the valuable contribution that they make through our regular dialogue, visits to our clinical areas and joint working on specific service related projects.

Throughout the year, we have worked with Healthwatch across a variety of areas including:

- Informing and developing our 2016/17 Trust-wide Quality Priorities
- Involvement in the co-production of a new model of care for our mental health community services



- Developing a joint CAMHs strategy alongside Hillingdon Clinical Commissioning Group and London Borough of Hillingdon
- In-patient PLACE inspection teams

We look forward to our continued joint working during the forthcoming year and welcome their ongoing challenge function to support our drive for continuous quality improvement. ”

The Community Voice,
Joan Davis, Chairman



“ Healthwatch Hillingdon has much to be proud of. It has excellent premises ideally situated in a major mall in Uxbridge, where its is highly visible to shoppers. Its open frontage invites casual visitors, who can help themselves to the many NHS leaflets on display. More importantly, there is always a member of staff ready to answer questions and to give advice.

Healthwatch Hillingdon is an active participant in many local NHS committees. It stoutly defends the interests of local patients and is vocal on their behalf. It also monitors all levels of NHS services and engages with the public at every opportunity.

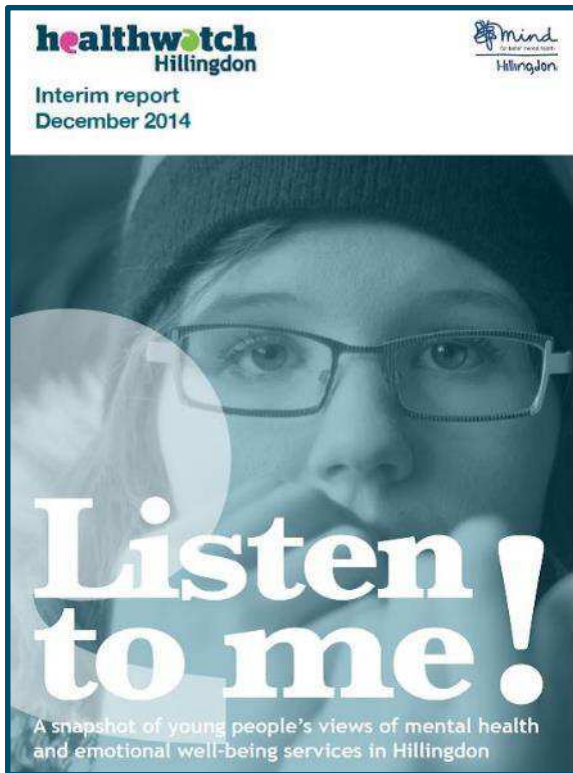
The high standards of Hillingdon Healthwatch are sadly not echoed universally elsewhere. Some of its sister organisations could learn much from the exemplary model that it provides. ”

Our work in focus



Our work in focus: Children and Young People's Mental Wellbeing

Being a catalyst for change



Introduction

As we reported in last year's annual report, in December 2014 Healthwatch Hillingdon and Hillingdon Mind published 'Listen to Me', an interim report that highlighted the struggles of children and young people with mental health problems in Hillingdon and the effects these have on them and their families.

We outlined how uncertain funding, a lack of early intervention and fragmented services were compounding issues and

called for a joint approach, from all stakeholders, to improve services.

In Hillingdon, 'Listen to Me' inspired a renewed commitment to improve services for children experiencing mental health problems.

Hillingdon Clinical Commissioning Group (CCG) and the London Borough of Hillingdon formed a new Children & Young People's Mental Health and Wellbeing group to oversee improvements to services and started to develop a Joint Social Emotional Wellbeing and Mental Health Strategy 2015-2018. This incorporated a number of the recommendations made in our 'Listen to Me!' report.

Nationally, Healthwatch England used the report to directly influence the Government's Children and Young People's Mental Health Taskforce, which was undertaking a major review of children's mental health.

Continued Engagement

The interim report was published due to the scale of the problem we had found. It was very important that we built on this report and to do so we set out a 5 month intensive programme of engagement with young people, their families and care professionals. Our ambition was to gain a

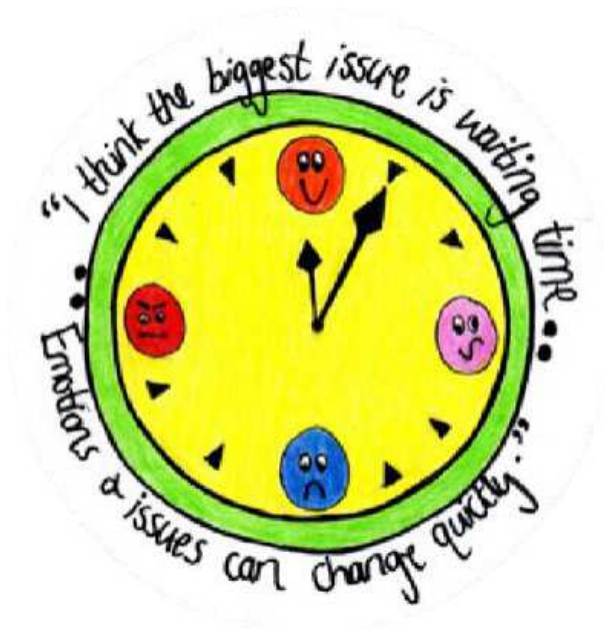
better understanding of services. We wanted to produce a comprehensive report, which not only gave a rich evidence base of the lived experience of children, young people, parents and carers, but ensured that these experiences influenced and shaped future plans, by offering practical solutions on how services could be improved.

