



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
Councillor Michael White

Date: THURSDAY, 12 JANUARY
2017

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 November 2016 1 - 6

5 Health Updates 7 - 12

6 Work Programme 2016/2017 13 - 18
Appendix B - TO FOLLOW

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 November 2016

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Jagjit Singh (In place of Mohinder Birah) and Michael White</p> <p>Also Present: Vicki Hirst, Stakeholder Engagement Manager - North West, The London Ambulance Service NHS Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Interim Senior Democratic Services Manager)</p>
19.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Mohinder Birah (Councillor Jagjit Singh was present as his substitute).</p>
20.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
21.	<p>MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2016 (<i>Agenda Item 4</i>)</p> <p>It was noted that Councillor White had been recorded in the minutes as sending his apologies when he had actually been in attendance at the meeting.</p> <p>The Chairman advised that he had spoken to Mr Nick Hunt, Royal Brompton and Harefield NHS Foundation Trust, following the meeting and had requested additional information in relation to the proposals to withdraw paediatric heart services. They had subsequently had a further conversation but little additional information had yet been produced. Members were aware that the proposed withdrawal of the service would have (and already had had) and impact on things like recruitment and it would be important to ensure that the Committee was ready to respond once the consultation started.</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 15 September 2016 be agreed as a correct record.</p>
22.	<p>MINUTES OF THE MEETING HELD ON 6 OCTOBER 2016 (<i>Agenda Item 5</i>)</p> <p>It was noted that, as the information had not yet been provided, the Interim Senior Democratic Services Manager would ask Mr Nigel Dicker for a breakdown of unresolved cases and the reasons why they had been unsuccessful.</p>

RESOLVED: That:

- 1. the Interim Senior Democratic Services Manager ask Mr Nigel Dicker for a breakdown of unresolved cases and the reasons why they had been unsuccessful; and**
- 2. the minutes of the meeting held on 6 October 2016 be agreed as a correct record.**

23.

THE LONDON AMBULANCE SERVICE NHS TRUST - CARE QUALITY COMMISSION INSPECTION (*Agenda Item 6*)

Ms Vicki Hirst, Stakeholder Engagement Manager at The London Ambulance Service NHS Trust (LAS), advised that Ms Pauline Cranmer, the LAS Assistant Director of Operations – NW London, had been unable to attend the meeting as she was meeting with staff to discuss progress made against the findings of the CQC inspection.

In 2015/2016, there had been a significant increase in demand which had been about 5% greater than the increase anticipated. Ms Hirst advised that there had been a 20% increase in seriously ill patients between September/October 2015 and September/October 2016, possibly as a result of a higher acuity of patients, more comorbidities, an older population (with more complex needs and little in the way of a support network) and improvements in identifying illnesses such as sepsis. There had also been a societal change where residents had certain expectations about the services that they were entitled to - this also had an impact on community services and Hillingdon Hospital.

With regard to Cat A8 calls (responding to seriously ill and life threatening calls within 8 minutes), performance had increased from 59.2% in 2014/2015 to 63.3% in 2015/2016 and performance in October 2016 had been 66.36% (although performance across the LAS had, in the past, been as low as 58%, Hillingdon was one of the better performing areas). In Hillingdon, Cat A8 performance had increased from 62.58% in September 2016 to 66.85% in October 2016. It was noted that 75% of Cat A8 patients in Hillingdon were reached within 9 minutes 45 seconds. Work was underway to adjust resourcing to ensure that a 70+% was achieved across London in 2017/2018 against the Cat A8 target.

It was noted that the number of patients managed by the LAS on the telephone was the highest in the country. To try to further improve the service, the LAS had been working with the wider NHS to try to manage the pressure by focussing on frequent callers, HCPs, nursing and care homes and NHS 111.

It was noted that individuals were not charged for making unnecessary calls to the LAS. However, a lot of work had been undertaken to deal with frequent callers, many of whom suffered from mental ill health, substance misuse or were elderly. It was noted that many mental health related calls to the LAS across London were made on Thursday evenings. With many of these cases, a multi-disciplinary approach was needed. The information collected by the LAS meant that the Trust could drill down to map out where the calls were coming from so that this could be analysed by the Business Development Department to identify whether the services needed were in place to meet the demand. With regard to reducing demand, Members were advised that the LAS triaged calls to signpost or close down calls and 40% of patients that were visited by ambulance staff were left at home with further information about an alternative, more appropriate care pathway that they needed to follow.

