



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: WEDNESDAY, 14 JUNE
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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Contact: Nikki O'Halloran

Tel: 01895 250472

Email: nohalloran@hillington.gov.uk

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

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

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

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

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

4	Minutes of the meeting held on 26 April 2017	1 - 10
5	Minutes of the meeting held on 27 April 2017	11 - 16
6	Minutes of the meeting held on 11 May 2017	17 - 18
7	Update on the Implementation of Recommendations from Previous Scrutiny Reviews	19 - 26
8	Work Programme 2017/2018	27 - 38

PART II - PRIVATE, MEMBERS ONLY

9 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

26 April 2017

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



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	<p>Committee Members Present: Councillors Ian Edwards (Vice-Chairman, in the Chair), Shehryar Ahmad-Wallana (In place of Michael White), Teji Barnes, Mohinder Birah, Brian Crowe, Jazz Dhillon (In place of Phoday Jarjussey), Raymond Graham (In place of John Riley) and John Oswell (In place of Tony Burles)</p> <p>Also Present: Kim Cox, Hillingdon Borough Director, Central & North West London NHS Foundation Trust Imran Devji, Director of Operational Performance, The Hillingdon Hospitals NHS Foundation Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Jacqueline Walker, Interim Director of Nursing, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Dr Steve Hajioff (Director of Public Health), Gary Collier (Health and Social Care Integration Manager) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 2</p>
41.	<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 Councillors John Riley, Tony Burles, Phoday Jarjussey and Michael White. Councillors Ray Graham, John Oswell, Jazz Dhillon and Shehryar Ahmad-Wallana were present as substitutes.</p>
42.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
43.	<p>MINUTES OF THE PREVIOUS MEETING - 15 MARCH 2017 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 15 March 2017 be agreed as a correct record.</p>
44.	<p>PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS (<i>Agenda Item 5</i>)</p> <p><u>Central & North West London NHS Foundation Trust (CNWL)</u> Ms Kim Cox, Hillingdon Borough Director at CNWL, advised that the Trust's Quality Priorities for 2016/2017 had been: patient and carer involvement; and staff engagement. CNWL wanted patients and their carers to be actively involved in their care or treatment so that they felt informed and felt that their care or treatment helped them to achieve the health outcomes which mattered to them. To achieve this:</p>

- the Trust Board had made a public commitment to the #hellomynameis... campaign in September 2016 and 89% of teams had volunteered to sign up. It was noted that, whilst more staff had adopted the approach, this had not yet been formalised. It was suggested that, as this was a best practice approach, it should not be voluntary and all staff should be required to participate. Ms Cox would take this suggestion back to the Board;
- Carers Week celebrations had been organised by the Carers Council with 200-300 people taking part;
- a Trust wide Patient Reference Group had been set up to bring together patient representatives, Governors and Healthwatch members. In addition, the Hillingdon Service User Group, which was chaired by a local service user, had been developing a newsletter regarding the performance of services;
- patients and carers were being trained to participate in the Trust's recruitment and selection process. Interviewers were provided with interview training and met with the chair of the interview panel to go through the job description and interview questions. They were then involved in the decision making process and were invited to a subsequent feedback session; and
- Peers Support Workers had been introduced and were working on inpatient wards and with CPH services.

The response rate for the Friends and Family Test (FFT) across the Trust had increased by 150% on the previous year with satisfaction rates remaining above 90%. However, the response rate in Hillingdon had not been high from mental health (MH) and CAMHS service users. Service users were regularly asked to complete questionnaires throughout their treatment and Ms Cox felt that this low response rate might be as a result of feedback fatigue. To try to improve the response rate, service users had been involved in redesigning literature in an easy read format.

A Community Physical Health (CPH) survey had been undertaken in the last year. Hillingdon's results from this survey put it in the top 10% nationally. However, it was recognised that CPH services did not face the same challenges as MH services. Furthermore, Hillingdon received more complements and a lower complaints rate in relation to MH than any of the other authorities covered by CNWL.

The CPH Service annual patient experience survey 2016 found that:

- 2,613 patients responded which was a 29% response rate (this was an increase on 2015);
- 93% of respondents stated that their overall experience of service was excellent, very good or good (94% in 2015);
- 87% of respondents were likely to recommend the service to friends and family (88% in 2015); and
- 95% of respondents felt able to get appointment at a suitable time (this was an increase on 2015).

CNWL wanted its workforce to feel engaged, motivated and valued, so they would give their best or go the extra mile for colleagues, patients and carers. As CNWL had experienced challenges in recruiting to MH posts, staff were solicited for help, benefits packages were reviewed / promoted and leadership programmes had been developed to help career progression. The staff survey had highlighted the following:

- 81% of MH staff reported in the staff survey that they would recommend the Trust as a place to receive care or treatment to a friend or relative (against 74% for the Trust as a whole);
- 81% of Hillingdon MH staff felt safe to raise concerns within the organisation about unsafe clinical practice;

- 82% recorded that CNWL acted on concerns raised by patients and carers; and
- 81% recorded that care of patients was the Trust's priority.

The National Staff Survey had highlighted six areas where CNWL was below average. Ms Cox advised that these tended to be as a result of staff feeling that they needed to attend work even when they were feeling unwell or where they were working additional unpaid hours. To help those staff that were feeling stressed at work, the Trust made occupational health referrals to support them.

The quarter 4 result for patients feeling definitely and to some extent involved in their care or treatment was 81% in MH. It was recognised that this had slipped from the previous year's results and that further work was needed to improve this response. However, it was also noted that there were some MH service users that were receiving treatment against their wishes and that this would be reflected in their responses. 97% of CPH patients felt involved in their care or treatment.

With regard to staff turnover, Ms Cox advised that CPH had achieved 16% and MH was at 11.2% (this had improved significantly from 27% in 2015) against a target of 15% (the target had been revised after it was achieved in quarter 1). Retention of staff had improved significantly over the last year but the Trust still struggled to recruit qualified nurses for inpatient wards (particularly in MH where there was a 28% vacancy rate for Band 5) and consultant psychiatrists. CNWL had had a presence at recruitment fairs and had made some improvements in relation to bank staff which had reduced the need to use agency staff.

There was a national shortage of MH staff which had been exacerbated by a reduction in the number of students training in this specialism and competition from central London hospitals. An advertising campaign was being developed and a golden handshake had been introduced to encourage more applications. Although recruitment had been undertaken nationally, consideration was now being given to recruiting internationally.

A consultation event had been held involving patients, service users, carers, staff and stakeholders to help set the Quality Priorities for 2017/2018. For 2017/2018, the two key levers to quality remained as:

- Patient and carer involvement; and
- Staff engagement.

By continuing with these two Quality Priorities, CNWL believed that it would be able to build on the gains made during 2016/2017. Furthermore, by adhering to NHS planning principles that spanned 3-5 years, the Trust would be able to align with national programmes such as the CQUIN and continue to embed the actions taken so far throughout the past year. A local event would be held in the next couple of weeks for service users to help identify local targets. Ms Cox advised that she would be happy to feedback to Members on the outcome of this event.

Although Members recognised that there was a requirement for CNWL to publish one report for the whole area that it covered, they were disappointed about the lack of Hillingdon related information included in the draft. It was noted that this had previously been raised and that the Quality Report had subsequently included area specific information for each of the boroughs covered. It was felt that withdrawing this information from the report was a step backwards. Ms Cox advised that consideration could be given to including appendices with local information and would relay these comments back to the Quality Governance Team. The Committee gave its full support

to changes that would result in a greater level of local information being included in the report.