Sustained Challenge

As our engagement continued, we took every opportunity to bring focus upon children's mental health.

At the Children & Young People's Mental Health Group we looked for the membership of the group to be expanded, to include schools and the voluntary sector.

We maintained a sustained challenge at the Hillingdon CCG Governing Body and the Health and Wellbeing Board.



This led to the Hillingdon CCG commissioning Public Health to complete a Children's Mental Health Needs

Assessment, and providing funding for:

- Reducing the waiting list for the Tier 3 CAMHS (Children's and Young Peoples Mental Health Service)
- Learning Disability CAMHS
- Out-of-Hours CAMHS intervention at Hillingdon's A&E department
- Perinatal Mental Health Services.



Already prepared to act

The Children and Young People's Mental Health Taskforce completed their review and in March 2015 published a report called 'Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing.'

The Taskforce echoed much of what we had said in our interim report and reinforced the recommendations we had made.

It called for long-term whole system solutions, collective working and the development of clearly defined transformation plans to address the

shortfalls in children's mental health provision.

Due to the Healthwatch Hillingdon work on children and young people's mental wellbeing, these were steps we had already taken in Hillingdon. Partners were in a position of strength that could now be built upon.

Comprehensive Report

In July 2015, pre-empted by a publicity campaign in the local media and the release of a short promotional animation, we published our eagerly awaited second report, 'Seen & Heard - Why not now?'



The report featured some uncomfortable hard hitting stories, which gave real insight into Hillingdon's mental health and wellbeing services from the children, young people and their families who have faced the struggles of emotional and mental health.



As planned, in addition to containing a rich evidence base, we outlined 10 key principles that formed a 'blueprint' for commissioners to provide better support and services in Hillingdon.

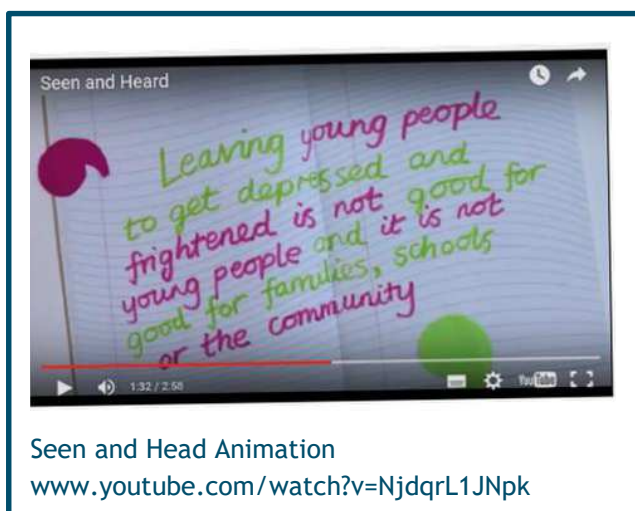
Transformation Plans

Healthwatch Hillingdon had a pivotal role in the formulation of Hillingdon's Children and Young People's Mental Health and Wellbeing Transformation Plan. The insight provided by our 'Seen & Heard - Why not now?' report, has been an important reference into the experiences of our children, young people and their families and framed much of the contents of the plan.

The information in our reports has been referenced in the Children's Mental Health Needs Assessment completed by Hillingdon's Public Health team. It was also pleasing to note that Hillingdon was the only borough in North West London to complete a needs assessment to inform

their transformation plan and this was directly as a result of Healthwatch Hillingdon's request in our Listen to Me! report for this to be commissioned.

Our work was also promoted as an area of best practice by Like Minded, the programme which is looking to transform mental health and wellbeing services across North West London.



We continued to collaborate with partners to develop Hillingdon's transformation plan and in recognition of all our work were invited by the Health and Wellbeing Board to countersign the plan, with the CCG and the Council, before it was submitted to NHS England for approval, as part of a joint North West London plan.

We did not want to see the momentum for change in Hillingdon slow whilst the plan was being assured by NHS England. Being conscious that every region across the country would be looking to recruit specialist CAMHS staff once transformation funding was announced, we formally asked the CCG Governing Body to consider funding the recruitment

of CAMHS staff in advance of the announcement. We also raised concerns with them about the slow progress in the development of the pan North West London Eating Disorder Service and asked for firm timelines to be set in delivering this new service.

NHS England announced in November 2015 that North West London had been successful in its bid and Hillingdon was awarded £524,623³, recurrent for 5 years, to deliver the transformation plan.

3. <https://www.england.nhs.uk/wp-content/uploads/2015/07/annex-4-transformation-plan-guidance-ccg.pdf>

Delivering The Plan

We continued to work with and challenged partners on the delivery of the transformation plan, to ensure services were being appropriately planned to meet the needs of Hillingdon's residents and that children and their families/carers are involved in the process.

As before, we took every opportunity to raise the profile of children's mental health.

In December 2015 we presented on our CAMHS work and the 'Seen & Heard - Why not now?' report to The Children and Young People's Mental Health Coalition (CYPMHC) at the Mental Health Foundation. They were very complimentary about our work and specifically admired the Healthwatch role in signing off the Hillingdon Transformation Plan at the Health and Wellbeing Board.

