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HILLINGDON
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A

External Services Scrutiny Committee

Councillors on the Committee

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

Date: **TUESDAY, 11 JULY 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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Published: Monday, 3 July 2017

Contact: Nikki O'Halloran
Tel: 01895 250472
Email: nohalloran@hillingdon.gov.uk

This Agenda is available online at:
http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CId=118&Year=0

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

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Terms of Reference

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

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

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

   (c) respond to any relevant NHS consultations.

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

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

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

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

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

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

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

PART II - PRIVATE, MEMBERS ONLY

8 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

14 June 2017

HILLINGDON
LONDON

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

	Committee Members Present: Councillors Ian Edwards (Vice-Chairman, in the Chair), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Phoday Jarjussey and Michael White **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager) **Press and Public: 1**
3.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor John Riley.
4.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
5.	**MINUTES OF THE MEETING HELD ON 26 APRIL 2017** *(Agenda Item 4)* As not all of the information identified in the resolutions in the minutes of the meeting on 26 April 2017 had been received, Members requested that CNWL be asked to provide this information at the Committee's next meeting on 11 July 2017. **RESOLVED: That:** **1. CNWL be asked to provide the information requested in the resolutions on 26 April 2017 at its meeting on 11 July 2017; and** **2. the minutes of the meeting held on 26 April 2017 be agreed as a correct record.**
6.	**MINUTES OF THE MEETING HELD ON 27 APRIL 2017** *(Agenda Item 5)* As not all of the information identified in the resolutions in the minutes of the meeting on 27 April 2017 had been received, Members requested that LAS be asked to provide this information at the Committee's next meeting on 11 July 2017. It was noted that the Committee had a statutory responsibility to call *the relevant local NHS Chief Executive(s) to account for the work of their organisation(s)*. Members expressed concern that there were times when the information that they had requested from these bodies during the Committee's enquiries was not always provided within reasonable timescales. It was noted that this information sharing needed to improve. A hard copy of the draft Google Forms questionnaire was circulated to Members. It was agreed that the questionnaire be circulated to those that had attended the Quality

	Account meetings on 26 and 27 April 2017. **RESOLVED: That:** **1. LAS be asked to provide the information requested in the resolutions on 27 April 2017 at its meeting on 11 July 2017;** **2. the Democratic Services Manager circulate the questionnaire to witnesses that had attended the meetings on 26 and 27 April 2017; and** **3. the minutes of the meeting held on 27 April 2017 be agreed as a correct record.**
7.	**MINUTES OF THE MEETING HELD ON 11 MAY 2017** *(Agenda Item 6)* **RESOLVED: That the minutes of the meeting held on 11 May 2017 be agreed as a correct record.**
8.	**UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PREVIOUS SCRUTINY REVIEWS** *(Agenda Item 7)* Having considered the report, Members were satisfied that recommendations 2b and 2d had been fully addressed. A significant amount of information had been provided in relation to recommendations 2a and 2c but Members felt that this information had not fully addressed the issues raised in the recommendations. The Democratic Services Manager was asked to go back to officers to request information that illustrated what had changed as a consequence of the recommendations, whether any gaps had been identified and how these had been addressed. **RESOLVED: That:** **1. the Democratic Services Manager contact officers for further information to address the issues raised in recommendations 2a and 2c; and** **2. the report be noted.**
9.	**WORK PROGRAMME 2017/2018** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was noted that the next meeting would receive health updates. The Committee was asked to identify an issue for consideration at the crime and disorder meeting scheduled for 14 September 2017. It was agreed that the issue of LAC offenders be considered as there had been some conflicting information previously provided about whether or not offending / reoffending was prevalent amongst this vulnerable group. Members queried how many LAC offended as a result of substance misuse, what proportion of young offenders were LAC and what proportion of LAC offenders went on to reoffend. Members were advised that it would not be practical to have a meeting to discuss the Quality Accounts on 14 March 2018 as this was too early and no meeting had been scheduled for April 2018. As such, it was agreed that, once received, the Quality Accounts would be forwarded to Members so that the Committee's response could be drafted outside of the meetings. Members of the Committee were asked to identify topics for future major or single meeting reviews and pass these on to the Democratic Services Manager. Single meeting reviews could be undertaken in the meetings scheduled for 11 October 2017, 11 January 2018 and 14 March 2018. It was suggested that the utility companies

	(water, sewerage and electricity) be invited to attend for a single meeting review on 11 October 2017 to update Members on the action being taken to accommodate the increase in housing development in Hillingdon and the associated increase in demand for services. It was noted that there were related issues such as flooding, the impact of roadworks on traders and the quality of the road/pavement repairs. Consideration was given to the community sentencing scoping report. It was agreed that the review be undertaken. It was noted that there was still no GP presence in Heathrow Villages. The Committee had commissioned a Working Group in 2016 to look at GP pressures and had received evidence from providers. The Chairman advised that the Committee would ask for an update from HCCG at its next meeting. The CQC consultation to look at its next phase of regulation had been published on 12 June 2017. Members were asked to read the consultation document and provide any comments to the Democratic Services Manager so that a response could be draft from the Committee for consideration at its next meeting on 11 July 2017. The consultation would close on 8 August 2017. **RESOLVED: That:** **1. Members forward ideas for future review topics to the Democratic Services Manager;** **2. utility companies be invited to attend the meeting on 11 October 2017;** **3. Members agree the scoping report and that a review of community sentencing be undertaken;** **4. HCCG be asked to provide an update on the GP provision in Heathrow Villages at the meeting on 11 July 2017;** **5. Members provide the Democratic Services Manager with their comments in relation to the CQC consultation so that these could be included in a response for consideration at the Committee's next meeting on 11 July 2017; and** **6. the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 6.30 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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NHS ENGLAND CONSULTATION ON THE FUTURE OF CONGENITAL HEART DISEASE SERVICES

Contact Officer: Nick Hunt, Royal Brompton & Harefield NHS Foundation Trust

Appendix: Easy Read Consultation Document (Proposals to implement standards for congenital heart disease services for children and adults in England)

Why Close The Leading Congenital Heart And Lung Unit In The UK?

NHS England is proposing to stop commissioning Congenital Heart Disease (CHD) services from Royal Brompton & Harefield NHS Foundation Trust. This is the largest CHD service in the country and the proposal will affect some 14,000 heart and lung patients.

The Unit has among the best patient outcomes of any in the UK and the cardiology service as a whole (including at Harefield Hospital) has among the highest patient satisfaction ratings of any in the country. At a time when the NHS is struggling for resources, why is it going ahead with a plan to spend millions of pounds closing the UK's largest congenital heart unit, with an outstanding record, when there is no evidence to show closure will improve services?

An Unnecessary, Costly Review

NHS England (NHSE) has launched a consultation on its plans to close the congenital heart disease (CHD) services at Royal Brompton & Harefield NHS Foundation Trust (RBH). The consultation follows a report by NHSE which established a set of standards to be achieved by hospitals providing these services despite the UK's CHD services being considered to be among the best in the world.

This plan will cost the NHS millions of pounds to provide the capacity to treat the 14,000 Royal Brompton patients affected. Even if other Trusts do have funds available, spending them on this plan prevents their use on other, arguably higher priority, areas, such as A&E and improving mental health services. The NHS has more serious problems to address than an unnecessary re-structuring of CHD care, for which there is no evidence to show any resulting improvement in patient care.

Despite requests, NHS England has provided no cost-benefit analysis of their proposals. At a public consultation on 7 March 2017, NHS England's national clinical director for heart disease, Professor Huon Gray, admitted there was "no scientific evidence" to back the decision to withdraw congenital heart disease services from Royal Brompton Hospital.

Risks to Patient Care

NHSE proposes to close two other CHD units as well as Royal Brompton. This will involve a large transfer of services and patients. NHSE admits there are staffing risks with the plan. They have warned that hospitals face a "significant challenge" in providing enough staff to meet the capacity for the 900 operations needing to be found elsewhere as a result of the Units closing.

Example: NHSE proposes that some 85 operations a year are transferred to Barts from Royal Brompton. This represents a huge 110% increase in their level of activity and that Trust is in financial special measures. Not surprisingly, the impact assessment said this would be a "significant challenge" for them.

Impact on Hillingdon and Harefield Hospitals

Some of the services that would be affected include:

- The children's CHD outpatient clinic at Harefield Hospital will end, meaning journeys of a further 20 miles into central London for children and their families (either SW1 or WC1).
- The fetal echo outreach service offered by Royal Brompton to pregnant women at Hillingdon would end, meaning journeys into London for this group of patients.
- Clinical networks would be destroyed. In the words of one paediatrician at Hillingdon: "I cannot emphasise enough the personal relationships that have developed between the fetal, cardiology, obstetric and paediatric consultants. Women and their babies get personalised care as a result of the ease of access to specialist opinions. Only last week, through close working, teams at Royal Brompton and Hillingdon agreed a care plan so a baby could be delivered at Hillingdon despite complex congenital cardiac anomaly."
- The loss of 24 paediatric critical care beds in North West London (NWL) is likely to reduce access to PICU beds, and have an impact on winter (and spring) pressures, making it more likely that critically ill children will have further to travel.
- Without CHD services, we lose the essential infrastructure for specialist services like children's cystic fibrosis and (adult) pulmonary hypertension. This would have a serious impact on many patients including the cystic fibrosis children who have shared care with Hillingdon.
- Harefield Hospital cannot be immune to the effects of the financial damage that the plans will inflict on the Trust – redundancy costs alone are estimated to be a potential £13.5m, with recurring losses of between £5m and £7m per annum from lost services.

Loss of Child To Adult Care

Royal Brompton's teams have developed an international reputation for tailoring the individual transition from paediatric to adult care in a seamless, coordinated process. With the latest evidence showing that congenital heart disease patients now need most treatment during their adult years, the best chance of improving care for them is to focus on the whole pathway from fetal diagnosis to adult care. This approach will be lost if Royal Brompton's unit is closed.

NHSE's final report on the review acknowledged that some clinicians felt that "the link between paediatric CHD and adult CHD services is more important than the link between paediatric CHD and other specialist paediatric services". This advice was rejected against the recommendation of the clinician group without any evidence given.

Loss of World Leading Heart Disease Research

The Trust is the leading centre of research into adult congenital heart disease (ACHD) in the world. We currently publish more research into ACHD than any other centre internationally. This research saves lives but the team conducting it will be dismantled if the unit closes. Experts say dispersing this team could set ACHD research back ten years.

Destruction of a Leading UK Centre for Respiratory Medicine

Without the volume of patients provided by the CHD services, Royal Brompton's highly regarded paediatric intensive care unit (PICU) will be forced to close. This will mean the loss of nearly a quarter of London's PICU capacity at a time when there is already a shortage. There are regular instances of children having to travel up to 100km to find an intensive care bed, due to none being available in London and the South.

The Trust is the national centre for treating babies and children from around the UK with some of the most severe forms of cystic fibrosis, asthma, muscular dystrophies and other respiratory illnesses. Without the back-up of intensive care, it will be unsafe to undertake the more complex specialist treatments and they will have to stop.

NHSE admits that its plan for Royal Brompton will impact on the Trust's children's specialist respiratory services but has publicly admitted that no risk assessment had been carried out for those patients. It is unacceptable for thousands of children with severe lung diseases to be considered an after-thought in the planning process.

An Irrelevant Reason for Closure

The only reason given by NHSE to end CHD services is the perceived non-compliance with just one of the 470 new standards for CHD care. This is called 'co-location', requiring certain paediatric services to be based in the same building in case they are needed in emergency. The clinical reference group advising on standards defined co-location as an emergency response time within 30 minutes. These views were overruled by a smaller group of advisers when the standards were finalised.

Royal Brompton already ensures that all necessary services are on-site, through a tried and tested partnership with neighbouring Chelsea and Westminster hospital just a short walk away. Doctors are jointly appointed and hold joint team meetings and ward rounds. Fewer than 1% of paediatric CHD patients need these services within 30 minutes and Royal Brompton has a 100% record of attendance when they do. Chelsea and Westminster consultants are within a shorter journey time than doctors at some other 'same site' centres, who have to cross large hospital campuses to see patients.

This partnership has helped the Trust achieve among the best patient outcomes in the country. We challenge NHSE to describe how exactly their plans could produce a service that is more cohesive, more responsive and provides better care than this. NHSE has not explained how co-location would in any way improve patient care at Royal Brompton. Indeed, it admits that there is no evidence showing it has any clinical benefits. The national clinical director for heart disease, Professor Huon Gray, has publicly stated that the decision was not based on evidence.

If co-location ensured better performance, Trusts with co-located services would have better patient outcomes than us. They don't. Professor B Sethia, President of the Royal Society of Medicine and consultant cardiac surgeon: "These proposals are poorly thought out, based on imprecise or no evidence and disregard the excellent outcomes delivered by Royal Brompton Hospital in both adult and paediatric cardiac patients. Furthermore, given the shortage of beds, it is ridiculous to assume that there are the necessary resources for patients to move to other centres for treatment."

Inconsistency

Newcastle's Freeman Hospital will be allowed to continue providing children's heart surgery despite not meeting TWO fundamental standards: co-location and having the required number of surgeons and operations. NHSE states that the Newcastle CHD service works well in practice despite not being co-located on the same site - as does the one at Royal Brompton. Given that NHSE is clearly prepared to have the standards breached, why has equal consideration not been given to the enormous damage that would be caused at Royal Brompton & Harefield should CHD services be withdrawn?

What is Closure Aiming to Achieve?