Concern was expressed that the information contained within the report rarely provided the reader with comparative past performance. Members also noted that there were a significant number of targets where the Trust had overachieved. The target for reducing staff turnover had been achieved by the end of quarter 1 and, as such, had been revised midyear. The Committee questioned why this hadn't been done with other targets or, where the same target had been overachieved the previous year, why a more challenging target hadn't been set at the start of the year. Whilst Members were aware that some targets would be set nationally, they could see no reason why an additional local target could not also be set. Ms Cox advised that consideration could be given to alternative indicators for the next year.

Members were pleased to note that CNWL had scored the highest nationally in relation to the percentage of patients on the Care Programme Approach that were contacted within seven days of them leaving the hospital (97.3%). However, Members expressed significant concern about the increase in the number of patient safety incidents since the previous reporting period and the total number of patient safety incidents that had resulted in severe harm or death. Ms Cox would establish the nature of these incidents and forward this information on to the Democratic Services Manager for circulation to the Committee. If possible, Members suggested that a benchmark be provided to give the figures some context.

It was recognised that a significant amount of investment had been undertaken into CAMHS and, as such, it was suggested that the readmission rates for patients aged 0-15 (1.4%) and those aged 16+ (4.5%) should be lower. Ms Cox advised that there was an expectation that some patients would need to be readmitted as this was the nature of their condition. In Hillingdon, the mental health patient readmission rate for the inpatient wards was currently at 3.2%.

Concern was expressed that, although the Trust had achieved 5.6% against a target of $7\frac{1}{2}\%$, the average percentage of hospital beds that were being used by patients who should have been discharged had increased by 1.2% over the last two years. Ms Cox advised that there had been an issue in Hillingdon over the last few months where placements were just not available for patients. Examples of reasons for delayed transfer of care (DTC) included where a patient had no recourse to public funds, had to wait for a specialist placement or were waiting for housing. Approximately 18% of patients in Hillingdon were currently experiencing DTC. To address this, Council officers were now attending weekly meetings with CNWL. However, there were still issues where patients in Hillingdon were not resident in the Borough and another CCG needed to take responsibility for the individual. Although Ms Cox believed that the Council was working well with the Trust, she suggested that more could be done in relation to fast tracking emergency housing.

The report highlighted that 23% of staff had experienced harassment, bullying or abuse from staff in the last 12 months. This had increased by 2% over the last two years. Ms Cox advised that the result for this indicator in Hillingdon was approximately 6% and that there were 2-3 formal grievances lodged in the Borough each year. There had been an increase in the levels of stress and pressure that staff felt so that, when their manager asked them to take on additional tasks, this could sometimes be misinterpreted. Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon (HH), noted that this correlated to the increase in complaints received by HH in relation to staff attitude.

Ms Cox acknowledged that there were areas for improvement. To this end she would be visiting other sites within the Trust where best practice existed so that this excellence could be transferred and applied in Hillingdon.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Jacqueline Walker, Interim Director of Patient Experience and Nursing, and Mr Imran Devji, Director of Operational Performance, attended the meeting. Ms Walker advised that a stakeholder event had been held in November 2016 to solicit feedback on the Trust's performance over the last year and to identify areas of focus for the forthcoming year. This information had then been triangulated with information held in relation to complaints, PALS, staff feedback, etc.

Over the last year, THH had exceeded its target for patients being assessed for risks of developing hospital acquired thrombosis and, with regard to cancer, performance was being well maintained for all of the national waiting times standards to the extent that the Trust was above the national average. Other key quality achievements in 2016/2017 included:

- a reduction in emergency readmissions within 28 days;
- maintaining a high referral to treatment (18 weeks) performance which was better than the London and national average;
- improved patient satisfaction as measured by the Friends and Family Test (FFT) which was better than the London and national average;
- an improved patient safety incident reporting rate; and
- Clostridium Difficile (C.diff) infection rates had remained below the national average. A detailed root cause analysis had been undertaken of the incidents which resulted in two of the cases being identified as a lapse in care.
- Members were advised that unannounced mock inspections were undertaken by THH in its clinical areas to ensure that the Trust was adhering to the CQC standards. Following these inspections, feedback was provided to the relevant department staff and reported to the Divisional Management Teams. Infection control and other indicators would continue to be tracked.

Members were advised that care home interventions had resulted in a reduction in admissions. To ensure this trajectory continued, GPs and Social Care had been working closely with THH. Furthermore, CNWL had advised that it would be putting mental health nurses into Hillingdon Hospital to support dementia patients where DTOC issues had been identified. As the number of people with dementia was increasing, it would be important to maintain a focus on this vulnerable group.

With regard to staffing, it was noted that recruiting to medical and allied health professional vacancies continued to be a challenge. The Trust had undertaken international recruitment for nursing but was still waiting for many of those staff to start. However there had been some successes in some clinical areas, e.g., all nursing posts within A&E and paediatric A&E had been fully recruited to.

50 staff safety champions were being recruited as part of the Trust's Sign up to Safety campaign and they would work with the patient champions that were also being recruited to support the Trust's safety improvement work.

At 3.85 out of 5, THH 's staff engagement score in the National Staff Survey was above the national average (3.81). Overall, the Trust had scored above average in 17 areas, with 12 of these placing it in the top 20% of all acute trusts in England. In the survey, 63% of staff stated that they would recommend the Trust as a place to work, which was

above the average for acute trusts. Ms Walker advised that she was unsure how the 3.85 figure engagement score was calculated but advised that it looked at areas such as whether staff felt that they were aware of what was happening in the organisation and whether managers were communicating and engaging effectively with staff (the introduction of initiatives such as the Freedom to Speak Up Guardian and the Cares Ambassador role would also have helped to improve this target).

In terms of CQUIN targets for 2016/2017, THH had achieved 100% of the following requirements:

- Developing IT systems to support integrated care;
- Evaluating current demand for hospital outpatient services and the implications on capacity requirements;
- Providing specialist support, advice and guidance to GPs that would enable more patients to be cared for out of hospital where appropriate;
- Providing evidence of best practice in the safe and effective handover of patients including at weekends;
- Implementing an electronic handover system; and
- Improving services for patients approaching the end of their life and supporting them to spend their last days in their preferred environment

However, the Trust had only partial achievement in:

- Improving the health and wellbeing of NHS staff, visitors and patients (87%);
- Improving identification and treatment of patients with suspected sepsis (88%) - this issue had recently been publicised in the national media so awareness was improving; and
- Reducing the unnecessary use of antibiotics (60%).

There had been a significant amount of money invested, with more than £4m spent on improving and expanding children's services with a major refurbishment of children's A&E and a new four bed extension wing being built on Peter Pan Ward. Services and facilities had been refurbished and upgraded such as building a new extended Clinical Decision Unit, new A&E triage rooms and staff offices. A new outpatient pharmacy was being developed at Hillingdon Hospital and more than £300k was being spent on 400 state of the art cots, cribs and electric beds as part of a hospital-wide replacement programme across both sites which would help staff with manual handling. It was anticipated that these works would create a better environment for staff as well as patients.