Through this presentation we facilitated the CYPMHC attending the Hillingdon Children and Young People’s Mental Health and Wellbeing Board, to inform on the work being carried out in schools by Place2Be.



We also presented on our CAMHS work at the National Service Change Conference in March 2016. Facilitated by Healthwatch England and the Leadership Centre, the conference focussed on how the public sector can work together during service change programmes.



Progress on plan?

We acknowledge that progress has been made in the implementation of the plan.

Our expectation is high and we have been increasingly frustrated by the speed at which progress is being achieved.

New services have commenced for community eating disorder, self harm,

crisis and intensive support and challenging behaviour, which will take time to imbed.

We have seen a reduction in waiting times for accessing CAMHS Tier 3, but until we see the implementation of initiatives to offer early help and prevention, system pressures will remain and those young people who do not meet Tier 3 thresholds, will struggle to find support.

Children and Young People have been engaged by partners in redesign and training will commence in April 2016 following the completion of a training needs assessment.

As we had anticipated the recruitment of staff has been a real challenge and with Trusts across the country advertising for professionals, this has also had an adverse effect of staff retention.

Engagement with schools has also proved to be problematic. Especially with the independence of academies.

We understand the challenges involved and appreciate the efforts being taken by partners but it is disappointing that almost all of the work-streams within the plan were RAG rated amber at the end of March 2016.

What next?

As work continues into the new financial year, it is recognised by all partners that there are 6 areas which require immediate focus and further development:

- No counselling service for under 13’s
- Recruitment & retention of NHS staff
- School based counselling services

- Raise participation of CYP in redesign
- Increase Tier 2 capacity
- Transition to adult services

Healthwatch Hillingdon’s task will be to continue to monitor, and challenge, the development in these areas and ensure the new services deliver the desired outcomes.

We have come a long way since we sat down with 5 parents nearly 3 years ago and they told us about how Hillingdon’s services were letting their children down.

We know we have more work to do and Healthwatch Hillingdon will certainly not rest until we know the new investment in Hillingdon has improved services, and the mental wellbeing of children in our borough.

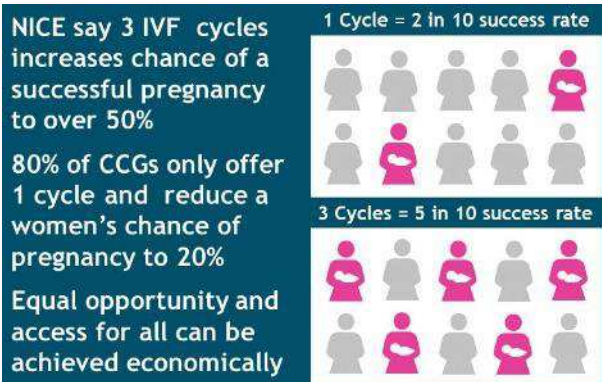
Half Term Report - Feb 2016	
Subject: <i>CAMHS Transition Plan</i>	
Name: <i>Hillingdon</i>	Grade: <i>B</i>
<p><i>Early days for this subject but it has been encouraging to see the progress you have made this year.</i></p> <p><i>You may find working closer with your peers more rewarding</i></p> <p><i>Excellent theory but need to work harder on implementing the practical</i></p>	
Signed: <i>A Critical-Friend</i>	

Our work in focus: Access to Fertility Treatment

Shouldn't all women having NHS IVF have equal chance of a successful pregnancy?

Introduction

Over the past 3 years Healthwatch Hillingdon has heard from Hillingdon women and couples who have expressed their views on the unfairness that they face in access to NHS-funded fertility services including in vitro fertilisation (IVF). These people, in our view, represent seldom heard members of our community.

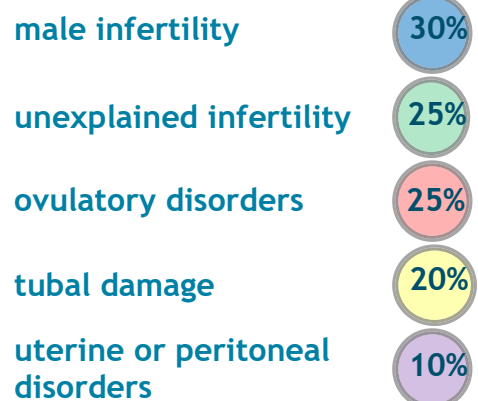
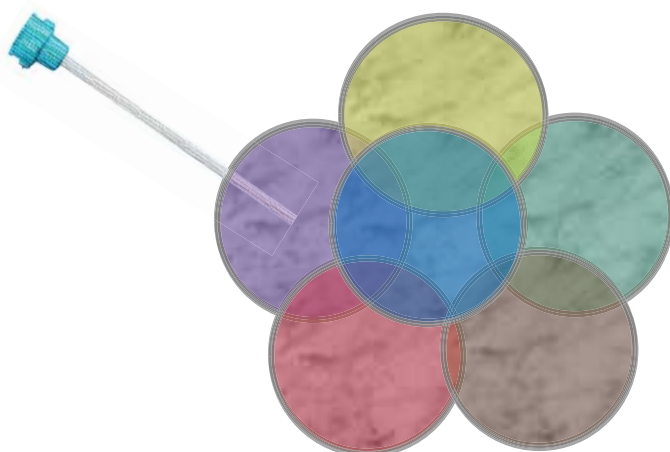