Given that NHSE has said that there are no concerns over the quality of services provided by Royal Brompton which remain among the best in the country, what problem is the proposal aiming to solve? The closure could only be justified if it is clearly set out how this would lead to a better service for patients. NHSE has admitted that it has no evidence that this will be the case.

It is completely irrational to withdraw a service from 14,000 patients on the basis of one new paediatric standard that affects 1% of children with CHD, treated at the hospital. What is the logic of spending millions of pounds recreating capacity at other centres when it already exists at Royal Brompton?

BACKGROUND DOCUMENTS

- Proposals to implement standards for congenital heart disease services for children and adults in England - Consultation Document: https://www.engage.england.nhs.uk/consultation/chd/supporting_documents/Proposals%20to%20implement%20standards%20for%20congenital%20heart%20disease%20services%20for%20children%20and%20adults%20in%20England%20%20Consultation%20Document.pdf

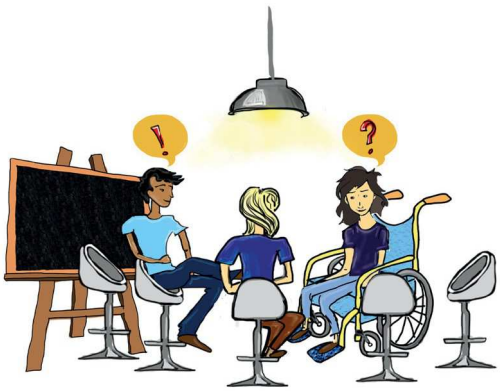
Services for people born with heart problems

Please tell us what you think

This is an EasyRead version of:

Proposals for CHD Services for Children and Adults

What is this paper about?

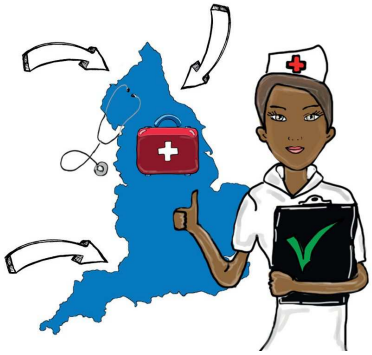


We want to **include** people in everything we do.

We try not to use difficult words, but when we do, we put them in **bold.**

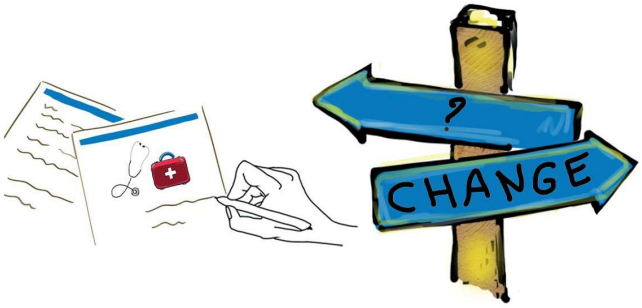
This **EasyRead** paper is asking you what you think about proposals for services for people born with heart problems.

This is called **Congenital Heart Disease** or CHD for short.

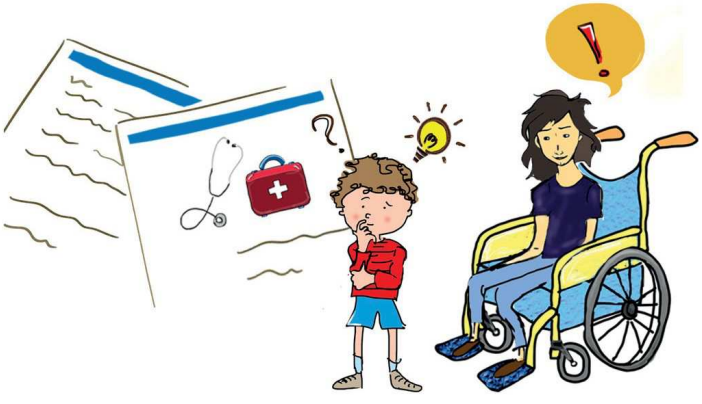


We want services to be **better** in all the areas of England.

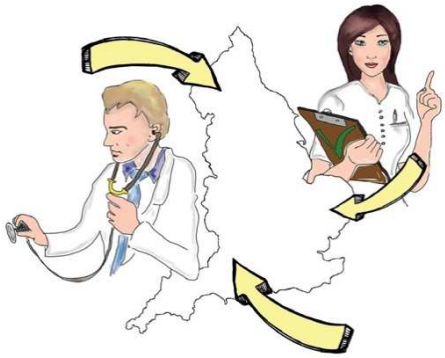
We have written **proposals** on how services could be better.



A **Proposal** is a suggestion about how something could change.



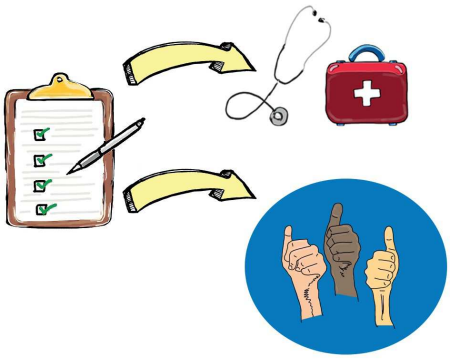
We want to know what people think about the **proposals**.



We want the services for people born with heart problems to be the **same** across England.

We have made a list of **Standards** that hospitals across England would follow.

Standards are rules about how a good service should be.



We want to make sure the special CHD hospitals and services follow the same **Standards**.

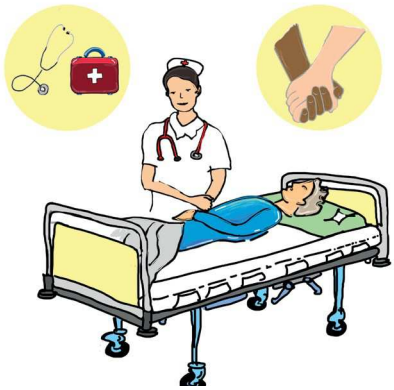
The Standards cover every part of your life:

From when a problem is found out before you are born

Growing up as a child

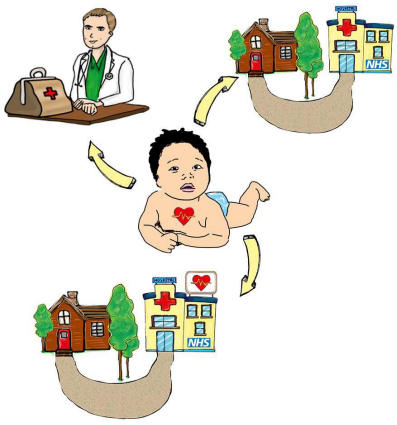
Moving to adult services

Having your own family



Care at the end of your life.

What are the proposals?

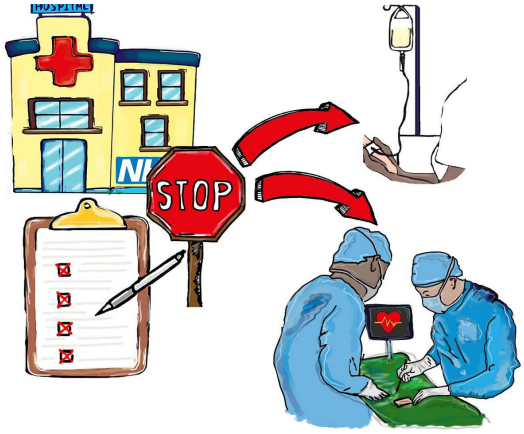


People born with heart problems mostly go to services at:

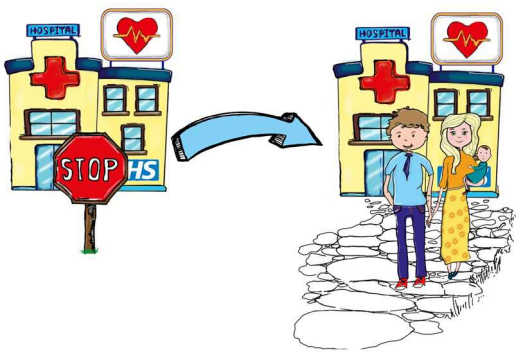
Their GP
Their local hospital
Their local special CHD hospital.

This will mostly stay the same.

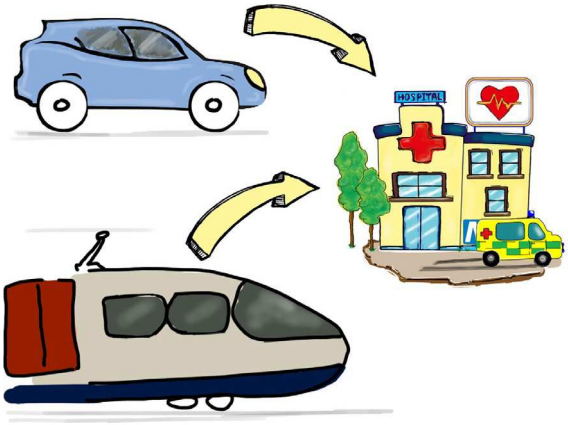
Hospitals that are following the **Standards** will do heart operations and other special procedures.



Some hospitals that do not follow the **Standards** will not do heart operations or other special procedures.



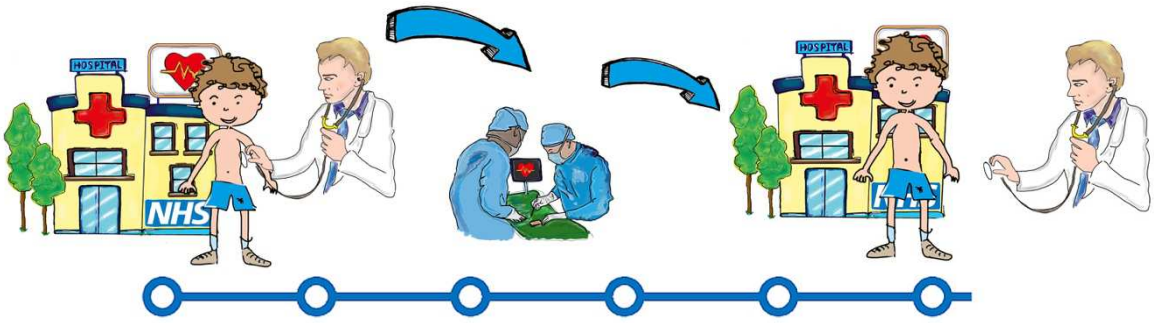
If one hospital stops doing heart operations, then a person needing a heart operation would go to another special CHD hospital instead.



This will mean that some people whose special CHD hospital has changed will need to **travel** a bigger distance for:

Heart operations and other special procedures

One appointment **before** an operation

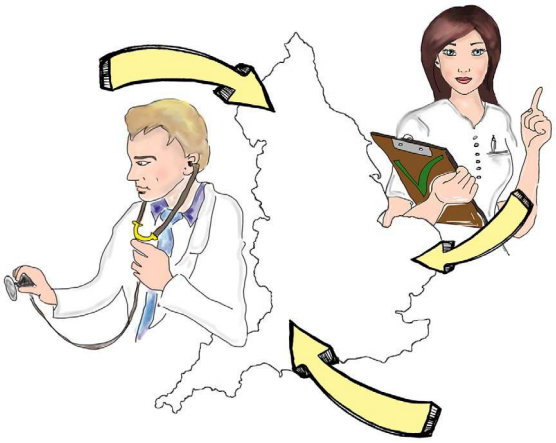


One appointment **after** an operation.

Other things will stay the same, things like:

Checking your health
Your normal care.

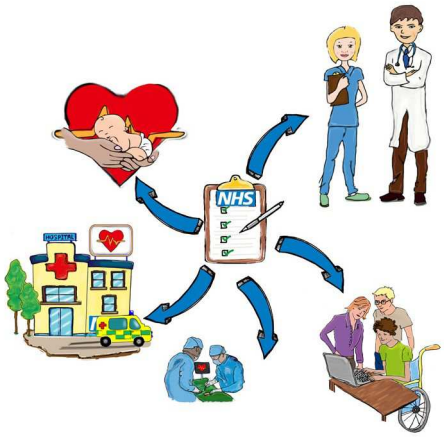
Why are there changes?



We want to make sure:

People with CHD live a longer better life

We have the same good service across England.



To make these Standards we worked with:

People born with CHD

Expert CHD doctors and nurses

Special CHD hospitals

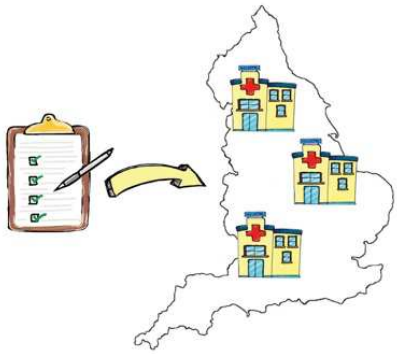
Organisations speaking up for people with CHD

.

Staff and others

The standards were agreed.

What will happen at the hospitals?



Special CHD hospitals need to follow the standards.

The special CHD hospitals will need to change the way they work.

Special CHD hospitals will make sure they have enough staff when:

Staff are sick
Staff are on holidays
In emergencies
And for learning.

Special CHD doctors will do more operations.

We believe everyone who needs care for CHD should be able to have the best care, where they are looked after.

How did we think about what should happen?