Areas of performance that had not met the agreed targets in 2016/2017 included:

- Patient Reported Outcome Measures (PROMs) for hip replacement - because Trust performance was below the national average and had reduced since 2015/2016, targeted work was being undertaken in relation to patient expectations about expected mobility post operation;
- Written complaints - 67.7% of complaints had been responded to within the specified time against a target of 90%. It was noted that there had been some long term sickness within the complaints team which affected their performance but also senior nurses had been busy dealing with capacity and operational issues to support and improve A&E and patient flow which took their time and attention away from ensuring that complaints were on track. This had all impacted on achieving this target;
- MRSA bacteraemia - there had been one case identified within the year. The Trust had learnt from this case and new clinical guidelines had been introduced as a result;

- FFT response rates - A&E had achieved 8.7% against a target of 20% and Inpatients had achieved 27.3% against a target of 30% (the 30% target had been achieved in March 2017). As national A&E response rates were approximately 14%, THH had introduced electronic solutions as well as using volunteers to help improve this response rate and was considering a text service intervention. Given that A&E had faced significant capacity challenges through the year, the Committee noted that THH had performed better than could have been expected;
- Staff turnover - the turnover rate at THH had been 16% in 2016/2017 against a target of 13%. Members were advised that recruitment had been undertaken in the Philippines with 11 new staff starting in August 2017 (there had been some issues with regard to some of the other 85 candidates in terms of passing the English language test). To help fill the 106 vacancies and make the Trust more attractive, flexible working arrangements and the opportunity to work towards NMC registration were being promoted. THH continued to recruit students from, and run recruitment events at, Buckinghamshire New University and it was anticipated that the withdrawal of bursaries would reduce the number of students wanting to train as nurses which would make recruitment even more challenging; and
- Four hour A&E access target - although the year end position was 83.9%, during March 2017 it had been 86.8% and in the week commencing 20 March 2017 it had been 93.2%. A lot of work had been undertaken to identify the blockages and improve partnership working. In addition, blue light activity had increased by 19.5% during 2016/2017 and average Type 1 attendances had increased from 145 in 2014/2015 to 189 in the winter of 2016/2017, with attendances exceeding 220 on three occasions in January 2017. It was suggested that the increase in blue light activity was as a result of an increase in, for example, patients' acuity, respiratory issues and paediatric patients. There had been improvements in the ambulance handover time with performance shared through the A&E Operational Group and the London Ambulance Service (LAS). These improvements had been attributed to ambulance streaming being in place within a dedicated handover area. Although blue light admissions had now reduced, there had been an increase in other conveyances.

Following the CQC inspection in 2014 where THH was rated as 'requires improvement', the Trust had been working through a detailed improvement plan. As a result: compliance rates for staff training for all statutory and mandatory training continued to exceed the target; the National Specification for Cleaning targets had been exceeded during 2016/2017; compliance had improved in relation to hand hygiene and 'bare below the elbow' practice; and there had been significant improvements on medicines management in clinical areas. However, the Trust still faced challenges with regard to adequate storage facilities for clinical and pharmaceutical supplies.

Although THH had not achieved the 90% target for National Early Warning System (NEWS) compliance to support early escalation of the deteriorating patient, there had been some improvements in performance in 2016/2017. Ms Walker advised that there had been instances where non compliance was as a result of the documents not being completed properly rather than the patient not being assessed. To this end, the revised policy was being re-launched.

With regard to the Trust's 2016/2017 priority to achieve improvement in relation to seven day working, Members were advised that an audit had been undertaken. Results of the audit were awaited and it was hoped that these would be included in the final version of the Quality Account report.

THH had aimed for a 5% reduction in complaints related to key themes that included communication and staff attitude. There had been a reduction in complaints related to these themes as well as a reduction in overall complaints. This information still needed to be triangulated.

Looking ahead, the Trust's priorities for 2017/2018 had been aligned with the Sustainability and Transformation Plan (STP), the Borough Strategy and the Trust Strategy. The priorities for 2017/2018 would be:

1. Improvements to end of life care;
2. Continuing to deliver the seven day working priorities;
3. Improving the care of patients with dementia; and
4. Improving the discharge process.

The Committee advised that, if possible, it would be useful to have the quality report as far in advance of the External Services Scrutiny Committee meeting as possible to ensure that Members had time to read and digest the information contained therein.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer at HH, thanked THH for its cooperation and the access that had been given to liaise with patients on the wards. The discussions that HH representatives had had with patients had highlighted the value of face to face feedback as opposed to questionnaires.

HH had undertaken two reviews over the last year:

- Expecting the Perfect Start - this review had looked at how the closure of maternity services at Ealing Hospital had impacted on Hillingdon and Ealing residents. On the whole, patients reported having had a positive experience and a high satisfaction rate. However, there were areas identified for improvement, approximately 80% of which had been identified in the THH improvement plan (issues such as the comfort of the waiting room still needed to be addressed). The research had shown that Ealing residents had a more adverse experience which was not unexpected as the journey from Ealing had been known to take up to three hours when the roads were seriously congested. Furthermore, Hillingdon did not have the capacity for all of the women that wanted to give birth there and priority was given to Hillingdon residents. Also, Mr Hawkes noted that GPs were not always advising women that they had a choice about where they gave birth. Members were advised that a Government report in 2016 had found that a large number of women did not know who their named midwife was. Clearly, improvements needed to be made and North West London had become an early adopter for new processes to improve continuity of care; and
- Safely "home" to the right care - this review had looked at hospital discharges and had resulted in a lot of improvement work being undertaken at the hospital and in the community. Mr Hawkes had not agreed with all of the information about communication included in the THH Quality Account and advised that communications at the hospital were being developed. Although caring, staff at THH were under a lot of pressure and this sometimes affected their adherence to procedures (rather than their attitudes). Mr Hawkes advised that some improvements had already been made (discharge lounge) and others were in progress (for example, HH would monitor the roll out of a redesigned booklet which had been developed by the hospital in conjunction with its partners).

Members congratulated HH on the production of the two pieces of work. It was noted that Mr Hawkes' presentation had highlighted the strong partnership working in

	<p>Hillingdon and recognised the great work that was undertaken by the NHS under pressure.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Ms Cox would speak to the Trust Board about the possibility of sign up to the #hellomynameis... campaign becoming compulsory for all staff; 2. Ms Cox provide an update at a future meeting on a local event being held for service users to help identify local targets; 3. Ms Cox establish whether local information could be included again in future Quality Account reports; 4. Ms Cox establish whether alternative indicators could be set for the next year in additional to national targets; 5. Ms Cox establish the nature of the patient safety incidents and forward this information (and a benchmark) to the Democratic Services Manager for circulation to the Committee; and 6. the presentations be noted.
45.	<p>WORK PROGRAMME 2016/2017 (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Committee's Work Programme for 2016/2017 and the draft Work Programme for 2017/2018.</p> <p>RESOLVED: That the Work Programme report be noted.</p>
	<p>The meeting, which commenced at 6.00 pm, closed at 8.01 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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Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