The facts about fertility

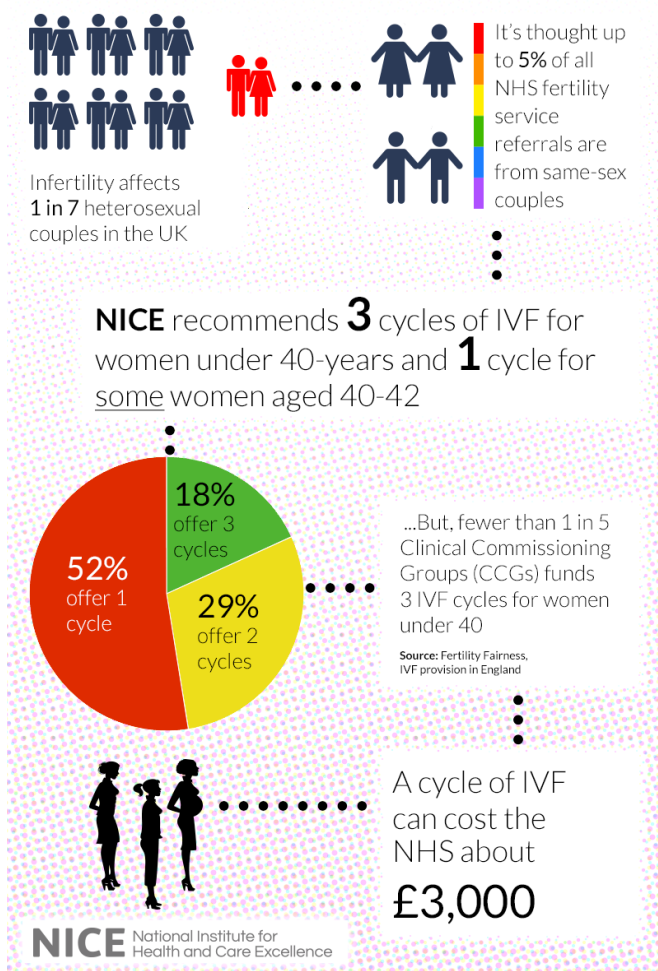
- Most couples seek medical advice after 1-2 years of trying to conceive.
- Fertility issues are second to pregnancy, as the most common reason for women to visit their GP.
- If left untreated, infertility can result in stress, depression, emotional distress and breakdown in relationships.
- The chances of IVF success fall sharply after the age of 42.
- The National Institute of Clinical Excellence (NICE) recommends that women under 40, who have been trying to get pregnant for 2 years, should be offered 3 full cycles of IVF.⁴
- For women aged between 40 and 42, who have been trying for 2 or more years, and have not previously received IVF, NICE recommends 1 full cycle of treatment.

4. <https://www.nice.org.uk/Guidance/CG156>

The main causes of infertility in the UK



Decisions on whether IVF treatment is offered to patients are made by local NHS bodies (CCGs), which is leading to a “postcode lottery” in access to IVF.



In the London Borough of Hillingdon and across the 8 London Boroughs of North West London (NWL), the NHS NWL CCGs have chosen to implement a blanket policy which only allows eligible women (under 40) to have 1 cycle of IVF and no cycles for 40-42 year olds. This does not follow the national NICE IVF recommendations.

“Infertility is a recognised medical condition. People affected should be able to receive treatment as a core NHS service..... It is

unacceptable that parts of England are choosing to ignore NICE recommendations for treating infertility. This perpetuates a postcode lottery and creates inequalities in healthcare across the country”

Professor Gillian Leng, deputy chief executive and director of health and social care at NICE.

Offering solutions

Over the past 3 years, Healthwatch Hillingdon has attempted, on numerous occasions, to put the case forward for a fairer and equitable approach to improving access to IVF across North West London. The suggestions we have made include phasing in of the commissioning of IVF services at scale across NWL with a single, common contract. This practical approach could realise much needed financial efficiencies for the NHS, by reducing the cost per treatment, and lead to improved outcomes for families by increasing the chances of a successful pregnancy for women.

“The Claimant observes that the perceived vice which has to be tackled is the so-called “postcode lottery”, but in my view it goes further than that. Any system which has the duty of distributing finite resources must do so not merely on a basis which is not arbitrary (c.f. the

happenstance of the postcode) but also on a basis which recognises the patient's fundamental human right to be treated in exactly the same way as anyone else with the same clinical need”

MR JUSTICE JAY, in the case of Rose v Thanet NHS CCG April 2014, Case No: CO/1272/2014, Royal Courts of Justice.

We have recently highlighted to the NHS Hillingdon CCG that in addition to only receiving one procedure, some NHS-funded patients from Hillingdon are being asked to pay for additional IVF procedures that NHS patients in other areas are not charged for.

Local women have told us that at a very emotive time in their life, when they feel this one procedure is their only chance of having a child, they felt pressured and compelled to pay in excess of £1000 in additional charges.

We have requested that the NHS NWL CCGs undertake a review of current IVF contracts they commission, so that NHS-funded patients in NWL are not being financially disadvantaged by this other example of inequality for NHS patients receiving the same IVF treatment.