Ms Hirst advised that the CQC would be undertaking a comprehensive inspection of the LAS on 7, 8 and 9 February 2017. Following the CQC's inspection in June 2015, the LAS had been placed in special measures. The LAS subsequently published its Quality Improvement Plan in January 2016 which set out the robust actions that would be taken to get the Trust out of special measures. NHS Improvement had conducted a review of the progress that had been made against the recommendations that had been made in the CQC inspection report. This process had included a review of the data and documentation, a site visit, focus groups and ride-outs on response vehicles. Five areas for improvement had been identified:

1. Making the London Ambulance Service a great place to work;
2. Achieving good governance;
3. Improving patient experience;
4. Improving environment and resources; and
5. Taking pride and responsibility.

In terms of the progress made so far, Ms Hirst advised that 700+ frontline staff had been recruited since the original CQC inspection, 3,169 posts had been filled and 85 Hazardous Area Response Team (HART) members were now in post and fully trained. It was hoped that the redesign of the graduate recruitment process, which provided a clear outline of what a graduate could expect when they joined the service, would help to attract more new staff. Although many of the staff recruited from Australia stayed with the LAS, Ms Hirst was unclear about the visa situation and would provide the Committee with further information about long term recruitment plans at a future meeting. As staff no longer stayed with the LAS for very long periods of time, consideration was being given to rotating staff around the health services (for example, there were some paramedics that had previously been nurses and some paramedics who now worked at GP surgeries).

Improvements had been made to the Personal Development Review (PDV) appraisal process resulting in 56% being completed service wide, 52% within operations and 88% within corporate services. All staff in Hillingdon had completed a PDV with the exception of two members of staff who were on maternity leave.

Members were advised that:

- 605 staff had attended the bullying and harassment workshops and 30 staff had been trained to run roundtable meetings to help reduce conflict.
- 85% of the managers had been trained in risk management and 92% of frontline staff had been trained in Duty of Candour. A new Duty of Candour policy had been launched, aimed at all staff working for the Service and setting out the LAS commitment to embedding a transparent and open culture with the infrastructure in place to support openness.
- 3,134 frontline staff had received training on the Mental Capacity Act as part of the 2016/2017 core skills refresher programme (over 95% of staff attended the refresher training, time for which was now included as part of the working rota).
- Improved local arrangements had been put in place in relation to securing drugs, additional drug packs had been purchased and more spot checks were being undertaken to ensure that staff were adhering to the Shut It, Lock It, Prove It policy.

Members queried whether there were instances where bullying and harassment allegations made by the staff, who were already under pressure, was their perception of being performance managed. Ms Hirst advised that a significant amount of work had been undertaken with staff to clarify the difference between performance management and bullying/harassment. Training and support had also been provided

to managers. It was noted that the CQC had to report on the information that they were given, irrespective of whether some accusations of bullying and harassment were unfounded. Results of the most recent LAS staff survey (which measured feelings of bullying and harassment) were expected in March 2017 and Ms Hirst advised that she would be happy to return to a future meeting to update Members on the outcome.

Ms Hirst advised that there were 12 vehicle hubs in London, two of which were in North West London (Brent and Hillingdon) and would going live on 15 December 2016 (the soft launch would take place this week). These hubs included teams that provided a more consistent approach by preparing the vehicles so that they were ready to use first thing in the morning. It was noted that drivers were available to pick up vehicles and take them back to the hubs and replenish the onboard stocks (this would happen at least every 24 hours). In addition, the LAS had procured 60 fast response unit (FRU) vehicles in September 2016 and the Trust was looking to ensure that none of its vehicles were more than seven years old. Ms Hirst advised that she would provide the Committee with an update on the hubs at a future meeting.