27 April 2017

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



HILLINGDON
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	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Jazz Dhillon (In place of Phoday Jarjussey), Manjit Khatra (In place of Tony Burles), Scott Seaman-Digby (In place of Brian Crowe) and Michael White</p> <p>Also Present: Richard Connett, Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Ian Johns, Assistant Director of Operations, London Ambulance Service NHS Trust Claire Lamb, Assistant Director Quality and Safety, Hillingdon Clinical Commissioning Group (HCCG) Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Briony Sloper, Deputy Director of Nursing and Quality, London Ambulance Service NHS Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 2</p>
46.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Tony Burles, Brian Crowe and Phoday Jarjussey. Councillors Jazz Dhillon, Manjit Khatra and Scott Seaman-Digby were present as substitutes.</p>
47.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
48.	<p>PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS (<i>Agenda Item 4</i>)</p> <p>The Chairman welcomed those present to the meeting and thanked them for attending. He noted that this year the Committee had scheduled two meetings on successive evenings with different Trusts invited to attend each meeting to discuss their Quality Account 2016/2017 reports. Following the meeting, Democratic Services would contact attendees to get their feedback on this new format.</p> <p><u>Royal Brompton and Harefield NHS Foundation Trust (RBH)</u> Mr Richard Connett, Director of Performance and Trust Secretary at RBH, advised that</p>

the Trust's month 12 position had been reported to the Trust Board on Wednesday 26 April 2017. It was anticipated that the Trust's Quality Account 2016/2017 report would be circulated for comment on Friday 28 April 2017 to meet the 30 day consultation requirement

In 2016/2017, there had been 13 reports of *Clostridium difficile* with no lapses of care. Although there had been one case of MRSA reported, investigations concluded that the patient had already been infected when they had travelled to the UK from Australia. [NB: subsequent to the meeting, one case of *Clostridium* had been notified as a lapse of care.]

At the time of the meeting, the Trust had achieved 92.67% against the 18 week referral to treatment target with a month 12 trajectory of 92.58%. Mr Connett also reported that there had been 4 outbreaks of infection, 11 serious incidents (down from 24 in 2015/2016) and 0 never events during 2016/2017. Members queried whether the 50% reduction in the number of serious incidents and no never events reported for 2016/2017 was as a result of underreporting. Mr Hunt assured the Committee that there had been higher levels of Datix reporting during the period and that this included near misses.

NHS Improvement (NHSI) had introduced the Single Oversight Framework (SOF) on 1 October 2016 to replace the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. SOF had been designed to help NHS providers to attain and maintain Care Quality Commission (CQC) ratings of 'Good' or 'Outstanding' and was not a performance assessment in its own right. Each Trust had been segmented into one of four categories with RBH being placed in segment 2 (segment 1: Providers with maximum autonomy; segment 2: Providers offered targeted support; segment 3: Providers receiving mandated support for significant concerns; segment 4: Providers in special measures).

Mr Nick Hunt, Director Service Development at RBH, advised that the Trust had been inspected by the CQC in June 2016 and had been disappointed that it hadn't received more *Outstanding* ratings and that it had received an overall rating of *Requires improvement*. However, Surgery had scored two *Outstandings* at Harefield Hospital which was predominantly in relation to the transplant service. The Trust had attended monthly clinical quality review meetings where it had been stated that this was the best *Requires improvements* report that had been seen. Work had since been undertaken in relation to the World Health Organisation (WHO) checklist and to increase the size of notices next to hand hygiene stations. It was anticipated that the Trust would be re-inspected within the next month or two. Members were advised that the *Requires improvement* ratings received by Royal Brompton Hospital in relation to Safe Surgery and Safe Critical Care were likely to be reflective of the state of flux that had occurred when eight consultants had left the Trust at roughly the same time to go and work at St Barts.

With regard to the WHO regulations, there had been some concern about being bare below the elbow where medical staff were not always compliant. Members were advised that the Trust was not always compliant with steps 1 and 5 of the process. Despite WHO regulations being a one size fits all approach, the Trust was mindful that the regulations needed to be met.

Members were advised that the CQC inspection had not highlighted any serious concerns that needed to be addressed. Whilst the Trust was not satisfied with the result of the inspection, it was thrilled about the areas that had been deemed Good or

Outstanding. The Trust had made its criticisms of the inspection known to the CQC and had submitted a huge rebuttal of some of the comments that had initially been included in the report - these comments were later withdrawn. Mr Hunt advised that, although the CQC split medical and surgical into different categories, this did not fit with the RBH approach where the two were merged.

The National Early Warning Score (NEWS) report aimed to drive the step change required in the assessment and response to acute illness. In an average district general hospital, there would be a low ratio of qualified nurses to healthcare assistants and qualified nurses to consultants. At RBH, appropriate staff were already in place on each ward so there would be no need to escalate an issue - this was the nature of a specialist service. Mr Hunt advised that the healthcare assistant/qualified nurse ratio had been skewed as the RBH would not hire or take agency staff if they were not familiar with the service.

As all Trusts had now been inspected under the new regime, Mr Connett advised that, based on the CQC consultation document, from April 2017 the CQC was likely to move back to unannounced inspections. It was anticipated that these would be more focussed inspections and would potentially mean that inspectors visited Trusts about which they had an expertise. Royal National Orthopaedic Hospital had previously raised issues about the inspection of specialist hospitals.

Mr Hunt noted that outpatient attendances at the Trust continued to be a challenge. There were large numbers of outpatients, many of whom were long standing chronic care patients who would often disregard their appointments times and arrived on an ad hoc basis. However, this was thought to be more of a congestion issue rather than an area of concern.

Members were advised that there was a mandate for NHS England (NHSE) to prepare for a 28 day faster diagnostic target from 2018. It was anticipated that this would help RBH to achieve the 62 day target. Currently, the Trust struggled to meet the targets if a patient's diagnostic tests had not been completed when they were transferred or if the tests needed to be redone. Although the patients that had exceeded the target had not come to any harm, they had potentially suffered more stress that they would otherwise. For RBH, this was more of an issue with patients coming from Colchester, Buckinghamshire and Hertfordshire.

London Ambulance Service (LAS)

Ms Briony Sloper, Deputy Director of Nursing and Quality at LAS, advised that 2016/2017 had been another challenging year as demand continued to grow and with an increased threat of terrorism. A lot of work had been undertaken in relation to response models, demand management, hospital handovers and Sustainability and Transformation Plan (STP) engagement. Furthermore, Advanced Paramedic Practitioners for urgent care were treating more patients in their own homes. There had also been a focus on bullying and harassment and an improved representation of BME staff in the LAS workforce.

Although there had been two re inspections since the CQC inspection in 2015 (September 2016 and February 2017), the LAS had remained in special measures. Initial feedback from the most recent re inspection indicated that care continued to be good and that there had been significant improvements in medicines management and incident reporting. However, further work was needed in relation to leadership development, governance and risk management. It was anticipated that the CQC report setting out its findings from the most recent re inspection would be available

towards the end of May 2017.

With regard to the Staff Survey, Ms Sloper advised that the LAS had performed significantly better in 2016 in 67 of the 88 questions asked. Performance for the remaining 21 questions had shown no significant statistical difference. It was noted that the percentage of staff experiencing harassment, bullying or abuse from staff in the last twelve months had reduced from 38% in 2015/2016 to 32% in 2016/2017 (against a national average of 28%).

With regard to the LAS 2016/2017 quality priorities:

- a new Insight magazine had been introduced which staff had deemed to be educational.
- further work was required in relation to STEMI and stroke patients. Current performance deemed the LAS to be below the national average.
- there had been some challenges around medicines management in relation to the logistics of managing medicines for 100s of vehicles across the Trust. New mobile tablet technology had been introduced to facilitate paperless medicines management audits and real time upload of audit results. There had been some inconsistencies with regard to the ratings received by ambulance trusts from different CQC inspectors in relation to medicines management and this was being collectively challenged.
- disposable blankets had been introduced.
- when appropriate, mental health related calls were closed after a 'Hear and Treat' assessment by mental health nurses. Control centre staff were learning from the approach taken by these mental health nurses.
- LAS staff had been working with London Fire Brigade to deal with bariatric patients when there were no bariatric vehicles available.