We asked hospitals to improve two important things:

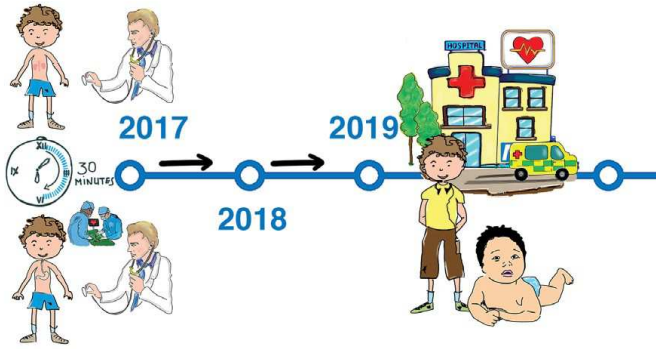
The number of special CHD doctors at each hospital

The number of operations each of the special CHD doctors did.

Special CHD doctors need to work in teams of 3 or more.
By 2021 special CHD doctors need to work in teams of 4 or more.

Special CHD hospitals will make sure that by 2019 other important services that you might need like:

Stomach doctors
Kidney doctors
Other special doctors

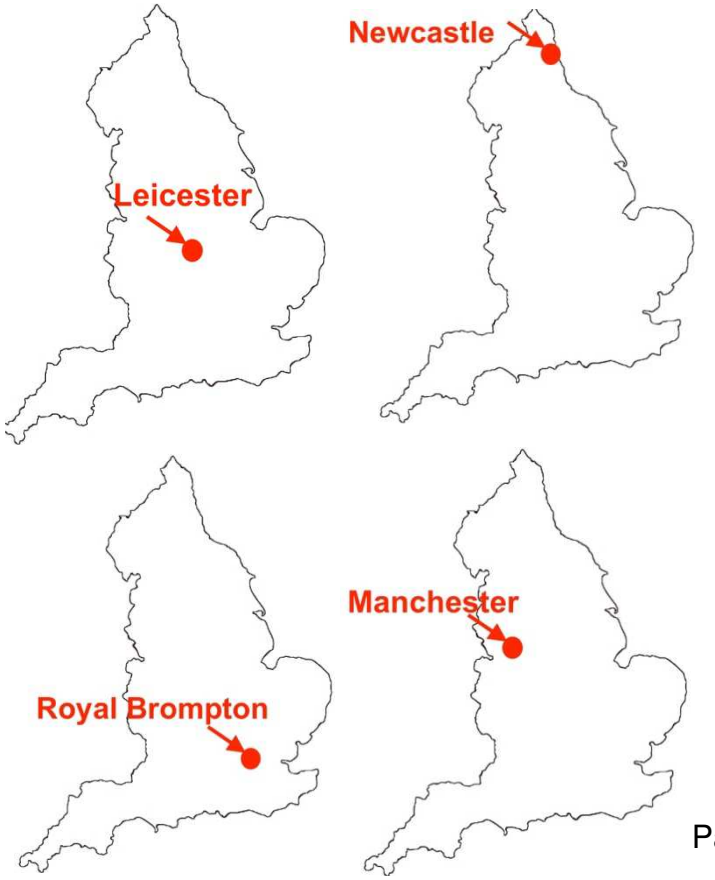


Are in the same hospitals as CHD services for children.

A group of people talked about each hospital.
The group of people included:

People who support patients
Hospital staff
People who plan and check how hospitals are doing.

They saw all the hospitals had work to do to get their hospitals ready to provide the best care.



4 hospitals were not going to be ready to provide best care quickly enough.

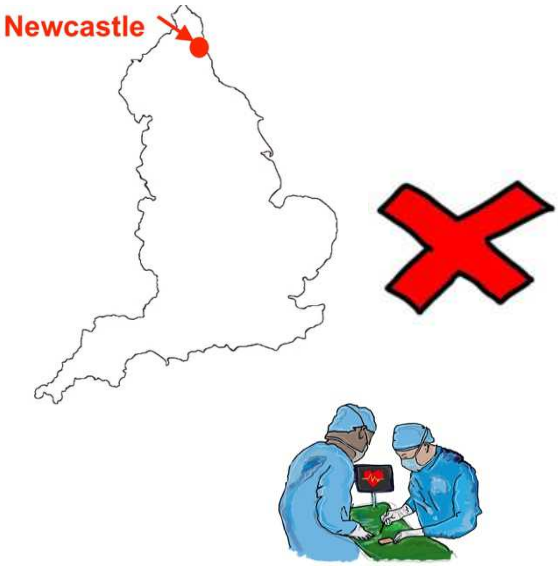
The Hospitals were:

Leicester

Newcastle

Royal Brompton

Manchester.



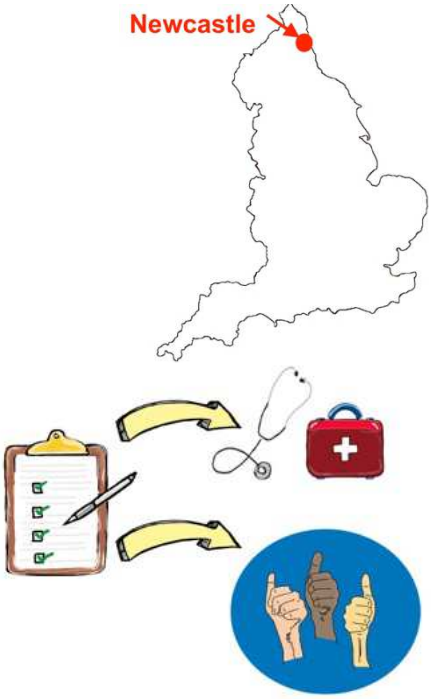
Newcastle Hospital was seen to not be ready.

Newcastle Hospital is one of 2 hospitals in England that do **heart transplants**.

The same special CHD doctors do transplants and other CHD operations.

If the CHD operations were stopped it would be bad for the special transplant services.

We proposed that the CHD services should stay at Newcastle Hospitals.



Things might change in the future and we will keep watching what Newcastle does.

They will keep trying to meet the Standards.

This will mean that:

Operations for adults will **stop** at Central Manchester Hospital.

Patients will probably go to Liverpool Heart and Chest Hospital.

Other treatment will probably still happen within Manchester.

This will mean that:

Operations for children and adults would **stop** at Royal Brompton and Harefield.

Patients would go to other hospitals in London.

Other treatment for adults could happen at the Royal Brompton Hospital.

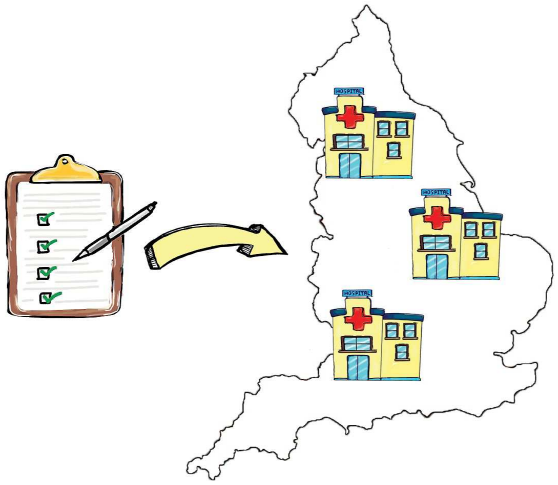
This will mean that:

Operations for adults and children would stop at University Hospitals of Leicester.

Patients would go to hospitals in Birmingham or Leeds instead.

Other treatment for children and adults could happen at University Hospitals of Leicester.

What are the good things about the proposal?

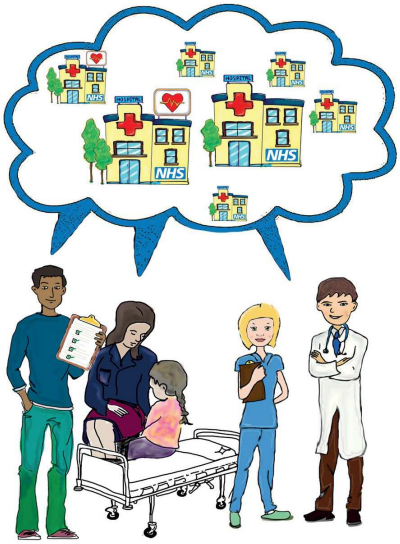


We want all hospitals to provide the same good service across England.

We want all hospitals to meet the **Standards.**

We want patients at special CHD hospitals to feel happier.

What are the things that might be a worry if this change happened?



We talked to:
Patients
Families
Hospital staff.

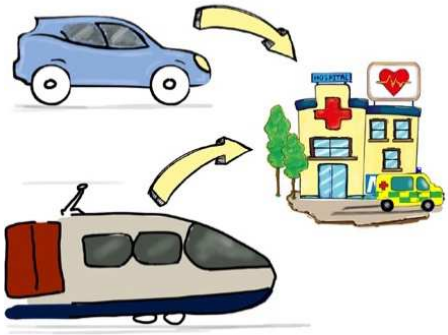
People were worried about the affect on hospitals.
We listened to these worries.
We wanted to talk to everyone so they understood what we wanted to do.

We want to hear more about how the changes might affect you or your family.

The changes will not take place until the beginning of 2018.

We know that patients are worried about where they will need to go for their CHD care in the future.

Most people will still have their care with their GP or local hospital or the special CHD hospital near their home.



The time it takes to get to hospitals for operations or special procedures might go up a little bit.

But they will be following the Standards.

Most of the time, operations for CHD are planned, so there are not many emergency operations.

Questions

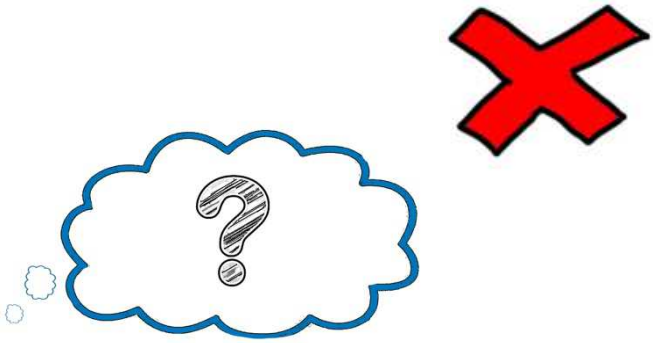
If the changes affect you, tell us what you think.

What do you think of the CHD hospitals proposal?
Do you **agree** or **disagree**?

Tell us why you think this way.

What do you think are the good things about the proposal?

Tell us what you think.



What things worry you about the proposal?

Tell us what you think.

Do you have any thoughts on the proposal?

Please let us know your thoughts.

Please let us know your feelings:

Email:
england.congenitalheart@nhs.net

webpage:
https://www.engage.england.nhs.uk

Credits

This document has been designed and produced for NHS England by Therapy Box Ltd.
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+44 (0)208 7493474

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For more information or a Printed version:
england.congenitalheart@nhs.net

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EXTERNAL SERVICES SCRUTINY COMMITTEE - HEALTH UPDATES

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Hillingdon Clinical Commissioning Group Update Report
Appendix B: CNWL Response to Previous Queries
Appendix C: London Ambulance Service Queries
Appendix D: Healthwatch Hillingdon Annual Report 2016/2017

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."

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.

<u>Child & Adolescent Mental Health Services (CAMHS)</u>

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

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.

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 (RBH)
- Hillingdon Clinical Commissioning Group (CCG)
- London Ambulance Service (LAS)
- Healthwatch Hillingdon

HILLINGDON CCG UPDATE

Contact Officer: Caroline Morison, Chief Operating Officer, HCCG

Appendix: Choosing Wisely - changing the way be prescribe

Delegation of primary care commissioning

On 1 April 2017, Hillingdon CCG commenced level 3 delegation of primary care (general practice) commissioning. The CCG has established a Primary Care Board, in place of the previous Co-commissioning Committee, with oversight of contract awards and management, investment, strategy and other key enablers such as workforce and estates development.

The CCG has invested in additional management resource to support the effective delivery of primary care commissioning and is also working collaboratively with members of the contracts team previously situated at NHS England who are now located within NWL.

A primary care strategy is under development with initial focus on general practice. The strategy will focus on the following aspects of primary care in Hillingdon:

- Mapping of current and future health needs of the population in Hillingdon;
- New models of 'co-ordinated, proactive and accessible' primary care and how these will meet our residents' needs;
- How general practice will be different in 5 years' time for those who use it, work in it and commission it;
- How we will support general practice in Hillingdon to be robust and resilient through innovative approaches to workforce, retaining our current clinicians and attracting new ones to the area; and
- Plans for estates and facilities that are fit for purpose and suitable to deliver the care our residents need.

The primary care strategy will build on the priorities set out in the Sustainability and Transformation Plan (STP) and support delivery of the system-wide transformation required for a sustainable health and care system in Hillingdon.

As part of our primary care commissioning responsibilities, the CCG is now leading the process of reviewing personal medical services (PMS) contracts within Hillingdon. The objective of the process is to reduce variation between practices commissioned on general medical services (GMS) contracts and those on PMS contracts. Although the process was initiated in 2015 by NHS England, it was 'paused' whilst negotiations with Local Medical Committees (LMCs) were underway. The process was re-started in December last year and is now devolved to CCGs with assurance of locally developed plans undertaken by NHS England and the London-wide LMCs. The CCG has met with the 9 practices in Hillingdon that currently hold PMS contracts. Initial discussions are underway on the implications of the review for each, the proposed transition process and immediate next steps which include agreeing contract baselines and defining the services in and out of scope of the national contract. Current proposals for re-investment of the funding across all practices focus on access and long term conditions.