NHS England has a national IVF policy for service personnel in the armed forces and their families, which does allow for 3 IVF cycles and follows NICE recommendations. This creates further inequality in access to IVF as women living on the same street could have

completely different access to NHS-funded IVF. Naturally, armed service personnel and their families give fantastic service to their county and rightly deserve access to the best that the NHS can offer them, but this inequality raises the question: “are other women in England less deserving to have reduced access to NHS IVF treatment?”

Sadly, to date, the NHS NWL CCGs have not been sympathetic to the views we have put across and we have been unable to improve fair access to fertility treatment for NWL residents.

“Access to NHS funded IVF is not easy and women already need to meet strict medical criteria before they can be considered for IVF and must have tried all other options first. This is not a life-style choice, nor an “easy option” for women but changes to our society and demands made on women, make starting a family difficult enough without facing a postcode lottery in access to IVF. Women across North West London are facing an uphill struggle to access fertility treatment that has been recommended by NICE as being both clinically effective and cost-effective.”

Graham Hawkes CEO, Healthwatch Hillingdon.

“This represents a postcode lottery in care. Our members have paid taxes all their lives for a National Health Service and do not expect the NHS to deny women an opportunity to have a child in this random manner.”

- *Oak Farm Residents Association*

“Today we should live in a society of equality so I can not understand how a select few CCG’s can justify a post code lottery of entitlement to IVF treatment.” - *Ms E*

“Not my fault that we lost the baby, but not able to get NHS IVF as we had used our 1 cycle of IVF.” - *Ms D*

“why as a 30 year old woman who has been trying to fall pregnant for 3 years and after various health checks, blood tests, procedures and an operation why I am unable to get a referral for IVF treatment. My partner who I love has a child from a previous relationship is the reason.” - *Ms B*

Due to having a medical procedure years ago, G was advised that her fertility would be affected and would need IVF.

“I pay tax to the government and I don't understand why I am unable to get the same NHS service as other women in England. This is really unfair on women. We are now thinking of moving to a neighbouring area, Hertfordshire, so that we can get NHS-funded IVF. But is sad that I am been forced to move from where I live (Hillingdon) due to stupid local NHS rules.” - *Ms F*

“I believe that this is very unfair and would ask that this issue is taken up urgently. Being unable to conceive naturally is a very alarming situation and to be discriminated due to age is not acceptable” - *Ms A*

“Living within the London Borough of Hillingdon, I wasn't entitled to an AMH blood test ... All my taxpaying life I've lived here (Hillingdon) and I'm being penalised for living here, whereas my friends in High Wycombe got three rounds of IVF and Hampshire gets two and they're only a couple of miles down the road either way. It really does depend on where you live and I think that's absolutely appalling.” - *Ms C*

Healthwatch Hillingdon Recommendations

- 1 NHS England to consider publishing robust national guidance to CCGs which may (a) assist in improving access to NHS-funded IVF treatment that meets NICE Clinical Guidelines and (b) assist NHS England in meeting its equality duty obligations.
- 2 Recommend that NHS England and Healthwatch England/CQC considers undertaking a national review of the access to fertility services for NHS patients and consumers.
- 3 We recommend that this national fertility review should give careful consideration of the merits of nationally commissioning NICE recommended fertility treatment at scale rather than delegating this responsibility to the local level.
- 4 Recommend that the national fertility review explores whether the current provision and commissioning arrangements are working in the best interests of patients and consumers or are placing unnecessary hurdles and/or significant financial burdens on consumers who should be able to access NHS fertility services based on clinical need.

Healthwatch Hillingdon believes that commissioning fertility services at scale across England, with a fixed national NHS tariff, incorporating nationally agreed outcome measures, and phasing in the services over a number of years, will be more cost effective for the NHS. It will eliminate the current inequality in access

to fertility services and most importantly, improve the clinical outcomes for people needing IVF treatment and increase the chances of a successful pregnancy.

Healthwatch Hillingdon stands ready and willing to contribute its insight to a national fertility review.

Our plans for next year



Future priorities

The delivery of our statutory roles will always be our main priority. Focusing upon, and listening to, what our residents are saying, and protecting their rights, is key to everything we do.

We look forward to the next year and delivering Healthwatch Hillingdon's operational priorities, as set out in our 2015-17 work-plan.

We will continue to have an oversight of the quality and safety of care services in Hillingdon and be strategically involved in change programmes in the borough and across NWL.

2016 will be pivotal for The Shaping a Healthier Future programme as paediatric services will transfer to Hillingdon Hospital from Ealing at the end of June.

The delivery of the Childrens and Young Persons Mental Health Transformation Plan, and the development of the Better Care Fund, Accountable Care Partnerships and the Sustainability and Transformation Plans will also be high on our agenda.

Work-plan projects, like Discharge and Maternity are already underway and will be completed during the coming year.

After each project is completed we will evaluate our position before commencing work on the next priority. This allows us to look at current data and patient feedback, to ensure the priority remains relevant; or that another emerging priority should not take preference.

If, as this year, it is found no changes are required, in late 2016 and early 2017 we will be concentrating on:

- Care Homes
- Primary Care

Priority Focus

Discharge from Hillingdon Hospital

The discharge from Hillingdon Hospital sets out to engage with adults over the age of 65 with complex needs or long term conditions who have been recently discharged from Hillingdon Hospital to home, or another care facility.