With regard to the patient experience, Members were advised that leaflets were now available in all LAS vehicles to provide information about how to give the Trust feedback and how to contact the service. Mental Health Nurses had been introduced at the clinical hub to provide better care to patients who were experiencing a mental health crisis and a pre-booked transport solution was in the process of being rolled out across the whole Trust for community health care assessments which was expected to be completed by January 2017.

It was noted that the graduate recruitment process had been redesigned and that the Emergency Operations Centre and Patient Transport Centre safeguarding were continuing. Training and inductions for new clinical recruits also continued. A safeguarding supervision lead had been appointed and several focus groups had been held with staff and managers.

Members were advised that, since airing the first programme on 27 September 2016, the three part BBC documentary 'Ambulance' had prompted a huge surge of interest in joining the LAS. The series had illustrated the challenges faced by LAS staff but also showed the staff's compassion and kindness.

In terms of involving staff, the Trust had been working to embed its vision and values across the service and had started a 'Making the LAS Great' communications campaign (which included visibility days at Hillingdon Hospital, Chief Executive road shows and regular briefings). Regular communication was undertaken with all staff about the progress made against QIP targets with key themes covered each month.

It was noted that LAS staff neither wore bodycams nor had cameras in their vehicles as there were issues around patient confidentiality. However, there had been an increase in the abuse levied at staff by patients. Although staff were encouraged to report any incidents, consideration could be given to the use of cameras to reduce the risk and increase patient safety.

Although it was understood that there were private ambulance services operating in the area, Ms Hirst was not aware of a partnership between the LAS and DHL and would investigate the matter and forward her findings on to the Committee.

Ms Hirst was aware that an application for Foundation Trust status had been submitted by the LAS. However, as the LAS had not had a robust Board or management team in

place, she was not sure of the progress that had been made. Ms Hirst would investigate this matter further and forward the information on to the Committee.

Members were advised that all of the 'must do' issues raised in the CQC inspection report had been addressed and monthly meetings were being held to monitor progress with a monthly report published on the LAS website. However, these reports only showed the progress of that particular month and did not represent the progress during that had been made in its entirety. With regard to the 'should do' actions, the LAS had looked at what could realistically be achieved within 6-12 months. This had resulted in the issue of disposable blankets, cleanliness audits and discussions with the unions about meal breaks.

Ms Hirst advised that the longest LAS shift lasted 12 hours with a compulsory 30 minute break. However, there were times when staff were with a patient at the end of their shift and they couldn't just leave them. There were also times when short breaks could be built into a shift, e.g., when a patient had just been dropped off at hospital and staff could be 'taken off the road' if they highlighted that they needed this. However, there were times when there were so many calls received by the LAS that it made it difficult to take a break.

Concern was expressed that some staff might deliberately not take their 30 minute break so that they could leave work half an hour earlier. It was suggested that, if staff had been working for 11½ hours without a break, this could impact on their performance which could then lead to performance management steps being taken which could then be deemed to be bullying or harassment. Ms Hirst advised that the LAS had tried to allocate break times but that this had proved contentious. Furthermore, although staff were supposed to return to the station for their breaks, it could take some of them up to forty minutes just to get there from their last call. It was noted that longer breaks had been organised for staff for debriefing after a blue light call to work through any issues before they went out on another call. Discussions with the staff and the unions about breaks were currently underway.

With regard to the 2016/17 Quality Improvement Programme appended to the report, Members queried what the information therein actually meant. Ms Hirst noted that the report picked up on elements that had been included within the LAS workplan but appreciated that, as a standalone document for someone external to the LAS, it would not make much sense. She noted the feedback and advised that she would look at how this could be improved.

There were only three bariatric vehicles covering the whole of London. A Working Group had been set up by the LAS to look at how the needs of this growing population could be met. It was noted that manual handling training was undertaken by all staff every year as equipment developments were regularly introduced. Ms Hirst advised that she could provide an update at a future meeting of the Committee.

Members were advised that a winter plan was in place to help deal with factors such as the weather, excess alcohol and Christmas parties and it was anticipated that the annual pan London media campaign would run again this year (last year the campaign had been "Eat, Drink, Be Safe"). There were also plans to run treatment centres in central London based in areas of anticipated/historic high demand.