For 2017/2018, the LAS quality priorities would be:

1. Safety - it was thought that governance might still be an issue with regard to the CQC re inspection.
 - a. Sign Up To Safety campaign.
 - b. Improve outcomes for patients with critical conditions - there would be an impact on patients at the lower end of need in that they would be waiting longer as the focus would be on the sickest patients.
 - c. Improve and embed learning from incidents.
2. Caring
 - a. Effective and consistent risk assessment completed for patients presenting with a mental health crisis - pathways were being redesigned.
 - b. Ensure patients have timely and appropriate access to services - it was noted that the biggest user of the 999 service was GPs, followed by the police, then patients. Work would need to be undertaken to manage demand from colleagues and it was suggested that the LAS work with the Council's Communications Team to educate residents about the impact that frequent callers had on the service. If a call was received from someone saying that they were experiencing chest pains, they were deemed to be high risk and, even if it was the fortieth time that they had called that day, an ambulance would have to be dispatched to them. There were 750 LAS staff in North West London and two specialist managers that dealt with frequent callers. Frequent caller interventions had been put in place which had resulted in one patient costing an average of £57.86 and taking 6 hours of staff time (between March and July 2016 this had been £11,443 and 39 hours for each frequent caller).
Ms Caroline Morison, Chief Operating Officer at Hillingdon Clinical

Commissioning Group (HCCG), advised that HCCG held fortnightly meetings with partners in Hillingdon about frequent callers and was able to talk to GPs about specific patients. A dedicated telephone line had been introduced for GPs so that they could bypass the 999 line. However, Ms Sloper advised that the LAS was often called to act as a taxi service/mode of transport to take non emergency patients to A&E. As such, the LAS felt a responsibility to share data with GPs and, to help educate them, encouraged GPs to attend the shared training scheme where they completed a work placement with the LAS.

3. Effective

- a. Report on all ambulance quality indicators - ambulance services had recently been collaborating to share best practice.
- b. Standardise hospital handovers including the use of NEWS for the sickest patients - benchmarking had been undertaken.
- c. Develop mortality and morbidity review process - this process was being introduced for the first time.

Members expressed concern that the LAS Quality Report 2016/2017 appeared to include very little in the way of statistics to back up performance or to illustrate improvements. In the absence of data, it was difficult for the Committee to gauge whether the report reflected activity or impact/change.

Although the Committee was advised at the meeting that the response rate to the staff survey was over 2,000, the bullying and harassment feedback levels were very worrying. Ms Sloper noted that the survey was anonymous and claims of bullying and harassment were not necessarily being reported so that they could be investigated. To assist staff in reporting instances of bullying and harassment, the grievance process had been made easier. In addition, the LAS had employed a full time member of staff to focus on bullying and harassment. This officer had coordinated workshops and a vast amount of training for staff to explain what bullying and harassment actually meant. This was a huge cultural piece of work. Mr Ian Johns, LAS Assistant Director of Operations, advised that 70.7% of Hillingdon LAS staff had responded to the staff survey whereas the LAS average was 44.2%. Of these respondents, none had experienced any physical violence.

Ms Sloper advised that the LAS had just been awarded a significant grant from the Cabinet Office to develop (and increase the number of) Community First Responders. Community First Responders were emergency responders that were attached to stations but who were on call from home. This project had just commenced and would focus on recruiting from BME communities in areas of significant health inequalities.

Members noted that The Hillingdon Hospitals NHS Foundation Trust Quality Account 2016/2017 report had stated that the introduction of Band 7 nurse navigator posts had improved the monitoring of LAS queues and LAS handover times. Mr Johns advised that there had been a significant improvement: in March 2016, there had been 290 hours lost by LAS staff having to wait over 15 minutes; in March 2017, this had reduced to 193 hours.

There had been a 20% increase in blue light activity but the closure of Ealing paediatrics had had a minimal impact on LAS transfers to Hillingdon Hospital. Mr Johns would provide Members with information about what had caused this 20% increase.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Chief Operating Officer at HCCG, advised that HCCG was part of

a federation of three CCGs (Brent, Harrow and Hillingdon) with a Director of Quality and Safety who was responsible for the quality agenda across all three boroughs. In addition, each borough had an Associate Director of Quality and Safety who led on the quality agenda locally and there were designated posts for dealing with the LAS and central contracts. Ms Claire Lamb, HCCG's Associate Director, Quality and Safety, presented the CCG's approach to monitoring the quality of services delivered by its providers.

HCCG monitored a number of quality issues across the boroughs:

- Contractual requirements such as standard conditions and the quality schedule - there was a core schedule for each provider which included requirements for reporting serious incidents, workforce issues, physiotherapy waiting times and maternity care.
- CQC inspection findings - HCCG monitored the Trust action plans to ensure that progress was being made.
- Intelligence from other sources such as Healthwatch and complaints - these issues could be in relation to things like individual funding requests for treatments such as fertility.
- Quality assurance visits - Ms Lamb had visited A&E, maternity and Mount Vernon to have discussions with staff and patients to then provide feedback to the Trust.
- Local meetings with providers - HCCG met with CNWL and THH on a monthly basis.
- Contractual meetings of the Clinical Quality Review Group - these meetings were structured around the conditions within the quality schedule and looked at the progress made and action taken.
- Serious incident reporting - as there had been a reduction at Royal Brompton and Harefield NHS Foundation Trust, the risk lead had looked at learning from the actions that had prevented incidents from reoccurring.

Ms Lamb advised that the Federation produced a dashboard that covered all providers in North West London based on the quality KPIs in contracts. This provided the Federation with the ability to benchmark providers.

Members were advised that, from 1 April 2017, HCCG had taken on complete responsibility for commissioning primary care. Action was now being taken by HCCG to try to embed quality.

RESOLVED: That:

- 1. the Democratic Services Manager solicit feedback on the format of the two Quality Account meetings;**
- 2. Mr Johns provide the Committee with a breakdown of the causes of the 20% increase in blue light activity in the Borough; and**
- 3. the presentations be noted.**

The meeting, which commenced at 6.05 pm, closed at 7.58 pm.

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

Agenda Item 6

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

11 May 2017

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



	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Phoday Jarjussey and Michael White
1.	ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>) RESOLVED: That Councillor John Riley be elected as Chairman of the External Services Scrutiny Committee for the 2017/2018 municipal year.
2.	ELECTION OF VICE CHAIRMAN (<i>Agenda Item 2</i>) RESOLVED: That Councillor Ian Edwards be elected as Vice Chairman of the External Services Scrutiny Committee for the 2017/2018 municipal year.
	The meeting, which commenced at 8.32 pm, closed at 8.37 pm.

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

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Agenda Item 7

UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE

Contact officer: Nikki O'Halloran
Telephone: 01895 250472

REASON FOR ITEM

The attached paper provides a brief summary of progress with regard to the review recommendations on the:

- Alcohol Related Admissions Amongst Under 18s

OPTIONS OPEN TO THE COMMITTEE

- To note the progress provided in the report.
- To consider the progress to date and developments

SUGGESTED COMMITTEE ACTIVITY

- To note the information provided within the report.
- Consider whether there are comments the Committee wishes to make.