With the Better Care Fund and the general integrated care programmes being implemented across Hillingdon, we felt it was important to get an understanding of how services are working now. This will enable us to benchmark current hospital and community services and gauge as changes are implemented how services

Are you an older person who has recently been discharged from hospital?

We want to hear your experiences

If you are aged over 65 or are a carer, friend or relative we want to hear your views.

Tell us:

What went well?

What didn't go so well and could have been improved?

your experience

Giving feedback takes minutes, but the impact could last a lifetime

healthwatch Hillingdon

are improving for residents. It also gives us an opportunity to help shape future services through the experience of our residents.

your voice counts **healthwatch Hillingdon**

Tell us your experiences of Maternity Care in Hillingdon

We want to hear about your care...

Antenatal
Labour
Postnatal

your experience
Giving feedback takes minutes, but the impact could last a lifetime

Maternity Care in Hillingdon

Ealing Hospital’s Maternity Unit closed in July 2015 and it is expected that an additional 600 women from Ealing will give birth at Hillingdon Hospital’s Maternity Unit in the coming year.

The ‘Maternity Care in Hillingdon’ project is seeking the views and experiences of women who choose to give birth at Hillingdon Hospital and using this evidence, evaluate the provision of the maternity for both Hillingdon and Ealing residents.

This project is being carried out over an 8 month period and our engagement programme will speak to women at the hospital and children’s centres.

Sustainability and Transformation Plans

As NHS England look to implement the the Five Year Forward View, health and care systems across the country are being asked to work together locally to plan future services around the needs of their local population. The Sustainability and Transformation Plan (STP) sets out shared plans for the next five years to bring together providers and commissioners of care (both local government and NHS) to deliver a genuine place based plan for the borough.

In Hillingdon the STP is seen as a platform for the development of new and innovative ways of funding Health and Social Care over the next 5 years. Local relationships are advanced and we are in a strong position to develop our STP.

Healthwatch Hillingdon is already well placed and part of the STP Deliver Group in Hillingdon. In our input at this early stage we have already asked for patient choice and cross boundary provision to be strengthened in the initial draft plans.

This year we want to ensure that as the Hillingdon STP evolves that our residents are not only well informed, but there is strong engagement with them so that they play a central role in the developments of plans and strategies.

Accountable Care Partnerships

Accountable Care Partnerships (ACPs) emerged as a key part of NHS policy in the Five Year Forward View. ACPs bring together providers in new organisational forms, to deliver integrated care around patients and are seen as part of essential actions to manage quality and financial sustainability for the NHS.

In Hillingdon, an ACP is being developed which brings together The Hillingdon Hospitals FT, Central North West London FT, the GP Networks and the voluntary sector organisation, Hillingdon4All. With a new Programme Director appointed, the organisations are currently working collaboratively, to develop a new joint governance structure, which will enable the ACP to deliver services in shadow form in 2016.

The integrated care delivered by the ACP will initially be for older people with long term conditions. It is planned that this will progress to all older people and other population groups with long term conditions during the next 5 years, as the Five Year Forward View is realised.

We are currently in discussion with the ACP to look at how they will involve the public in its development and are exploring the value of Healthwatch Hillingdon.

As we move into 2016-17, like the STP, we want to strengthen the involvement of the Hillingdon public in the ACP and ensure patient engagement and public accountability is imbedded in its structure.

Our people



Decision making

Our Board as at 31st March 2016

- *Jeff Maslen, Chairman*
- *Stephen Otter, Vice Chair*
- *Allen Bergson*
- *Richard Eason*
- *Turkay Mahmoud*
- *Baj Mathur*
- *Burns Musanu*
- *Kay Ollivierre*
- *Rashmi Varma*

Healthwatch Hillingdon is a Company Limited by Guarantee. The Board are bound by the companies Memorandum of Articles.

Board members act as Directors of Healthwatch Hillingdon under the Companies Act 2006 and as Trustees of Healthwatch Hillingdon under the Charities Act 2011.

Healthwatch Hillingdon is governed by a Board that consists entirely of lay people and volunteers. Selection and recruitment to our Board is through an open and transparent recruitment process.

Meetings of our Board are held in public and agendas, minutes and reports of our meetings are published on our website and available upon request.

We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes relevant decisions. This policy is reviewed annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice

and reflect any guidance from Healthwatch England.

The focus of our work for 2015-17 has been aligned with our Strategic Priorities and selected to reflect our statutory requirements, and the findings from in-depth analysis of data and intelligence gathered from our residents.

The Work Plan is an open and transparent document that is shared publically on our website and with collaborative partners. We actively seek feedback on our plans and priorities and review the Work Plan annually to validate its relevance, take note of feedback and update it where necessary.

Our Staff Team

- *Graham Hawkes, Chief Executive*
- *Raj Grewal, Operations Coordinator*
- *Pat Maher, Administration & Support*
- *Charmaine Goodridge, Outreach & Volunteers*
- *Nina Earl, Engagement & Communications (until Oct 2015)*
- *Victoria Silver, Childrens Engagement (until July 2015)*

Our Volunteers

Volunteers play an important role in enabling Healthwatch Hillingdon to achieve its core functions. We consider ourselves very fortunate therefore to have a team of dedicated volunteers who bring with them a wealth of skills and experience and a passion to improve health and social care services for local people.