The Chairman advised that the Committee was supportive of the LAS and Members felt that the staff did a good job in sometimes difficult circumstances.

	<p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Ms Hirst provide Members with updates on the following issues at a future meeting of the Committee; <ol style="list-style-type: none"> a. Staff survey results, particularly in relation to bullying and harassment; b. Vehicle hubs; c. Action taken by the LAS to address the needs of bariatric patients; d. Long term recruitment plans and visas; 2. Ms Hirst investigate the relationship between the LAS and DHL (if any) and forward her findings on to the Committee; 3. Ms Hirst investigate the progress of the LAS FT application and forward the information on to the Committee; and 4. the presentation be noted.
24.	<p>WORK PROGRAMME 2016/2017 (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme 2016/2017. It was noted that a scoping report for a review on Community Sentencing would be produced for consideration by the Committee at its meeting on 12 January 2017.</p> <p>The CQC would be undertaking a re-inspection of the London Ambulance Service NHS Trust (LAS) in February 2017. Members requested that LAS representatives (including the Chief Executive) be invited to attend the External Services Scrutiny Committee meeting scheduled for June 2017 to discuss the resultant CQC re-inspection report.</p> <p>Councillor Jarjussey advised that he had been contacted by Orchard Medical Practice in relation to proposals to merge the two GP practices currently operating from the HESA Centre. It was agreed that the Interim Democratic Services Manager would forward the documentation to Members of the Committee.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. a Community Sentencing scoping report be considered at the meeting on 12 January 2017; 2. LAS representatives be invited to attend the Committee's meeting in June 2017 to discuss the CQC re-inspection report; 3. the Interim Democratic Services Manager forward documentation regarding the proposals to merge the two GP practices at the HESA Centre to all Members of the Committee; and 4. the Work Programme be noted.
	<p>The meeting, which commenced at 6.00 pm, closed at 7.51 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.

Agenda Item 5

EXTERNAL SERVICES SCRUTINY COMMITTEE - HEALTH UPDATES

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

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.

The redevelopment has seen 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."

PART I – MEMBERS, PUBLIC AND PRESS

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 (MSK) 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 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. It is responsible for planning, designing and buying/commissioning local health services for Hillingdon residents including:

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

PART I – MEMBERS, PUBLIC AND PRESS

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.

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, providing 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.

Healthwatch Hillingdon

Healthwatch Hillingdon is a 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 has recently appointed Mr Stephen Otter as its new Chairman of the Board. This Board contains a balance of strong strategic leadership, governance, organisational and financial skills required to lead the new organisation. The Board represents the communities which it serves and ensures that 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)

Agenda Item 6

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2016/2017

Contact Officer: Nikki O'Halloran
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Appendix A: Work Programme 2016/2017
Appendix B: Scoping Report - Community Sentencing

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.

Scrutiny Reviews

3. At its meeting on 15 November 2016, it was agreed that the Committee's major review during this municipal year would be in relation to community sentencing. A Working Group, comprising four Conservative and two Labour Group Members, will be set up to undertake the review.

PART I – MEMBERS, PUBLIC AND PRESS

External Services Scrutiny Committee – 12 January 2017

4. A copy of the draft scoping report has been attached at Appendix B. Members are asked to provide comments or suggested amendments to the scoping report.

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 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 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 To receive a performance update and the annual report of Healthwatch Hillingdon.</p>
6 October 2016	<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>London Fire Brigade To receive an update on the impact of hoax calls and action being taken to deal with hoax callers. To identify whether or not there is provision for the Fire Brigade to provide medical services in the absence of the ambulance service.</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) - Community Sentencing: Consideration of a scoping report and the formulation of a Working Group to undertake a major review on behalf of the Committee</p>
15 February 2017	<p>Child Sexual Exploitation (CSE) Update on the work being undertaken by the Council to prevent CSE.</p> <p>Major Review 2 (2015/2016) - GP Pressures: Consideration of final report from the GP Pressures Working Group</p>
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 1 (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

PART I – MEMBERS, PUBLIC AND PRESS

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 (4 Conservative / 2 Labour)

Topic: Community Sentencing

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