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Recommendations	Updates
RECOMMENDATION 1 – That Cabinet welcomes the report from the External Services Scrutiny Committee on the review into alcohol related A&E admissions amongst under 18s.	N/A
RECOMMENDATION 2b – That Cabinet asks the Regulatory Services team to encourage the adoption of a Challenge 25 policy by all licensed premises in the Borough.	The Licensing Policy was amended in 2016 and now states that Challenge 25 (rather than Challenge 21) is preferred by this Authority. This Policy is being applied to new applications and applications that are considered by the Licensing Sub Committee.
<p>RECOMMENDATION 2a – That Cabinet asks the Public Health team to work with The Hillingdon Hospitals NHS Foundation Trust and ARCH to gather more detailed information about those young people who attend the hospital as a result of substance misuse so that gaps in service provision can be identified and resources can be targeted to those most in need.</p> <p>RECOMMENDATION 2c – That Cabinet asks officers working on the Hillingdon Healthy Schools Programme to work with Safer Schools Officers to deliver alcohol risk messages to young people across the Borough.</p>	
<p>Since the recommendations were agreed by Cabinet, ARCH, Hillingdon Hospital and partners have sought to work in partnership to gather information to gain a clearer understanding of those young people who attend the hospital as a result of substance misuse (i.e., drug and/or alcohol) so that any gaps in service provision can be identified and resources targeted to those most in need.</p> <p>This update provides a high level profile of the young people coming through local young people Tier 3 substance misuse services provided by ARCH and a snapshot of the preventative work that has been put in place to meet the needs of those at risk of misusing alcohol and other substances.</p> <p>PROFILE</p> <p><u>Referrals:</u> The ARCH Young Persons Worker has received a total of 101 referrals (aged 21 and under) between April 2016 and March 2017. The main substances which clients were referred to the service for were cannabis and alcohol use. In addition, 18% of referrals were for young people presenting with polysubstance misuse. Referrals to the service are from a range of sources</p>	

PART I – MEMBERS, PUBLIC AND PRESS

(e.g., self referral, GP, A&E, CAMHS, LAC Housing, social services, SORTED and probation). The majority of referrals were from self-referrals and both paediatric and adult A&E services.

Discharge Outcomes: Of those young people discharged from the ARCH young people service between April 2016 and March 2017, 81% were treatment complete, of which 48% were discharged as drug free and 33% had achieved their treatment goal of occasional, controlled use. Young people who attended the ARCH service for support with their alcohol misuse were more likely to be discharged as an 'occasional user' as opposed to being 'alcohol free'. The reason for this was identified as being due to the fact that the treatment goals set for the young people tended to related to occasional social use of alcohol and perceived norms regarding alcohol being an integral part of socialising. As a result, ARCH has tailored interventions to involve scheduling' social activities which do not involve alcohol use, as a way of challenging these norms.

Safeguarding: ARCH's Young Persons Worker attends weekly meetings organised by Hillingdon Hospitals Emergency Department's Child Safeguarding Safety Net meeting. This meeting focuses on young people who have presented with safeguarding issues and/or substance misuse issues. Cases are discussed and referrals made to ARCH Young Persons service as appropriate. Once consent is obtained by the clinician in A&E, a referral is made to ARCH. ARCH will then contact the young person or a family member directly in order to encourage the young person to engage in treatment. The majority of the young people who have presented with substance misuse issues are referred to social services to be assessed by the MASH. If consent is not obtained by the A&E clinician who originally saw the young person, ARCH will contact the MASH in an attempt to obtain consent via the social worker to whom the case has been allocated, or by requesting that the MASH obtain consent for a referral to ARCH from the young person prior to the case being closed.

Looked After Children: ARCH has noted an increased number of clients who are living in hostels or are in Looked After Children placements. In response to this, ARCH has compiled a list of looked after children housing placements within the Borough and contacted the LAC housing team service to inform them about ARCH's services and to encourage referrals, as appropriate. ARCH has also established contact with LBH Early Intervention Team to discuss how they can work in partnership to provide interventions within these placements and raise further awareness among staff.

PREVENTION & PARTNERSHIP WORKING

Alcohol related misuse and harm in young people is a complex issue. Effective partnership working is essential in seeking to tackle the issue and crucial to delivering change, as each partner has an important role to play.

ARCH – Young Person's Worker: In order to engage young people in treatment, ARCH has been working in partnership with

PART I – MEMBERS, PUBLIC AND PRESS

other agencies across the health and care economy to encourage engagement in treatment:

- § Hillingdon Hospital: A&E, Paediatric and Genitourinary Medicine departments;
- § Local Authority Teams/Services: Youth Offending Service, Early Intervention Service, SORTED; Looked After Children housing placements;
- § CNWL Child & Adolescent Mental Health Service (CAMHS): ARCH has developed a closer working relationship with the Early Intervention Service for first episode of psychosis, as there is a high prevalence of substance misuse, particularly cannabis, in clients who are engaging in the service for treatment. ARCH's Young Person's Worker has held sessions at the service in order to introduce the service and provide young people with information about the service. The Young Person's Worker has seen clients who are open to receiving a service at the Pembroke Centre¹ to improve engagement when they have had difficulties attending both services;
- § P3 – supported accommodation for young people: ARCH has been increasingly holding clinics in P3 'venues';
- § Metropolitan Police Service;
- § Probation Services;
- § Educational establishments; and
- § Other services: ARCH meets with other local services at the Youth Violence and Vulnerability Forum in order to highlight awareness and capture young people who are using or are at risk of substance misuse.

SORTED & ARCH:

Educational Establishments: Since September 2016, SORTED has had in place a Tier 1 programme which has been extended to provide a comprehensive range of open-access services:

- a) Uxbridge College: Weekly drop-in sessions for students at Uxbridge College's Uxbridge and Hayes campuses have been established. The drop-in services offer young people opportunities to develop resilience through developing knowledge and understanding about the legal and psycho-social implications of their substance usage and are able to implement a range of harm-reduction techniques.
- b) Brunel University - Joint Working: In October 2016, SORTED established a drop-in service at Brunel University. This programme has demonstrated positive preventative impact on students, through enabling the acquisition of knowledge and understanding in relation to the consumption of legal and illegal substances. ARCH delivered a number of workshops at Brunel University in order to provide drug and alcohol awareness and to promote engagement in treatment for support. Following these workshops a range of treatment needs were identified which has led to ARCH's Young Person's Worker and

¹ Pembroke Centre (CNWL) – An early intervention service for people aged 14-35 experiencing their first episode of psychosis. Once referred, service users can remain with the team for three to five years.

the ARCH Outreach Team developing open drop-in support sessions on campus. This has involved working in partnership with SORTED to run a weekly stall in the university library to capture students' interests and provide general awareness of drug and alcohol use and to also provide a separate drop-in room to allow students a space to discuss their concerns further and to attain more information about engaging in treatment. As part of this initiative ARCH and SORTED have been working closely with the university's counselling and wellbeing service and have attended event days, which have focused on recreational alcohol and drug use within sporting societies. Information packs have been disseminated to students via the student union representative and student officers within the halls of residence

Educational workshops and support in other settings:

- a) Between September 2016 and April 2017, SORTED has delivered 57 educational workshops in a range of locations, including secondary schools, young people's centres, and children's residential homes, engaging with 1,926 young people. Amongst the vulnerable groups engaged were young unaccompanied asylum-seekers, refugees, excluded secondary school pupils, young people in local authority care and care leavers. The workshops offered resilience-building inputs in relation to use and misuse of cannabis, alcohol and 'legal highs' in response to JSNA-related indicators of need in Hillingdon.
- b) The SORTED team has continued to deliver a range of targeted therapeutic support services to referred young people who present early support needs in relation to their own, or other family members', substance misuse.
- c) Vulnerable Young People: In response to the needs of vulnerable young people, SORTED has established a series of informal 'breakfast club' services at Ventura House and Jupiter House young adult hostels in Hayes. In the second half of 2016/17, these services have engaged 630 young people in Tier 1 substance misuse-related learning activities with preventative impact.
- d) Parental Support: SORTED is in the process of developing an expanded range of parental support services. In addition to the existing telephone and online information and guidance service, the aim will be to deliver individual support sessions, and parental information workshops at local schools.
- e) Training for Professionals: ARCH has delivered training to school nurses and sexual health service providers. SORTED has delivered a series of training sessions for professionals including the Metropolitan Police Service's safer schools officers, and Council's universal youth service.