Following the end of the pre-election purdah period, the CCG will recommence its engagement programme with Hayes residents as part of the procurement process for the APMS contract at the HESA Centre.

Accountable Care Partnership

In May, the CCG completed a review of the current stage of development of Hillingdon Health and Care Partners (HHCP) prior to taking a decision about moving to the "testing phase" in 2017/18. The testing phase will build on work carried out to date to determine whether the ingredients for accountable care are robust and fit for purpose. A two year testing period is intended to inform and begin to embed new ways of working as a whole system, with integrated governance arrangements to support delivery of improved outcomes. This will support laying the foundation for establishing a longer term accountable care contract in Hillingdon, such as capitated, outcomes-based alliance contract. The testing phase also aims to determine whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability. Next steps in the testing phase will also include an assessment of scale and pace for rolling out integrated accountable care to other population groups, ongoing development of both the ACP and how accountable care is commissioned.

Hillingdon Health and Care Partners (HHCP - an alliance of Hillingdon Hospitals Foundation Trust, Central and North West London Foundation Trust, the Hillingdon GP Confederation and Hillingdon for All) held a launch event for staff on 25 May 2017 which was well attended by teams across all organisations. The session was hosted by the Chief Executives of each organisation and set out the vision and ambition for the partnership. On the ground, the new HHCP care connection teams are now in place (1 June 2017) and will begin to mobilise during June and July to deliver the new integrated model of care for people over 65.

Financial position

HCCG finished the financial year with an overall surplus of £7.764m and therefore achieved the CCG's control total for the year. The final outturn was £4.148m higher than the CCG's original plan for the year. The requirement to deliver a surplus is part of the business rules set by NHSE. This has been carried forward into the 2017/18 financial year. In delivering this position, the CCG achieved QIPP savings of £8.2m for the year which was 95% of its planned target.

The CCG has submitted a financial plan in 2017/18 to deliver a surplus of £7.764m in line with the 2016/17 outturn (this equates to an in-year break-even position after allowing for the carry forward of 2016/17 as noted above). The plan includes the requirement to deliver a 4% QIPP (Quality, Innovation, Productivity and Prevention) in 2017/18 of c£14m (net). This is significantly higher than the £8m delivered in 2016/17 and in previous years. Achievement of this target will rely substantially on transforming models of care as well as working with partners to deliver best value for the system as a whole.

Choosing Wisely

Across North West London (NWL), the 8 CCGs have embarked on a period of engagement on a set of proposals regarding changes to the way that we prescribe in the area. These proposals will be going to the CCG Governing Body for a decision on 14 July 2017 and we are entering a

three week period of engagement before that date. Feedback from the engagement process will feed in to our final proposals for discussion at the Governing Body meeting.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NWL is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge. These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents. If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NWL to ensure consistency across the eight boroughs and are similar to initiatives taking places in other parts of the country including areas of Greater London. It consists of the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription.
2. In general, GPs will not prescribe certain medicines and products (listed in the stakeholder letter appended to this report) which can be bought without a prescription.
3. To reduce waste, we will ask patients to order their own repeat prescriptions.

It is important to view these proposals in the context of the transformation we are making to our health system across NWL. As we move from a reactive model of care that waits for people to get ill, to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support.
- Free up prescribers' time for clinical care.
- Avoid unnecessary appointments for patients.
- Reduce unnecessary spend on prescriptions.
- Minimise unwarranted prescribing.

The specific items recommended to be part of these proposals are covered in the stakeholder letter included with this update. We will be engaging on these proposals with GPs and other stakeholders across NWL, including Council Members, Healthwatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at https://choosingwiselynwlondon.commonplace.is. We shall be promoting this website around the Borough to ensure the widest possible participation in this engagement. We will also await with interest the results of any national consultations taking place on this topic and will ensure that our policies align with any national policy revisions that result.

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NHS
Hillingdon
Clinical Commissioning Group

Boundary House
Cricket Field Road
Uxbridge
Middlesex UB8 1QG
Tel: 01985 203000
www.hillingdonccg.nhs.uk

Tuesday, 13 June 2017

Choosing Wisely – changing the way we prescribe

We are writing to ask your views on three new proposals to change the way we prescribe medicines across the eight boroughs of North West London (NW London).

These proposals will be going to our CCG Governing Body for a decision on 14th July 2017 and are entering a three week period of engagement before that date. Your valuable feedback will feed in to our final proposals for discussion at this Governing Body meeting.

Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available.
Unfortunately our budgets are not increasing at the same rate and we are facing a financial gap.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NW London is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge.
These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents.

If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NW London to ensure consistency across the eight boroughs.

The first area we are focusing on is changes to the way we prescribe. In the coming months, we will be looking at some clinical procedures and will come back to ask your views on those.

These proposals are similar to initiatives taking place in other parts of Greater London such as Richmond, Croydon, Greenwich, and Luton, and cover the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
2. In general, GPs will not prescribe the medicines and products listed below which can be bought without a prescription
3. To reduce waste we will ask patients to order their own repeat prescriptions

It is important to view these proposals in the context of the transformation we are making to our health system across NW London. As we move from a reactive model of care that waits for people to get ill to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support
- Free up prescribers' time for clinical care
- Avoid unnecessary appointments for patients
- Reduce unnecessary spend on prescriptions
- Minimise unwarranted prescribing

The proposals below have been developed to reflect a balance of views expressed by GPs in this area.

****

1. **GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription**

Patients can buy some medicines from pharmacies and other high street stores over the counter without a prescription.
The products on this list have a useful role to play in treating or caring for certain conditions. All of these items are licensed safe to be sold without a prescription.

They are usually inexpensive and are mostly for minor illnesses or conditions that will not last
Examples include antihistamines for hay fever or ear drops to soften ear wax.
The £15 million spent last year on these products and the products from proposal two could be put towards medicines and treatments for more serious conditions.
We are proposing that it would be reasonable for most patients to buy these products over the counter without a prescription. We propose advising GPs to ask patients if they are willing to buy these medicines and treatments.

Products on this list:

acne treatments; antacids; antifungal skin products; antihistamines; artificial saliva; barrier creams; benzydamine mouthwash; chloramphenicol eye drops; co-codamol 8/500; cold sore treatments; corticosteroid nasal sprays for hayfever; covering cream or powder; ear wax removers; ibuprofen; laxatives; loperamide for diarrhoea; lubricant products for dry eyes; ointments or creams for eczema and psoriasis; oral rehydration solution sachets; paracetamol; prescribable sun creams; shampoos for eczema and psoriasis; threadworm tablets; vitamins and mineral supplements.

2. **In general, GPs will not prescribe the medicines and products listed below which can be bought without a prescription**

We are asking GPs and other prescribers in NW London to tell us if they can think of any good medical reasons for prescribing certain medicines and products, on the list below, that can be bought without a prescription. The GPs who have contributed to the development of these proposals could not think of any reasonable criteria for prescribing the medicines and products on this list. If GPs cannot think of any reasonable criteria for prescribing these products we would expect there to be very few prescriptions for these in future. We are asking stakeholders whether they agree with the products on this list, and whether any products should be added to this list.

Products on this list:

antiperspirants; bath additives; colic treatment; cough and cold remedies; creams or suppositories for haemorrhoids (piles); herbal and complementary supplements; mouthwashes (except benzydamine); oral rehydration sachets; hair removal products; teething gels; tonics; travel sickness tablets; wart and verruca treatments.

3. **To reduce waste we are asking patients to order their own repeat prescriptions**

We want to improve the way we manage repeat prescriptions, by encouraging patients, carers, GPs and pharmacists to review their use of repeat medicines more often and make sure they are only ordering medicines they need.
Some patients rely on the pharmacy to order repeat prescriptions on their behalf. When prescriptions are ordered on their behalf without checking with patients or carers, there is a risk that patients will get medicines they do not need or do not intend to take.

Wasted medicines waste money, and unused or out of date medicines are a safety risk for patients. Other parts of the country have seen a decrease in over-ordering when prescriptions are ordered directly by patients and carers.

We propose a change to the repeat prescriptions system.

We would like more patients (or their carers) to order their own repeat prescriptions. This will reduce waste, increase safety, increase patient control of the process, and save costs.

Patients and carers could continue to order repeat prescriptions in the following ways:

- Using online methods
- Using mobile phone apps
- Using repeat prescription ordering slips handed in or posted to the GP practice

General practices would consider accepting requests from a community pharmacy on behalf of those patients unable to request their own prescriptions and without a carer who can do it for them.

****

We will be engaging on these proposals with GPs and other stakeholders across NW London, including council members, HealthWatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at https://choosingwiselynwlondon.commonplace.is. We shall be promoting this website around the borough to ensure the widest possible participation in this engagement.

We await with interest the result of any national consultations on this topic and will ensure that our policies align with any national policy revisions that result.

We really value your feedback ahead of the next Hillingdon CCG Governing Body meeting on 14th July and are happy to come to talk to you about this if that would be helpful.

We look forward to hearing from you at choosingwisely@nw.london.nhs.uk.

Yours faithfully

Ian Goodman
CCG Chair
Hillingdon CCG

CCG Chairs
Other 7 NWL boroughs

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Appendix B

CNWL RESPONSE TO PREVIOUS QUERIES

Contact Officer: Kim Cox, Borough Director, CNWL

At its meeting on 26 April 2017, the External Services Scrutiny Committee requested further information from CNWL. The resolutions and response to these requests have been included below:

1. **Ms Cox would speak to the Trust Board about the possibility of sign up to the #hellomynameis... campaign becoming compulsory for all staff.**

   "I have raised this with the lead for the campaign, and it is felt that really due the nature of the engagement from the staff required, it would not be prudent at this point to make it compulsory, but is certainly something we would consider. In Hillingdon we are planning to have an event by the end of the year which encourages the teams to sign up for this, and embrace the culture that is designed to promote. I was delighted that the committee viewed the campaign so favourably, and certainly appreciated their support with this."

2. **Ms Cox provide an update at a future meeting on a local event being held for service users to help identify local targets.**

   "Happy to be invited, possibly with one of the service user leads to present this information."

3. **Ms Cox establish whether local information could be included again in future Quality Account reports.**

   "I have made some enquiries, and the Trust continues to review the way the information is presented; however locally we will producing an annual report which has the relevant information in and we will share this with the committee."

4. **Ms Cox establish whether alternative indicators could be set for the next year in additional to national targets.**

   "Alternative indicators, relevant locally have been set for next year in addition to the national targets by the CCG and the Council for CNWL. These will be shared within the annual report."

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.**

   "I must apologise that I have not yet received these, but will continue to pursue and send as soon as I have them."

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Appendix C

LONDON AMBULANCE SERVICE QUERIES

Contact Officers: Pauline Cranmer / Briony Sloper / Ian Johns, LAS

At its meeting on 27 April 2017, the External Services Scrutiny Committee requested further information from LAS. The resolution to this request has been included below:

1. **Mr Johns provide the Committee with a breakdown of the causes of the 20% increase in blue light activity in the Borough.**

   No response had been received at the time of publication.

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Appendix D

healthwatch Hillingdon

Shining A Spotlight on Your Experience of Care

Healthwatch Hillingdon
Annual Report 2016/17

Contents

Message from our Chair

Welcome to the fourth Annual Report from Healthwatch Hillingdon. I am delighted to be able to report that we have continued our excellent progress during 2016/17 in helping to achieve real improvements in local health and social care services, although there is much still to be done.

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

I am particularly pleased that we can highlight several areas where the organisations that run our local Health and care services have acted upon our representations and made improvements to services as a result.

One of our main responsibilities is to listen to residents of Hillingdon so that we understand the things that are most important and the extent to which services are currently meeting your needs or expectations. We use this information to illustrate where patients and service users want to see changes, provide as much evidence as we can to support the need for improvement and we monitor progress being made by the appropriate agency. We are not always successful in obtaining the changes wanted by residents but we will continue to robustly represent your views and needs.

This report highlights many examples of areas where Healthwatch Hillingdon has been instrumental in achieving change, but one area that does warrant special mention is services for discharge for those aged over 65, from Hillingdon Hospital. We have been able to show that local services are often quite poor and those over 65, have not been receiving the support they need.