During 2015/16 volunteers undertook a range of activities on behalf of Healthwatch:

- **Engagement** - Manning stalls, attending events

- **Social Media** -Raising the profile of Healthwatch through social media outlets such as Facebook & Twitter, YouTube
- **PLACE Inspections** - conducting place inspections at The Hillingdon Hospital and other care facilities
- **Administration** - data inputting and office based activities

In all a total of 52 volunteers supported our work, contributing a staggering 2366 hours of their valuable time and many of those volunteers received additional training where needed to enable them to carry out their role effectively.



Without their contribution, it would be impossible to do all that we do and as our pool of volunteers continues to grow we will be in a better position to expand the work we do and reach out to those communities who would otherwise not be heard.

Case Study 1 - Shakira Sayyed

Before joining Healthwatch Hillingdon in March 2016, Shakira had previously volunteered with Healthwatch Croydon and so was familiar with the work of local Healthwatches. When she visited our shop in early February to enquire about volunteering opportunities with Healthwatch Hillingdon, our Outreach &

Volunteer Officer was at hand to talk her through the current volunteering opportunities available to her. She quickly expressed an interest in the Data Entry role and it wasn't long before she was busy getting stuck into updating our various databases.



“I joined Healthwatch Hillingdon in March 2016 as a data entry volunteer. I thoroughly enjoy my work and the team are warm, friendly and supportive. As well my data entry role, I have also participated at engagement events attended by Healthwatch, helping to gather the views of local communities on health and social care. It feels great to know I am making a difference!

I would recommend volunteering to everyone, it's a fantastic way to build our confidence, meet new people, make new friends and learn new skills.

Shakira Sayyed - Volunteer

Case Study 2 - PLACE Assessors

The most popular volunteering role at Healthwatch Hilingdon is being a PLACE Assessor.

Patient-led assessments of the care environment (PLACE), are carried out in

hospitals and assess how the care environment supports patient's privacy and dignity, food, cleanliness and general building maintenance.

As part of a team our Assessors have the opportunity to visit Hillingdon, Mount Vernon and Harefield Acute Hospitals; and Central North West London FT's mental health and childrens units at Riverside and Woodlands in Hillingdon.

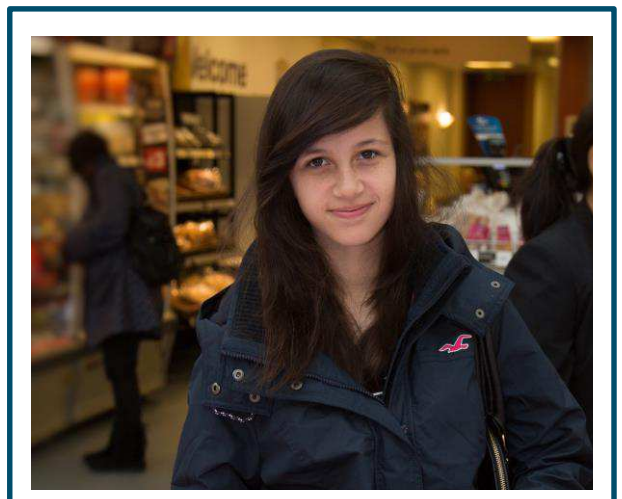
As anyone of our 10 assessors will tell you, it is easy to become an Assessor. The training is light, but thorough and you can build your confidence by shadowing somebody else and you will really enjoy it.

I joined Healthwatch to help improve our NHS and social care. Healthwatch volunteers walk around the hospital or care service with the service's staff to assess the care environment in a range of acute and mental health services and care providers. It's part of a national survey called PLACE. Services are getting better and its good to know that we can all be part of the change. During assessment visits we report on cleaning and hygiene, safety and condition of equipment and decoration. We also taste and observe the food service.

Roger Dewey - Volunteer

Case Study 3- Big Thanks to the Healthwatch Hillingdon Team

The past 2 weeks have been a great experience for me, and something that will definitely help me in the future. I've learnt a great deal a lot more than I probably would have if I just done my work experience at a random retailer like



what was originally planned- no regrets from that stand point.

I'm very grateful to how kind you've all been, and how well you've all managed to put up with me. From this experience I can really see how much effort it takes to make change; It's wonderful to see people out there still willing to fight for it.

The skills and new found knowledge is greatly appreciated and I can see it really helping me, thanks to the experience I have a clearer idea what i want to in the future. If I had been more confident speaking, then I'm sure I would have enjoyed my time a lot more. I still found it interesting though, and realized for the first time how satisfying getting work done can be.

It's a great cause you're all working for and I hope you get the recognition you deserve. Keep up the good work!

Thanks for everything, best of wishes. N.

To find out more information about our volunteering opportunities please email: charmaine.goodridge@healthwatchhillingdon.org.uk or, call us on 01895 272997

Our finances



Financial Statement 2015/16

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		175,000
Brought forward 2014/2015		15,647
Total income		190,647
EXPENDITURE		
Operational costs		24,550
Staffing costs		133,423
Office costs		9,958
Total expenditure		167,931
Balance brought forward		22,716

NOTE: The Financial Statement is provisional and subject to the Healthwatch Hillingdon accounts for the year 2015-16, being examined by an independent examiner under section 146 of the Charities Act 2011.