CHALLENGES

Referrals into ARCH Young People Worker: The main area of concern for ARCH remains the issue of referrals from the A&E clinicians at THH not obtaining consent from the young person to be referred to ARCH. In seeking to address this issue, the service has devised an alternative approach which enables A&E clinicians to obtain verbal consent only and no longer requires the completion of a referral form.

PART I – MEMBERS, PUBLIC AND PRESS

Young people who decline treatment: ARCH has found that (a) a number of young people who attend A&E and who are admitted and (b) some parents/families whose child is receiving CAMHS services decline treatment. The reasons for this relate to the fact that the young person's substance use is perceived to be as an isolated incident and, as such, does not require specialist treatment. When this occurs, the young person is provided with brief psychosocial education regarding substances and information about how they can receive support from ARCH in the future if needed. In seeking to address these concerns regarding referrals into the young person's service, ARCH is exploring a number of approaches with partners which include:

- a) Implementing a screening tool for use by the hospital and other agencies, such as social services, to identify possible referrals to ARCH;
- b) Providing training to these organisations on substance misuse and using the screening tool; and
- c) Devising resources, which are more accessible for young people and their families.

RECOMMENDATION 2d – That Cabinet asks the Hillingdon Local Safeguarding Children's Board to monitor the number of under 18s being admitted to hospital as part of its monthly performance regime and include the results in its Annual Report.

The Hillingdon Local Safeguarding Board has included the matrix, ' Number of children attending THH due to drug and alcohol misuse'. This is reported Quarterly to the Boards Operational and Executive meeting.

Q3 performance showed a reduction on the previous quarter although projected across the year suggests an outturn of 98 thereby exceeding the number for 2015/16. A deep dive in this area is to be performed by THH.

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Agenda Item 8

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2017/2018

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Work Programme 2017/2018
Appendix B: Community Sentencing Scoping Report

REASON FOR ITEM

To enable the Committee to track the progress of its work in 2017/2018 and forward plan its work for the current 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 14 June 2017, 6pm	CR6
Tuesday 11 July 2017, 6pm	CR6
Thursday 14 September 2017, 6pm	CR6
Wednesday 11 October 2017, 6pm	CR6
Tuesday 14 November 2017, 6pm	CR5
Thursday 11 January 2018, 6pm	CR6
Tuesday 13 February 2018, 6pm	CR6
Wednesday 14 March 2018, 6pm	CR6

2. It has previously been agreed by Members that consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A. Members will note that further consideration will need to be given to the content of the meetings in October 2017 and January 2018.

Scrutiny Reviews

3. Members are asked to suggest possible future review topics for consideration by the External Services Scrutiny Committee during this municipal year. It is proposed that the Committee identify one/two topics it would like to scrutinise in more depth during 2017/2018.
4. At its meeting on 12 January 2017, the Committee considered a scoping report for a major review in relation to community sentencing to be undertaken by a Working Group comprising

PART I – MEMBERS, PUBLIC AND PRESS

Councillors Allen, Dann, Edwards, Khatra, Higgins and Palmer. This review has not yet started and Members are asked to decide whether or not they would like this review to be undertaken during this municipal year. The scoping report has been attached at Appendix B.

BACKGROUND DOCUMENTS

None.

EXTERNAL SERVICES SCRUTINY COMMITTEE
2017/2018 WORK PROGRAMME

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

Shading indicates completed meetings

Meeting Date	Agenda Item
14 June 2017 <i>Report Deadline: 3pm Friday 2 June 2017</i>	Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Alcohol Related Admissions Amongst Under 18s Major Review (2017/2018): Consideration of scoping report.
11 July 2017 <i>Report Deadline: 3pm Friday 30 June 2017</i>	Health Performance updates and updates on significant issues: <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
14 September 2017 <i>Report Deadline: 3pm Monday 4 September 2017</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <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
11 October 2017 <i>Report Deadline: 3pm Friday 29 September 2017</i>	Major Review (2017/2018) - Community Sentencing: Consideration of final report from the Community Sentencing Working Group Minor Review (2017/2018): Consideration of scoping report.

Meeting Date	Agenda Item
<p>14 November 2017</p> <p>Report Deadline: 3pm Thursday 2 November 2017</p>	<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>11 January 2018</p> <p>Report Deadline: 3pm Tuesday 2 January 2018</p>	
<p>13 February 2018</p> <p>Report Deadline: 3pm Thursday 1 February 2017</p>	<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>Update on the implementation of recommendations from previous scrutiny reviews</p> <p>Minor Review (2017/2018): Consideration of final report from the Working Group.</p>
<p>14 March 2018</p> <p>Report Deadline: 3pm Thursday 1 March 2018</p>	<p>Quality Account Reports & CQC Evidence Gathering</p> <p>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
<p>Possible future single meeting or major review topics and update reports</p>	

PART I – MEMBERS, PUBLIC AND PRESS

PROPOSED MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors Allen, Dann, Edwards, Higgins, Khatra and Palmer

Topic: Community Sentencing

Meeting	Action	Purpose / Outcome
ESSC: 14 June 2017	Agree Scoping Report	Information and analysis
28 June 2017	Introductory Report / Witness Session 1	Evidence and enquiry: <ul style="list-style-type: none"> • Magistrates <ul style="list-style-type: none"> ○ How many community sentences given? For what duration? ○ How many repeat offenders? ○ Magistrates' expectations of community sentences? ○ Standards expected from offenders (e.g., behaviour, attendance)? ○ Do Magistrates think community sentencing works well? How could it be improved?
20 July 2017	Witness Session 2 (Management)	Evidence and enquiry: <ul style="list-style-type: none"> • Community Rehabilitation Company • National Probation Service <ul style="list-style-type: none"> ○ How does the management split work in practice?
1 August 2017	Witness Session 3 (Operational)	Evidence and enquiry: <ul style="list-style-type: none"> • Community Rehabilitation Company <ul style="list-style-type: none"> ○ What community sentence work is done in LBH and how often? • ASBIT
21 September 2017	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 11 October 2017	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 16 November 2017 <i>(Report deadline: 1 November 2017)</i>	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.

PART I – MEMBERS, PUBLIC AND PRESS

MINOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors TBA (4 Conservative / 2 Labour)

Topic: TBA

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.



External Services Scrutiny Committee Review Scoping Report 2017/18

Community Sentencing

Aim and background to review

Community Sentencing and Community Orders

The Criminal Justice Act 2003 introduced the use of Community Orders and Suspended Sentence Orders, both of which have an impact on probation and community sentencing. A court will usually order an offender to perform one or more 'requirements' as part of their sentence within a Suspended Sentence Order or a Community Order and this will usually be managed by the offender's probation officer.