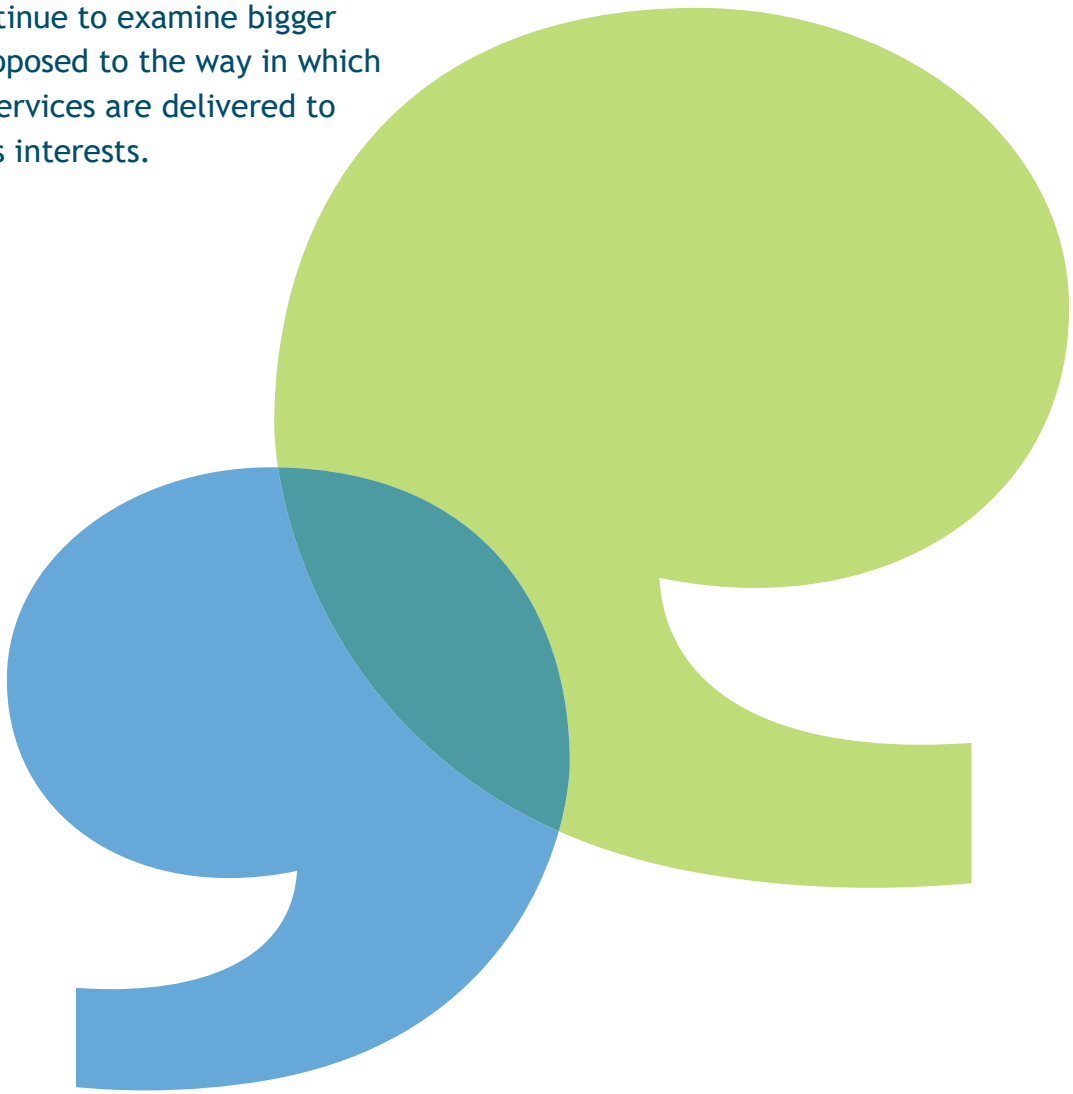
Pressures on Accident & Emergency are a national issue but we do believe that local services can be improved and we are still waiting to see tangible improvements in Health outcomes for people in our area and we will continue to watch for progress.

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

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

Finally, I would like to offer a huge thank you to Graham Hawkes, his team, the volunteers and the Board Members for their hard work, effort and support which have resulted in a successful year for Healthwatch and a first year for me as Chairman.

Stephen Otter
Chairman
Healthwatch Hillingdon



Message from our *Chief Executive*

It only seems like yesterday that we were starting Healthwatch Hillingdon and here we are publishing our 4th Annual Report. I do hope that you enjoy reading about our work, as you take a look at this snapshot of our year.

It has been a busy, interesting year, but most importantly, a year where we have continued to shine a spotlight upon people's experiences of local care.

Through our particular focus on hospital discharge, maternity services and fertility treatment, we have ensured decision makers know exactly what people feel about the service they have received and what is required to improve them.

It is really pleasing to see that the information collected in these comprehensive pieces of work is already changing services. Proving again how important it is for those who plan and run our care services to listen to the public they serve.

Healthwatch Hillingdon has represented the public at nearly 300 meetings this year. Being able to take real examples of the lived experience of patients to meetings, is key to ensuring the public voice is not only heard, but is influencing decisions made at the strategic table.

This year for the first time we surveyed the stakeholders we work with to see what they thought about how Healthwatch is working in Hillingdon. The results were very encouraging and I would like to think a positive endorsement of the way in which we independently operate, with the public at the heart of everything we do.

An aspect of our work, which has remained a focus since 2014, is children's mental health. It was specifically satisfying this year to see a publication[1] about the new community eating disorder service and how it had changed the lives of Leah and her family. It is very heartening to know that all our efforts are making a tangible difference.

[1] http://bit.ly/2kQyDfg

On another front, our shop remains a vital focal point for our signposting, advice and information service with over 70% of the 900 people we have seen contacting us through the shop. On so many occasions this year information received from one person has resulted in many people with the same issue being helped by a change in the way a service is delivered.

It takes a real team effort to achieve the work which is outlined in this report and I would like to personally thank everybody who has made a contribution to Healthwatch Hillingdon this year.

- The public, who have told us their stories, experiences and views;
- Our volunteers who have donated 2166 hours of their time and expertise, to make a difference in their community;
- The Healthwatch Hillingdon Board who have governed impeccably, providing guidance and support;
- The staff team, Raj, Pat and Charmaine, who are dedicated to helping people and the purposes of Healthwatch.

I express my sincere gratitude to Stephen Otter for accepting the position of Healthwatch Hillingdon Chair in October 2016. He has already shown great leadership in developing our vision, and continuing to maintain our well-respected position within Hillingdon and the wider Healthwatch Network.

I also thank Turkay Mahmoud who re-joined the Board in 2016, and as Vice-Chair is ably assisting Stephen to bring a renewed focus and drive to the executive team.

I would like to give special mention to Shirley Clipp and Christianah Olagunju who joined our staff team this year to deliver our work on discharge and maternity. These projects have been a major part of our success this year, and this would not have been possible without all their enthusiasm and efforts. Thank you!

Finally, I am going to unashamedly finish my message in exactly the same way as last year and ask for your help.

Our work has proved that armed with the evidence of your lived experience of care, we can improve services.

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

Graham Hawkes
Chief Executive Officer
Healthwatch Hillingdon

Forward – Councillor Philip Corthorne

I am delighted to welcome you to Healthwatch Hillingdon's latest annual report which, once again, sets out clearly the valuable work Healthwatch undertakes on behalf of residents and the difference that the "voice of the customer" can make.

I congratulate the Healthwatch Hillingdon team: the voluntary Board of Trustees under Stephen Otter's leadership, to Graham Hawkes and the small staff team and to the number of volunteers who have made the research, enquiries and representation possible.

I am also grateful to the public who have taken the time to tell their story, to engage and discuss so that their voice can be heard. I encourage everyone to continue to do so.

We now move forward with national programmes influencing and transforming health and social care. In doing so, Hillingdon Council will always put our residents first and act to support those locally. In Healthwatch Hillingdon we have an established and trusted partner and I look forward to our continued collaboration.

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

Highlights from our year

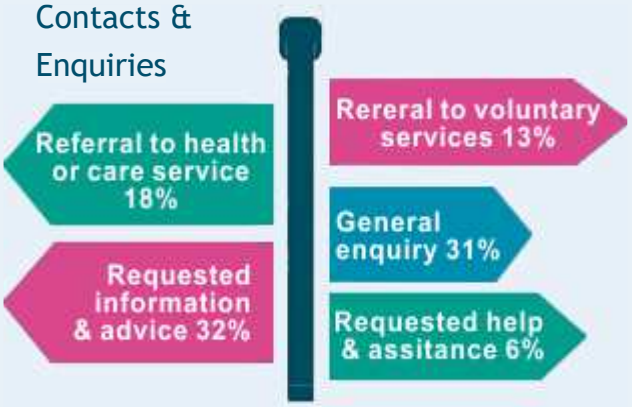
Listening to people who use health and social care

Our reports have focussed on Fertility, Discharge and Maternity

Engagement and Feedback

Giving people advice and information

Contacts & Enquiries



Top 5 Areas

Representation

Our People - Volunteering

Who we are

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

We exist to make health and social care services work for the people who use them, and we monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

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

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

Our vision

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

We want to ensure that local decision makers put the experiences of people at the heart of their work, giving adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are run in Hillingdon. This vision is founded on the strong belief that services work best when they are designed around the needs and experiences of the people who use them.

Our priorities

The focus of our work for 2016-17 was set by our Board in 2015 after undergoing an in-depth analysis of the data and intelligence gathered from our residents during the previous year.

The key areas for 2016-17 were:

Discharge from Hillingdon Hospital

This project engaged with Hillingdon Hospital patients over 65 who had recently gone through the discharge process to gain a greater understanding of their experience, ascertaining what worked well and where improvements could be made.

Maternity in Hillingdon

With 600 additional births expected in Hillingdon, this project investigated the potential affect that the closure of Ealing's maternity unit could have on the quality of care that women and their families were receiving.

Fertility treatment

In our 2016 report "IVF: Is Variation Fair?" we highlighted the inequality in access that women and couples face to access NHS fertility services. This report has acted as a catalyst for significant national debate on

the issue, as well as recognition from NHS England and the Department for Health that the current situation is unacceptable. We are pleased that the Department of Health have agreed to take forward many of the suggestions made in our report.

Our Work Plan 2015-2017 can be viewed at: http://bit.ly/20QJAcy

Our Shop

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

With **8,351,678** people recorded as passing through the Pavilions in 2016, it is an ideal location for us to reach and help as many people as possible.

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

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

The shop is not just a Healthwatch Hillingdon vehicle; it's a community hub enabling us to engage with some diverse groups and communities. We have the added value of being able to offer other organisations within Hillingdon a venue to deliver their services.

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

We are also able to support the National Childbirth Trust's Little Bundles initiative programme through allowing them continued storage in our basement.

Listening to People…The Healthwatch Hillingdon Team….

Charmaine Goodridge

Dr Tarlochan (Raj) Grewal

Pat Maher

Your views on health and care

Listening to local people's views

How we've worked with our community

This year we recorded direct engagement with **2579** members of the public. That is up by **25**% on last year!

We spoke to residents at **59** community engagement and **413** were engaged through our discharge and maternity projects. Some of the events attended included the Older People's Assembly, the Disability Assembly and Brunel Universities Volunteers' Fair. As always, these large-scale events provided an excellent opportunity to promote the work of Healthwatch.

Healthwatch has attended 17 drop-in sessions, and has held surgeries at 15 of Hillingdon's 17 libraries. This has given us a presence in the community, and helped to raise our profile.

At the Oak Farm library, an elderly lady informed us of her late husband's frustration of having his haematology appointment cancelled 11 consecutive times at the Hillingdon Hospital.

She also expressed her own frustration at having had her hospital appointment cancelled on several occasions.

During this year, we also spoke at coffee mornings held by organisations such as the Salvation Army, Hillingdon Carers, Parkinson's UK and the Alzheimer's Society. As we anticipated, the number of attendees at these events was relatively small (on average 15-20 people) however this allowed for group discussions, and comprehensive feedback.

The key concerns highlighted by residents who attended the coffee morning events included access to GP appointments, not seeing the same GP at appointments (lack of continuity), repeat prescriptions and dental charges.

The coffee mornings have overall proved to be a very effective way of gathering targeted feedback and we will continue to incorporate them as part of our future engagement activities.

We were also at Hillingdon Age UK's 60 + Fair, Uxbridge Fresher's Fair, Hillingdon Health Conference, Parkinson's Information Day and Hillingdon Carers Health MOT day amongst others. These events were targeted towards different segments of the community and so presented an excellent opportunity to gather experiences from diverse audiences.

Our attendance at Uxbridge College Fresher's Fair was one of the highlights of our engagement activities this quarter as we were able to connect with a younger audience (16-24) who very rarely share their experiences of health and social care services. We were accompanied by 2 of our younger volunteers to assist on our stall as we felt the students would respond better to their peers.

This proved to be a positive approach as during the two-day event we spoke to over 50 young people and handed out our literature.

During 2016/17 we introduced a new feedback form called 'Have Your Say'. The form is used at public events to capture individual experiences – both positive and negative of accessing services.

During 2017 we also want to resume our presence at the Hillingdon Hospital by having a monthly stall in the entrance.

We will also reach out to Hillingdon's faith groups including mosques, churches and temples and youth organisations to capture the views and experiences of those who are seldom heard.

Promotion and Communication

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

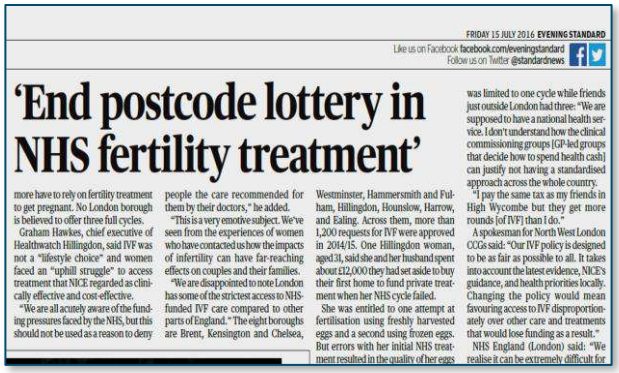
Social media has become an excellent way to raise our profile and reach members of the public. We continue to maintain a healthy online presence on Facebook and Twitter by regularly posting news stories, information and events on health and social care and encouraging our online communities to converse with us and share their views. We use popular Instagram to regularly post images of our outreach and engagement activities, and followers engage with us by commenting on or liking our posts.

Focus - reaching out to residents through local media

Fertility Treatment

As mentioned earlier in this report our 2016 report "IVF: Is Variation Fair?" highlighted the inequality in access that women and couples face to access NHS fertility services. This report has acted as a catalyst for significant national debate on the issue as well as recognition from NHS England and the Department for Health that the current situation is unacceptable. The Department of Health has given careful consideration to our report and we are pleased that they have agreed to take forward many of our suggestions.