Contact us



Get in touch



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Healthwatch Hillingdon



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Company Limited by Guarantee
Registered in England and Wales

Company Number: 8445068

Charity Number: 1152553

We will be making this annual report publicly available on 30th June 2016 by publishing it on our website and submitting it to Healthwatch England, Care Quality Commission, NHS England, Hillingdon Clinical Commissioning Group, London Borough of Hillingdon, Hillingdon Health and Wellbeing Board and the External Services Scrutiny Committee.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

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Agenda Item 6

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
CANCELLED 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
Wednesday 26 April 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 November 2016 and February 2016.

Scrutiny Reviews

3. Following an informal meeting on 12 July 2016, Members identified the following issues as potential review topics for future meetings:
 - **CAMHS** - possible joint major review with Children, Young People and Learning POC in 2016/2017.

- **Fire Brigade / LAS** - the impact of hoax calls and action being taken to deal with hoax callers. Is there provision for the Fire Brigade to provide medical services in the absence of the ambulance service?
 - **First responders** - is consideration being given to introducing these in Hillingdon?
 - **Community Sentencing** - how many community sentences are given out, how effective is community sentencing, how does community sentencing work, what type of work is involved in a community sentence?
 - **Safe and Sustainable** - update on the proposal to withdraw paediatric congenital cardiac services from the Royal Brompton Hospital.
 - **Child Sexual Exploitation** - update on the partnership work being undertaken in the Borough to address CSE.
 - **Domestic Abuse** - the provision of mental health support services available to victims.
 - **Utilities** - to look at the strategic provision of utility services for a growing population in the Borough.
 - **Community Policing / Ward Panels / Safer Neighbourhood Board** - update.
 - **London Ambulance Service (LAS)** - update on the action plan following the CQC inspection.
4. It is suggested that an update on the LAS action plan following its CQC inspection is scheduled for 15 November 2016.
5. With regard to the proposal to withdraw paediatric congenital cardiac services from the Royal Brompton Hospital, it should be noted that NHS England will be presenting its case to the Health Scrutiny Committee at the Royal Borough of Kensington and Chelsea at a meeting on Wednesday 21 September (starting 6.30pm). Representatives from the Royal Brompton and Harefield NHS Foundation Trust will also attend the meeting.
6. Members are asked to review the list of potential topics and identify one for a major scrutiny review for 2016/2017.

BACKGROUND DOCUMENTS

None.

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	<p>Health</p> <p>To receive the following updates:</p> <ol style="list-style-type: none"> 1. North West London Collaboration of CCGs - NWL mental health 'Like Minded' strategy 2. Strategic service delivery plan for Out of Hospital Care
12 July 2016	MEETING CANCELLED
15 September 2016	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 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. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Health</p> <p>To receive a performance update and the annual report of Healthwatch Hillingdon.</p>
6 October 2016	<p>Crime & Disorder</p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 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 <p>Major Review 2 (2015/2016): Consideration of final report from the GP Pressures Working Group</p> <p>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</p>

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
15 November 2016	London Ambulance Service - update on the action plan following the CQC inspection
12 January 2017	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 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. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Major Review 1 (2016/2017): Consideration of final report from the Working Group</p> <p>Major Review 2 (2016/2017): Consideration of the scoping report</p>
15 February 2017	
15 March 2017	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 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 <p>Major Review 2 (2016/2017): Consideration of final report from the Working Group</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Alcohol Related Admissions Amongst Under 18s

Meeting Date	Agenda Item
26 April 2017 (additional meeting)	<p>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:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Local Medical Committee 4. Public Health 5. Hillingdon Clinical Commissioning Group (HCCG) 6. Care Quality Commission (CQC) 7. Healthwatch Hillingdon
27 April 2017	<p>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:</p> <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Local Dental Committee 4. Public Health 5. Hillingdon Clinical Commissioning Group (HCCG) 6. Care Quality Commission (CQC) 7. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
<ol style="list-style-type: none"> 1. CAMHS - possible joint major review with Children, Young People and Learning POC in 2016/2017. 2. Fire Brigade / LAS - the impact of hoax calls and action being taken to deal with hoax callers. Is there provision for the Fire Brigade to provide medical services in the absence of the ambulance service? 3. First responders - is consideration being given to introducing these in Hillingdon? 4. Community Sentencing - how many community sentences are given out, how effective is community sentencing, how does community sentencing work, what type of work is involved in a community sentence? 5. Safe and Sustainable - update on the proposal to withdraw paediatric congenital cardiac services from the Royal Brompton Hospital. 6. Child Sexual Exploitation - update on the partnership work being undertaken in the Borough to address CSE. 7. Domestic Abuse - the provision of mental health support services available to victims. 8. Utilities - to look at the strategic provision of utility services for a growing population in the Borough. 9. Community Policing / Ward Panels / Safer Neighbourhood Board - update. 10. London Ambulance Service - update on the action plan following the CQC inspection. 	

PART I – MEMBERS, PUBLIC AND PRESS

1st MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors TBA

Topic: TBA

Meeting	Action	Purpose / Outcome
ESSC: 15 June 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: 15 November 2016	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 15 December 2016 (Agenda published 7 December 2016)	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.