Community sentencing, alternative sentencing and non-custodial sentences are terms used in criminal justice for different ways (other than a custodial sentence where the offender serves a prison term) that courts can punish someone who has been convicted of committing an offence. These alternative sentences attempt to reform the offender (rehabilitation) and put right what they did (reparation). Traditionally, victims of a crime played a small part in the criminal justice process. However, the restorative approach to justice often requires the offender to apologise, compensate for the damage that they have caused or repair it with their own labour as part of their sentence.

When giving sentences, judges and magistrates have three available options: prison, a community sentence or a fine. The community sentence or community order, can replace custodial sentence, depending on the nature of the crime. If a community sentence is given, it is either because a custodial sentence will not help to rehabilitate the offender, or does not suit the crime. Community sentences allow offenders to undertake a rehabilitative programme and work in the community while being supervised by the probation service.

Offenders are likely to be put on probation supervision when a judge sentences them to a Community Order which would allow them to make amends for their crime. Instead of depriving those who commit less dangerous offences of their freedom, the courts put some

limitations on them and give them some duties. Examples of community sentencing that could be ordered by the court include:

- up to 300 hours of compulsory unpaid work on local community projects under close supervision. This work could include collecting litter, clearing local land, redecorating community centres (or other public buildings) or assisting the local authority in removing graffiti in public spaces (this can be called community payback or community service);
- participation in specified activities which could include day centre activities, education and learning, and basic skills assessment and training;
- participation in programmes that are accredited by the Home Office and which follow a national core curriculum aimed at changing offending behaviour;
- regularly visiting a probation officer to help the offender improve their behaviour;
- curfews may be imposed by the court; and
- wearing an electronic tag.

The shift towards alternative sentencing means that some offenders avoid imprisonment with its many unwanted consequences. This is beneficial for the society, as it may prevent: the revolving door syndrome; the inability of a person to go back to normal life after leaving a prison; and becoming a career criminal. Furthermore, there are hopes that this could alleviate prison overcrowding and reduce the cost of punishment. However, if an offender breaks the rules of their community sentence, they could end up back in court and, if they have recently been released from custody, they could be sent back.

London Community Rehabilitation Company (CRC) and National Probation Service (NPS)

The London Community Rehabilitation Company (CRC) was launched on 1 June 2014 at the same time as the new National Probation Service. London is the largest of the 21 CRCs, manages approximately 25,000 cases and is responsible for:

- Managing the majority of offenders in the community, excluding those who are MAPPA (Multi Agency Public Protection Arrangements) registered
- Offending behaviour programmes (for example, to tackle domestic abuse and improve thinking skills) excluding Sex Offender Treatment Programmes
- Support services including: housing; education, training and employment; mentoring; and Restorative Justice
- Integrated Offender Management (a multi-agency approach to reducing reoffending by those whose crimes cause the most damage and harm locally)
- Community Payback
- Senior Attendance Centres
- New 'Through the Gate' resettlement services. All offenders (including those sentenced to less than 12 months) are given continuous support by one provider from custody into the community. This includes accommodation, employment and financial advice.

Community Orders are managed by a probation officer from the NPS who plans and coordinates the supervision programme. The NPS is divided into 42 regional probation areas and is responsible for the people in their regional area. The CRC is responsible for initiating the risk escalation process to the NPS when an offender's circumstances have changed significantly or if their behaviour results in them presenting an increased and imminent risk of harm to the public. The responsibilities of the NPS are.

- Court reports and parole reports

- Initial assessments
- High risk offenders and MAPPA
- Breaches beyond first warning
- Changes in risk of harm
- Approved premises
- Victim liaison
- Sex offender programmes

The CRC supervises Community Orders and licences for all offenders assessed by the National Probation Service (NPS) as not presenting the highest risk of imminent harm. This equates to around 70% of offenders under probation supervision in the capital. The CRC continues to assess and monitor risk, and is responsible for initiating breach action as well as the majority of recalls to prison.

Whilst the Council has limited direct responsibility in this area, the issues can still be reviewed locally with a view to making recommendations on behalf of the Council and residents.

Terms of Reference

The following Terms of Reference are proposed:

1. To understand the roles of each organisation involved in community sentencing;
2. To explore the effectiveness of community sentencing in terms of a reduction in repeat offending;
3. To identify what the implications of community sentencing have been for communities across London and in Hillingdon;
4. To explore ways in which community sentencing could be improved in Hillingdon;
5. To examine the Council's role in community sentencing and identify whether/how this could be improved;
6. To examine best practice elsewhere through case studies, policy ideas and witness sessions;
7. After due consideration of the above, to bring forward recommendations to the Cabinet in relation to the review.

INFORMATION & ANALYSIS

Methodology

It is proposed that a Working Group be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses. Research into relevant documents and websites would also be undertaken to provide background information for Members.

Witnesses

Possible witnesses include:

1. Community Rehabilitation Company
 2. National Probation Service
 3. Magistrates Court (Court Clerk / Magistrate)
 4. Anti Social Behaviour and Investigation Team (ASBIT)
 5. Offenders
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Key Lines of enquiry

1. What are the Magistrates' expectations of a community sentence?
2. How many community sentences are given out each year?
3. How many individuals that have been given a community sentence have reoffended?
4. What standards of behaviour and attendance are expected from those given a community sentence?
5. What work has been completed by offenders serving a Community Order in the last year?
6. How is the effectiveness of community sentencing measured?
7. Are measures in place to monitor offender sickness absence?
8. Which aspects of community sentencing are going well? Which aspects are not going so well?
9. How could community sentencing be improved?
10. What involvement does the Council have in community sentencing and could this be improved?

WITNESS, EVIDENCE & ASSESSMENT

The table below sets out the possible witnesses that could be invited to present evidence to the Committee. It is proposed that witnesses are invited to attend themed sessions to ensure that issues arising are dealt with comprehensively and strategically. Members are reminded that this is not an exhaustive list and that additional witnesses can be requested at any point throughout this review.

Meeting	Action	Purpose / Outcome
ESSC: 14 June 2017	The scoping report will be presented to the Committee. Members will have the opportunity to agree/amend the terms of reference and/or propose alternative/additional witnesses.	Information and analysis
Working Group: 1 st Meeting - 28 June 2017	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2 nd Meeting - 20 July 2017	Witness Session 2	Evidence and enquiry
Working Group: 3 rd Meeting - 1 August 2017	Witness Session 3	Evidence and enquiry
Working Group: 4 th Meeting - 21 September 2017	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 11 October 2017	The draft final report will be presented to the Committee by Chairman of the Working Group.	Consider Draft Final Report and include the Committee's comments if required.
Cabinet: 16 November 2017	The draft final report will be presented to Cabinet by the Chairman of the Committee.	Cabinet may approve, amend or reject as many of the report's recommendations as it wishes.

Members may also wish to consider whether appropriate site visits should be undertaken on areas in which they require further information.

Assessment

As is standard practice for a Policy Overview and Scrutiny Committee review, once a report's recommendations have been agreed by the Cabinet, officers will be asked to begin delivering the necessary changes. The monitoring of officers' work is a fundamentally important aspect of the Committee's work and, as such, regular reports on progress can be requested by Members and a full update report will be added to the future Work Programme of the Committee.

Resource requirements

This review will be undertaken within current resources. The plan set out above will be coordinated and delivered by Democratic Services. The additional resource of staff time required to present, collect and format evidence for witness sessions will also need to be considered.