This made headlines in the Evening Standard on July 15th 2016.



FRIDAY 15 JULY 2016 EVENING STANDARD

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Follow us on Twitter @standardnews

'End postcode lottery in NHS fertility treatment'

more have to rely on fertility treatment to get pregnant. No London borough is believed to offer three full cycles.

Graham Hawkes, chief executive of Healthwatch Hillingdon, said IVF was not a "lifestyle choice" and women faced an "uphill struggle" to access treatment that NICE regarded as clinically effective and cost-effective.

"We are all acutely aware of the funding pressures faced by the NHS, but this should not be used as a reason to deny people the care recommended for them by their doctors," he added.

"This is a very emotive subject. We've seen from the experiences of women who have contacted us how the impacts of infertility can have far-reaching effects on couples and their families.

"We are disappointed to note London has some of the strictest access to NHS-funded IVF care compared to other parts of England." The eight boroughs are Brent, Kensington and Chelsea, Westminster, Hammersmith and Fulham, Hillingdon, Hounslow, Harrow, and Ealing. Across them, more than 1,200 requests for IVF were approved in 2014/15. One Hillingdon woman, aged 31, said she and her husband spent about £12,000 they had set aside to buy their first home to fund private treatment when her NHS cycle failed.

She was entitled to one attempt at fertilisation using freshly harvested eggs and a second using frozen eggs. But errors with her initial NHS treatment resulted in the quality of her eggs was limited to one cycle while friends just outside London had three. "We are supposed to have a national health service. I don't understand how the clinical commissioning groups [GP-led groups that decide how to spend health cash] can justify not having a standardised approach across the whole country.

"I pay the same tax as my friends in High Wycombe but they get more rounds [of IVF] than I do."

A spokesman for North West London CCGs said: "Our IVF policy is designed to be as fair as possible to all. It takes into account the latest evidence, NICE's guidance, and health priorities locally. Changing the policy would mean favouring access to IVF disproportionately over other care and treatments that would lose funding as a result."

NHS England (London) said: "We realise it can be extremely difficult for

Domiciliary Care

We worked with Healthwatch England to uncover allegations made against a domiciliary care agency as shown on the Channel 4 program 'Dispatches'[2].

Healthwatch worked very closely with the family, Social Service colleagues, and the Care Quality Commission as a thorough investigation was undertaken. We also gave

a statement to Get West London for their published article

"Elderly, blind Uxbridge woman 'left in her own faeces' by Hillingdon Council-funded carers"[3]

What we've learnt from visiting services

Healthwatch Hillingdon has decided not to carry out enter and view as described in law. We are able to do this due to working closely with colleagues within the Local Authority Contracts Monitoring Team and Care Quality Commission, this relationship works really well as shown below. In 2016/17 volunteers invested over 260 hours in 10 Patient Led Assessment of Care Environment (PLACE)[4] assessments.

Major safety issue

During May 2016, 8 of our assessors committed 115 hours to volunteering to complete assessments in Hillingdon Hospital, Woodlands and Riverside sites.

At Riverside the assessors highlighted what they saw as a major safety issue. This was immediately reported to senior

[2] http://bit.ly/2sasddW
[3] http://bit.ly/2s3ESPh
[4] https://www.england.nhs.uk/ourwork/qual-clin-lead/place/

management and swift action was taken by the Trust to carry out repairs. Healthwatch was invited by Central North West London to inspect the repairs as part of the assurance process.

Hospital Wards

Our assessors carried out 2 (PLACE) assessments in October and November 2017 at Mount Vernon and Hillingdon Hospital respectively.

One of our most experienced assessors is now attending the hospital PLACE steering group for Healthwatch. This group monitors the delivery of the improvement plan.

Actions on the improvement plan include:

- Review tidiness and storage issues where identified and ensure a neat environment.
- Replace bins where needed. Address bin labelling issues.
- Repair/ replace damaged or stained seating.
- Review the buildings and grounds maintenance programmes and resource to take account of the PLACE findings re staining and damage, and ensure improvements are made.
- Review PLACE dementia signage requirements and implement solutions to improve privacy in reception areas & wards.
- Prioritise colour, texture and design of flooring programme to take account of the PLACE findings regarding dementia patients.

Care home

We were asked by a resident of a Hillingdon care home and their family to accompany them to a family meeting, arranged to discuss current issues within the home.

Due to our concerns with the standard of care being outlined by residents and their families we immediately contacted Social Services, who attended the home the following working day.

This resulted in the provider putting a plan in place to address the issues and return care to appropriate levels, which we both continue to monitor with Social Services.

This is a great example of how our close working relationship with Social Services is benefitting residents and we would especially thank the officer involved for their prompt action.

Helping you find the answers

How we have helped the community access the care they need

Helping people get what they need from local health and care services is what we are all about

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

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

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

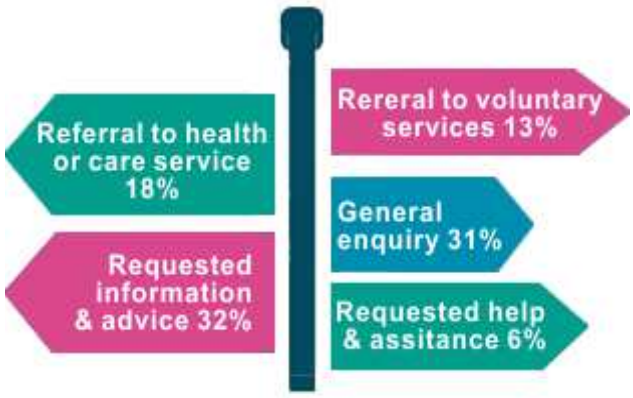
Our website also features similar information and has been visited over 1.1 million times this year.

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

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

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

2579 residents contacted our information, advice and signposting service in 2016/17



The reasons that people contact us are very varied. They range from simple enquiries, to some very complex issues.

Our experienced team have an excellent knowledge of health and social care and the services that are provided locally.

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

- Mrs P asked us for help. She was over 65 and looked after her husband who suffered with dementia. She was struggling with a number of things including some DIY.

We were able to signpost her to Age UK, Hillingdon Carers and the Alzheimer's Society for a range of solutions.

- An individual visited our offices in September in a highly distressed state. They had been referred to ARCH (Addiction Recovery Community Hillingdon) by their GP, as although they had been previously prescribed methadone and co-codamol for 20 plus years by a GP, their current GP was not now authorised to prescribe methadone. The patient informed us that following a review by ARCH, the co-codamol was withdrawn which were for her back pain. The patient explained that they were in severe pain and had been unable to contact their key worker and had been told she would not be able to see the ARCH clinician for a further 3 weeks.

We contacted ARCH who provided further support to help the individual. We feel it is so important that whenever medication is withdrawn that this is done in a controlled and supported manner to reduce the impact on the individual and prevent them from going into crisis.

ARCH is service in Hillingdon, provided by Central North West London NHS Foundation Trust (CNWL). When working with the above individual we noted that the new ARCH website did not provide details of their PALS Department, or how a patient can make compliments, or a complaint. We contacted CNWL who rectified this, to ensure all residents using the website now have these details.

- We were contacted about an elderly Hillingdon resident, who suffers from mental health issues and numerous physical long term health conditions.

  They live alone and for many years have received a jointly funded care package, which included the regular reapplication of compression bandages for their lymphoedema (chronic swelling of limbs).

  However, without any notice, the family were informed that the care agency will no longer be providing this service and that the care package had been withdrawn by social services. This was very concerning for the family as the resident had previously had a life-threatening leg infection due to their lymphoedema.

We contacted Social Services who immediately investigated the case and reinstated the care package to ensure the resident received the care they needed.

We also received reassurance that the reason for the error had been identified and a process had been changed immediately to stop it happening again.

- Mrs D was due to have a hip replacement in October 2016. She had attended a pre-operation class. She did not want to complain and had found the class interesting and useful, but in the discussions about discharge after the operation, she did not feel she was listened to. She was very concerned about going home after the operation as she felt she was being discharged too soon and was not confident that she would be able to look after herself.

We contacted the hospital and a member of the MSK team contacted Mrs D to listen to her concerns and put a discharge package together that met her needs.

- One of the worrying contacts for us related to a vulnerable patient who has a history of alcohol and drug dependency. They wanted advice on how they could get their doctor to prescribe more sleeping tablets as they didn't want to keep buying them.

  We discovered that in order to safeguard them, their GP prescribes the sleeping tablet, Zolpidem, on a restricted basis by 1 week prescriptions. However, this patient was freely and cheaply purchasing Zolpidem, which is a Class C Controlled Drug, without prescription on the internet.

We raised our concerns regarding patients gaining access to restricted, prescription-only medication via online platforms. We raised our concerns with the Medicines and Healthcare Products Regulatory Agency, as well as Healthwatch England and the Care Quality Commission. We were delighted to see that the appropriate regulators and professional bodies have jointly begun to take enforcement action against those online suppliers which are UK-based, and begun a joint high-profile public awareness campaign to highlight to the public the inherent risks/dangers that offshore online suppliers may pose.

- M had hearing and speech impairment but was able to use British Sign Language (BSL). M had an outpatient appointment the same day at Hillingdon Hospital but there was no BSL support provided. M found the appointment extremely stressful, as she was not able to properly communicate with clinical staff.

  M had another appointment at Hillingdon Hospital at end of March for an operation and M was very concerned and stressed that Hillingdon Hospital made no effort to arrange BSL support for the next appointment/operation even though she made it clear that she needed BSL.

Healthwatch Hillingdon contacted the Outpatient department at Hillingdon Hospital to ensure that BSL support would be made for the operation. Comment: NHS Accessible Information Standards had not been followed.

Making a difference together

How your experiences are helping influence change

Safely Home to the Right Care

On Thursday 23rd February 2017 we published a new report – Safely 'Home' to the Right Care – outlining the personal experiences of older people who had recently been discharged from Hillingdon Hospital.

The report was the culmination of a 6 month engagement programme which saw us engage with 172 inpatients at Hillingdon Hospital, 52 patients post discharge and the professionals and staff from over 20 organisations.

The intelligence collected during our research provided us with a valuable insight into older people's experiences of being discharged from Hillingdon Hospital, and the care and support provided to them in the community.

Evidence suggests uniform processes, better information for people and improving communication between patients, care staff and the component organisations, will be key to the discharge pathway being improved.

We have seen a positive response to the report from commissioners and providers.

There has been an acknowledgment that improvement is needed and a number of recommendations outlined in the report have already been implemented.

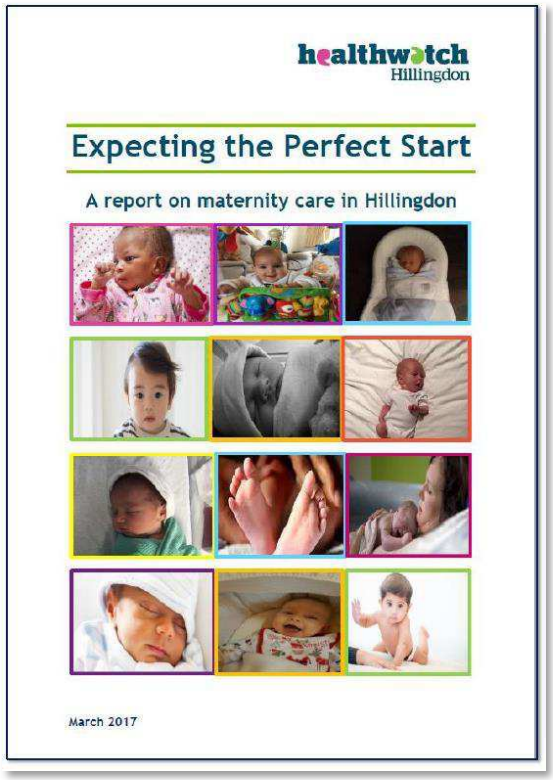
Our evidence has also informed the Better Care Fund and additional actions have been added to the delivery plan monitored by the Health and Wellbeing Board.

We will also look to monitor progress against our recommendations with all partners through the Older People's Services Delivery Group.

Healthwatch Hillingdon has produced a short film of patient's lived experiences to accompany this report. This can be viewed at: http://bit.ly/2qJfyP0

Expecting the Perfect Start

Our other major project was assessing the impact of the closure of Ealing's Maternity unit on the maternity services provided at Hillingdon Hospital.

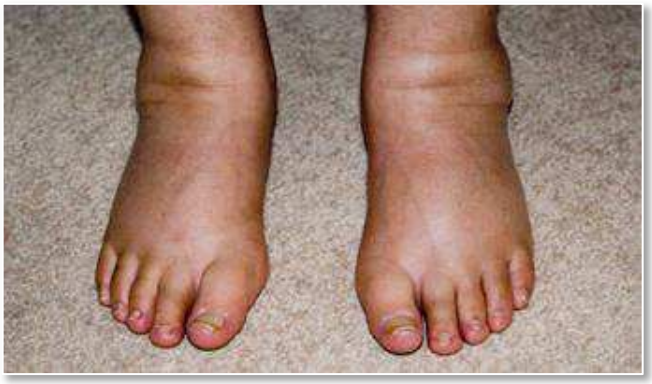


The Expecting the Perfect Start report, which draws on the experiences and views of over 250 women, their families and maternity staff, outlines the comprehensive feedback we have received and gives an in-depth understanding of Hillingdon's maternity services.

More of which is outlined later in this report.

Lymphoedema Service

The lack of primary (non-cancer related) lymphoedema services in Hillingdon was brought to the attention of Healthwatch by several suffering residents. As a result,



Healthwatch investigated the initial findings which showed that there does not seem to be primary lymphoedema services commissioned in Hillingdon, and that differing providers are taking responsibility for caring for individuals in the community.

We raised this with Hillingdon CCG as our assumption appears to be verified by a recent report by the Healthy London Partnership[5].

We are pleased to confirm that the NHS Hillingdon CCG have now launched a new Lymphoedema service that will provide access to all Hillingdon patients with a need for Lymphoedema care and support. This is very welcome news, and we applaud the NHS Hillingdon CCG for investing in this new service for the benefit of our local residents. The new service means that secondary Lymphoedema patients (cancer-related) will be under the care of the Mount Vernon Cancer Centre; whereas patients with secondary Lymphoedema will be able to access care from Harlington Hospice.

Adult Autism Diagnosis

Healthwatch were alerted to long delays for assessment, experienced by some patients

[5] http://bit.ly/2fLbXt0

who had been referred by their GP to the Autism diagnosis service. We were originally highlighted to this in March, and raised this with Hillingdon CCG. It turned out that the problem lay with a contractual disagreement with the local service provider.

Under the NHS Constitution a CCG has a legal duty to ensure that residents have access to appropriate timely treatment and must refer them to an alternative provider, outside of the area, if one is not available locally. As this issue had not been rectified by May, we were concerned for these vulnerable residents and urged the CCG to find a solution.

We are pleased to note that as a temporary solution an alternative provider was commissioned and the Hillingdon CCG then procured a permanent autism assessment service for the borough's residents.

Syringe Disposal

A few patients with diabetes, who were managing their condition at home, contacted Healthwatch in relation to the disposal of the needles (sharps) they use for their insulin injections. There seemed to be confusion amongst professionals and a lack of information for patients on where clinical sharps are disposed.

On investigation, we found that the national policy for the disposal of "domestic clinical waste" provided by the Department for Environment, Food & Rural Affairs advises that: "Local authorities have a duty to collect household waste including healthcare waste from domestic properties."[6]

In Hillingdon there is a sharps service provided by both the NHS and the Council for substance misuse. But for diabetes patients the disposal service is provided by a select number of pharmacies and a few GP practices and these are not readily publicised for patients.

Further clarity and clear information to the public on who to contact to arrange the safe removal of clinical waste (including sharps) from domestic property is necessary.

Healthwatch has lobbied Hillingdon CCG and the Council to publish a list of the pharmacies and GP practices that provide the sharps disposal service on their websites.

Fertility Treatment

During 2016-17 we have continued, as part of our work on access to IVF services, to highlight to the NWL CCG Collaborative that NHS providers should not be charging patients for costly IVF "add-on"[7] treatments as part of their NHS funded care, especially where there is limited evidence of effectiveness.

[6] www.gov.uk/guidance/healthcare-waste

[7] http://bit.ly/2fFbDYQ

We have been assured by NHS England that they will speak to providers to remind them of their legal obligations not to charge NHS patients for add-on treatments available as part of their IVF treatment.

In February 2017, following a cross-party debate on IVF in parliament, Healthwatch Hillingdon wrote to, Nicola Blackwood MP the Department of Health's Parliamentary Under Secretary of State for Public Health and Innovation. We thank the Under Secretary for her encouraging response:

"It is the Government's view that infertility is a serious medical condition and those suffering from infertility, which meet the criteria in the NICE fertility guideline for NHS funded treatment, should be able to seek treatment on the NHS"

We anticipate that once NHS England has completed this work in 2017/2018, that this will address the main summary of our 2016 Fertility report:

"Healthwatch Hillingdon believes that commissioning fertility services at scale across England, with a fixed national NHS tariff, incorporating nationally agreed outcome measures… will be more cost effective for the NHS."

This once again, demonstrates how Healthwatch Hillingdon has acted as a catalyst for national debate and change at both a local and national level.

GP Access

In August 2016 we were contacted by a resident whose mother had been discharged from hospital following a difficult life-changing illness. They told us they had found a lovely care home where they knew their mother would be safe, but were horrified to find that the home were having extreme difficulties in registering their mother with a GP practice.

On speaking to the home we found that they had 7 new residents that the local GP practices had refused to register. Due to current pressures the GP practices were reluctant to register these patients although it was their legal duty. Even after we involved NHS England, the practices continued to put up administrative barriers, which resulted in the home having to take 3 of these frail elderly residents physically to the GP surgery to enable registration.

Residents of the nursing home are all currently registered but with only 15% of the current home's capacity taken up this will be an ongoing issue. We continue to work with NHS England and Hillingdon CCG to ensure residents are registered and a long-term solution can be found, to benefit all parties.

How we work with other organisations

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

We are seen as independent, an equal partner and a valued "critical friend" within health and social care.

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

This year Healthwatch Hillingdon attended **289** health and social care meetings and **53** voluntary sector and community meetings, covering a wide range of subjects.

Our involvement keeps us well informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents.

It also ensures that the lived experience of our patients and public are clearly heard and are influencing decisions and improving health and social care in Hillingdon.

Our strong relationships ensure that whatever element of our work we are engaged in, we are able to directly communicate with all organisations from operational to executive level.

- At the **Health and Wellbeing Board** (HWB) we have used our statutory membership to continue to raise issues and concerns on behalf of the public. We bring a focus to the delivery of the Children's and Adolescent Mental Health Transformation Plan and through formal submission of our reports ensure the recommendations we make for service change are reflected at the highest level.

- Working with **Hillingdon Clinical Commissioning Group** is a key relationship. We have an independent seat on a number of their strategic committees, groups, and wider work streams including the:
  - CCG Governing Body

- Sustainability and Transformation Plan (STP) Steering Group
- Quality Safety and Risk Committee
- Co-Commissioning Committee
- Transformation Committee
- Procurement Panel
- A&E Delivery Board
- GP Access Group

These strong avenues of communication have allowed us to regularly raise quality issues and challenge commissioning decisions.

High on the agenda this year has been ensuring the voice of the public was not excluded from the conversations that took place around STPs, our work on hospital discharges for the elderly, maternity services in Hillingdon following the closure of Ealing Maternity Unit, access to GP services – especially in the south of the borough, mental health care, fertility treatment and the unprecedented activity at Hillingdon's A&E.

- At the Local Authority we meet with **Hillingdon Social Services** and **Public Health** to input into a number of areas, such as, delayed discharge from hospital, care homes, domiciliary care, The Autism Strategy and Suicide Prevention Strategy.

We represent the public on both the adult and children's safeguarding boards, and were instrumental in supporting the recruitment of members of the public, to sit on those boards.

Hillingdon LSCB local safeguarding children board

We also closely support the Council at the Older people's, Carers and Disabilities Assemblies.

- We work in similar ways with both **The Hillingdon Hospitals NHS FT** and **Central West London NHS FT**. We share information and work closely together to gain a wider understanding of service quality and how their patient's experience the services each organisation provides.

Healthwatch has a duty to respond each year to the Trusts Quality Statements and we work with each Trust throughout the year to make sure that quality is continually addressed and those areas which require the most focus are seen as a priority. We support both Trusts by providing volunteer PLACE

Assessors to carry out inspections of the care environment and this is resulting in improvements to their condition, cleanliness and to the provision of food.

This year we would specifically thank The Hillingdon Hospitals FT for its assistance in our project work. Their 'all area' patient access enabled a rich source of patient experience data to be collected, which is leading to positive service change.

We also worked with Central West London NHS FT as they reconfigured the way in which they delivered the podiatry and multi-skeletal services.

Our involvement ensured that not only were patients views taken into consideration through the change, but that they also received valued support and information during the transition period.

- We continue to work closely with Hillingdon 4 All (Age UK, DASH, Hillingdon Carers, Harlington Hospice and MIND), Alzheimer's Society, Parkinson's Group, Refugees in Effective and Active Partnership (REAP) and other local voluntary sector and community groups. Supporting residents together, through the sharing of information and signposting to each other's services.

Hillingdon Health and Care Partners

- Health and care work-streams across the country are becoming increasingly more integrated. Organisations are joining forces to develop accountable care partnerships. Throughout 2016 the Hillingdon Health and Care Partners (HCCP) have been preparing to launch in shadow form from 1st April 2017 to pilot the service. Healthwatch Hillingdon has now been invited to sit on the HCCP Board, which again is ensuring patients are represented at the forefront of change.

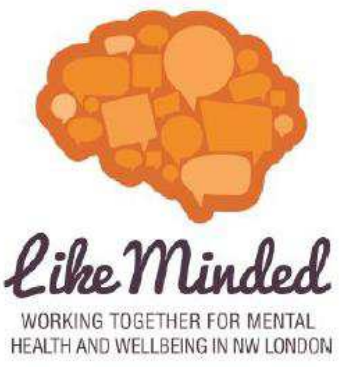
- We represent Hillingdon at regional meetings for change programmes which are being planned and implemented across North West London, such as:

Shaping a Healthier Future - the reconfiguration of acute and community services – which has already seen maternity and acute paediatrics transfer from Ealing Hospital.

Sustainability and Transformation Plans - health and social care working together to

build services around the needs of the local populations

Like Minded - the reconfiguration programme for mental health services in North West London.



- Our relationship with Healthwatch England continues to grow.

Our regular attendance at the London Healthwatch Network meetings provides a valuable opportunity to share intelligence and good practice with others in the London Healthwatch network.

We have continued to work strategically with Healthwatch England to help influence change at a national level.

Our work on IVF is a prime example of this and we were recognised by the Healthwatch England Committee at their March 2017 meeting for our contribution to the development of a national tariff and national guidance for IVF.

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

We hold meetings with the CQC where we discuss common concerns and areas of improvement with the regulator. In particular this year we collaborated with inspectors on 3 specific areas of joint interest.

Stakeholder Survey 2016-17

To reflect upon our work in 2016-2017 Healthwatch Hillingdon carried out a stakeholder survey, based on areas within the local Healthwatch Quality Statements, set out by Healthwatch England.

- **Strategic Context and Relationships**
- **Community Voice and Influence**
- **Making a Difference Locally**
- **Informing People**

These quality statements are intended to help local Healthwatch, their commissioners and other stakeholders develop a clearer understanding of the impact that their local Healthwatch has made, its strengths and areas where further development might be required.

We had 42 returned surveys including responses from, CNWL, Hillingdon CCG, Hillingdon Council, Hillingdon Hospital, the wider voluntary sector organisations and other patient representatives.

The results:

98% of respondents stating that they agree or strongly agree that Healthwatch Hillingdon (HwH) demonstrates added value through its work engaging local people.

> **"Healthwatch provides a great deal of information and personal stories of how people are affected"**

 88% of all respondents agree or strongly agree that Healthwatch Hillingdon brings a distinct contribution to decision making structures in the local system.

"Hillingdon Healthwatch provides extremely valuable scrutiny of local services. The officers are fair in their assessment of services and seek to work collaboratively with commissioners to improve the local offer for residents."

 95% of all respondents agree or strongly agree that they understand the rationale behind the priorities of Healthwatch Hillingdon.

"The recent Discharge Report - we as providers were actively briefed on the aims of the project, involved in contributing to the data gathering and de-briefed with constructive feedback. We were also given an opportunity to respond to the findings and how we intend to address these going forward."

 94% of all respondents agree or strongly agree that Healthwatch Hillingdon insight and reports are constructive, independent and clear about the rationale for the evidence used.

"Healthwatch Hillingdon are a valuable partner in meeting our ambition to commission high quality care in Hillingdon. We look forward to continuing to work with them."

 *95%* of all respondents agree or strongly agree that Healthwatch Hillingdon brings added value to their work thanks to its unique perspective

"The information that Healthwatch have contributed to CCG discussions has brought a valuable patient perspective to many of our work programmes. The reports into discharge processes and maternity care at Hillingdon Hospital in particular have provided areas of focus and prioritisation both for the CCG and the system more broadly. Contributions are always constructive and focussed on finding consensus and a way forward but provide appropriate challenge where necessary."

What can we do better?

The results from: Community Voice and Influence, Making a Difference Locally and Informing People…

…. show that there is still more work to be done. The number of respondents who agreed local people were actively involved in the delivery of HwH fell to around 76%. The figures for how we involve seldom heard groups and whether respondents felt comfortable to promote HwH, were very similar.

Only 60% felt that the service clearly ensures marginalised groups are heard. A relatively high number of people recorded that they did not have the knowledge or experience to answer, or answered indifferently.

"Unclear how much engagement they do with seldom heard groups but aware they have certainly reached out to older client groups and those with MH issues"

"I am unaware of Healthwatch Hillingdon's Insight reports and can't comment on the extent to which either the hospital, or commissioner, has been involved in their production"

The results in these sections do not come as a surprise as HwH have already recognised that more is required to promote the organisation and the services we provide to a wider audience. This is already in the HwH Workplan and an area we are looking to address in 2017-2018.

We have been very encouraged

The survey provided Healthwatch Hillingdon with the real opportunity to measure how we are delivering local Healthwatch against our core statutory duties and this vision.

Overall the results are very encouraging and endorse the way in which we deliver local Healthwatch. They show that we are seen by our stakeholders in health and social care as an equal partner. We have strong strategic relationships and are adding value to their work. We are ensuring the voice of the public is not only represented and heard, but is influencing change.

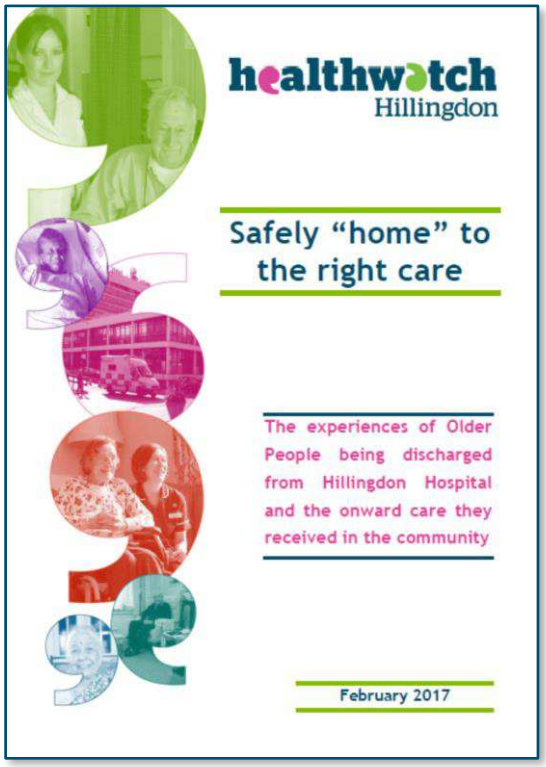
It could be argued that by achieving this we are delivering our vision already. The survey results however show that although we are giving adults, young people, children and communities a greater say, there is still more to do to reach a wider audience before we can truly say we are delivering our vision.

Our achievements and standing gives us a solid foundation to build upon, as we move into 2017-2018.

It starts with you

Talking to you about discharge from hospital

Safely "home" to the right Care



Hillingdon Hospital say: We are keen to work in partnership with Healthwatch, Care Partners and other key stakeholders to progress the very helpful recommendations you have made in this report.

Older patients arriving at Hillingdon Hospital are from a generation who express pride in what they regard as 'their' NHS. They are largely from a generation where they just 'get on with it' and 'don't want to cause trouble or be a nuisance'. They endure, and don't like to complain. They feel vulnerable as many have lost confidence with age. We interviewed 172 patients on various wards and followed up with 52 of them after their discharge from hospital. 81% of patients said that they were either satisfied or very satisfied with the way they were treated overall.

They said staff were caring and trying their best, but wards were very busy, which led to lengthy waits in being attended to, long waits for medication and poor communication. It was no surprise therefore when asked what could be improved, 31% of these said they felt the hospital was understaffed and needed more doctors and nurses.

30% of patients and/or their carers referred to poor communication and lack of understanding about their condition.

Professionals and staff also recognised the need for better communication and explanation for patients and families/carers, but see the need for better processes and management to be able to free up 'firefighting' time in order to invest in the necessary commitment to clearer communication.

Patients and families/carers wanted an understanding of their situation from a member of staff. They were often told they

needed to speak to a doctor for this, but that could mean waiting a considerable time. Professionals and staff also felt there is a need for a communication process consistently applied. Some wards seem to allow an appointments system with doctors, others do not. It seems to be very hard to get any time with a doctor.

Patients sometimes forget, don't hear or get confused about what they have been told. This can lead to the family /carers being uninformed, which leads to family seeking information from staff which is often time consuming and frustrating.

Patients and their families/carers would therefore like information from doctors explaining the current situation and what would happen next, written down.

Staff told us that this would also help them, as much of their time is taken up with enquiries from families, and not all staff roles are aware of the full situation on a patient to be able to effectively give an update.

Patient evidence suggested that there were inconsistent processes and procedures throughout the wards resulting in inconsistent care to elderly patients.

Healthwatch Recommendations

Communication and Information

1. We have recommended that a booklet is produced and issued to all admitted patients which will be filled in during the inpatient stay. This booklet will be completed on discharge complying with many of the details listed in the NICE requirements.

We would recommend that this booklet is reviewed and updated to produce a 'Patient Journey' booklet that keeps patient/carers fully informed. This will then act as a method of communication between patient/carers and professionals in hospital and in the community.

2. We have recommended that patient/ carers are provided with written information about social care and continuing health care assessments in line with the Care Act.

3. We have recommended that an independent advocacy service should be provided for individuals who have substantial difficulty in being involved in the assessment and discharge planning process.

The difference we have made already!

We are pleased that work started immediately on our first recommendation.

Partners gathered to redesign the working together booklet to include the areas patients and their families told us were required. In March 2017 a final draft was agreed and it is expected that following production the booklet will be rolled out and issued to all admitted patients in early June 2017.

This is very encouraging as we feel that this will make a real difference to patients and their relatives/carers. It addresses many of their concerns, particularly lack of communication.

One of the biggest frustrations for patient advocates is seeking information from doctors who are always busy and difficult to make contact with. In this booklet there are contact pages enabling questions to be written down and answered in writing by a professional.

We are very grateful to the Hillingdon Hospital for their prompt action on this, and hope to work together to ensure that it is a success for patients and staff alike.

BREAKING NEWS

ROLL OUT OF THE FIRST 35,000 COPIES OF NEW COMMUNICATION BOOKLETS STARTED ACROSS ALL WARDS AT HILLINGDON HOSPITAL ON 12th JUNE 2017

Processes and Procedures

4. We have recommended that the hospital looks to standardise the discharge process across all wards. A compulsory uniform process could provide many benefits to improve the patient and staff experience.

5. We have recommended a review of the discharge lounge be carried out, to assess how effective it is in meeting the needs of patient/carers who are waiting there.

6. We have recommended that in addition to written instructions for those patients being prescribed multiple medications, that the hospital also looks to provide Dosette boxes. This will mitigate against possible unintentional overdose and improve patient safety.

7. We would recommend that when discharging an older person that it becomes standard practice to proactively refer to Hillingdon Carers for further support, especially when the patient is the sole carer for the patient.

Closer integration and joined up working

8. We have recommended that serious consideration is given to a proposed single point of access for discharge, as a possible solution to providing wrap around and integrated care for the patient/carer.

The difference we have made already!

It has been acknowledged by the Trust that discharge processes need to be uniform across their wards. The Trust is working closely with all partners and has requested support from the NHS

Emergency Care Improvement Programme (ECIP). The Trust has received formal recommendations from ECIP and a steering board is overseeing the delivery of these recommendations.

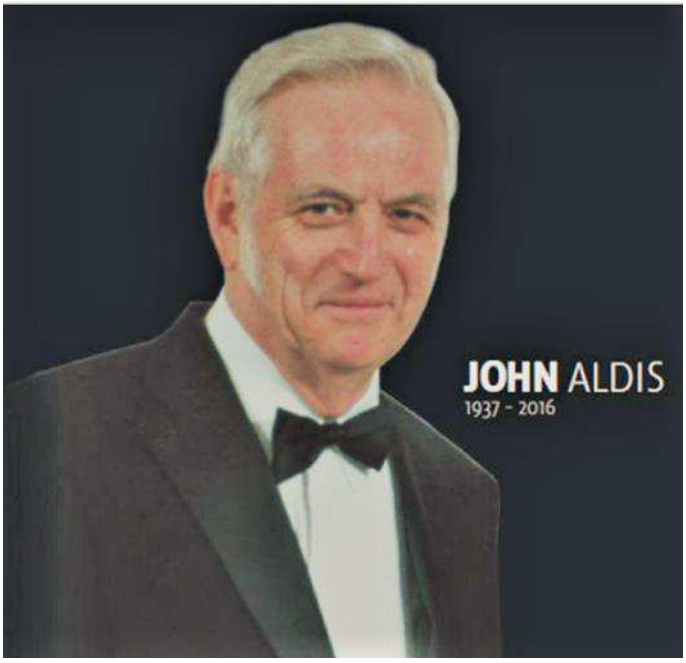
The Trust acted swiftly to address the issues we had found in the discharge lounge. They now provide hot food, and water for waiting patients and are reducing the amount of time that patients wait for their transport.

The patient's story

Stories are of the lived experience of patients and their family members. They are their own accounts and written in their own words. Some names have been changed to protect anonymity.

Alan's Story

My Big Brother John.



Around six years ago, my brother suffered a stroke from which he never fully recovered. This led to mobility issues. He was often having falls inside his home which inevitably led to hospital admissions ...and they were becoming more frequent.

There were also very early signs of dementia setting in. Just after his 79th birthday in January, I suggested to him that he took out a Lasting Power of Attorney for his Health (LPH) naming his only next of kin (me) as his executor. I also asked him did he wish to stay in his own home for the remainder of his days. He replied "Yes".

By April, he was back in Hillingdon Hospital with a urine infection. He was incontinent (mainly because of his mobility) and prone to this kind of infection. By this time Social Services had decided he needed full time care which was duly implemented. 4 visits a day by two carers every day. (one hour a day, Monday to Friday). His mobility was getting worse, so, I had some of the downstairs area cleared and a hospital bed and hoist were installed by the district nurse's department of Social Services. His doctor paid him a visit and diagnosed that he

had rheumatoid arthritis in his hands and arranged for him a visit to the hospital for some time in July.

The rheumatoid arthritis condition made it difficult for him to hold things plus he was pretty much a "dead weight" with his limbs. He never got to that appointment because the doctor's practice (Medical Centre in Ruislip) forgot to mention that he couldn't walk by himself to the hospital transport that had come to pick him up! I contacted the practice to discuss my brother's health and to get the transport changed so he could meet his appointment at a later date.

We are now into late July and I noticed that my brother had an irritable cough, but thought no more of it. Approximately three weeks later I went to visit him again and he still had the cough - but he said he was OK. A few days after that I get a call to say that John was admitted to hospital (Friday 12th August I think) because he had slipped off his chair, and the attending carers noticed that his urine was a really dark colour.

So, he was in Hillingdon Hospital for the urine infection.

The Discharge Fiasco:

The urine infection got cleared up in about four days. On the Wednesday, a doctor who noticed his cough, checked him out and diagnosed that he had the early signs of pneumonia. His throat had swollen up as a result and his diet had to be changed to soft foods. The medical staff at the hospital suggested that he recover in his own home and would be discharged the next day (Thursday) taking with him medication from the hospital pharmacy. Hillingdon Hospital notified Social Services who in turn notified John's carers that they would be "back on" as he was coming home on the Thursday. Well, he never got there. Why? Because pharmacy didn't have the medication that was prescribed.

Meanwhile the carers were at the house, but no John. The next day (Friday), pharmacy supplied the medication required. The carers showed up again. However, Hospital Transport couldn't spare anyone until nearly 11pm at night. I was told he should get home around midnight. I said to the ward nurse she must be joking because who was going to get him into the house as there wouldn't be anyone there to greet him. She said OK, it'll have to be Monday now. (I would suggest: that unknown to me, he was getting no antibiotics for the pneumonia condition, because the ward staff saw him just as a patient waiting to go home. It is conjecture, but I 'm putting two and two together and making four.) Of course, there is another scenario - he was getting the medication, but despite him getting worse, they still discharged him because all they were interested in was the availability of his bed - if that was the case then I don't know how the management can sleep at night).

Monday changed everything. Finally, he got driven home by hospital transport, with his medication. John was gasping for breath because he could hardly breathe. It was also the hottest day in August. The driver noticed the difficulties my brother was having and pointed it out to the two waiting carers at his home. They took one look at him and called for an ambulance. The ambulance got there within 30 minutes. The Paramedics took a look at him and were heard to say 'which idiots let this one out?'

They tried to take him back to Hillingdon but were informed there were no beds available.

So they took him to Northwick Park Hospital. He was on near enough, pure oxygen for four days. But a patient cannot stay on pure Oxygen forever. So he was transferred out of there to another ward where he was put on half-oxygen. (Sunday, 28th August).

That was the last time I saw John alive. To be honest he seemed quite cheerful but struggling to speak. I thought 'he's over the worst; he'll get better and through it OK'. I kept in touch with Northwick Park just about every day from that point onwards. Towards the end of that week the staff at Northwick Park were saying that his heart was becoming a problem because of the pneumonia and that if he got into difficulties they would not try to revive him. By the Sunday (4th September) the hospital said he was in pain from breathing difficulties and that they were going to administer Morphine. When hospital staff tell you they are going to administer Morphine, you know it's the beginning of the end but you live in hope.

Thursday 8th September John died at 7am on the morning of Thursday 8th September of Bronchial Pneumonia.

Northwick Park had obviously tried to contact me early in the morning, but I hadn't picked up. So they phoned John's stepson in Wigan. He sent me a text to say that I should call "Vill" at the hospital. I did so about 8.30am to enquire what the problem was with John. He told me "John has expired". I didn't quite catch the last word and asked him to repeat it. He repeated it: "John has expired". That made me so angry, I replied "He's not a Packet of Cornflakes or a robot -he's a human being! Try died, deceased or passed away, not frigging expired!"

> No-one at Hillingdon seems to talk to each other. It's not that they don't care, I'm sure they do, it just seems that no-one is working off the same page. If they had been, my brother would probably still be alive today!

Harry's Story

Harry's Mum Mary, was in Hillingdon Hospital in September 2016, where……

> ……she received fantastic care and attention from the staff there.

She had been in Hillingdon before this incident and had to stay in for an extra 10 days while the care package was sorted out. This was a long time for her to be in there just waiting. In September she went in with fluid on her lungs. While this was addressed, Harry kept asking to speak to a doctor to find out what had been done, and how it could be avoided again.

> It seems the actual Doctors have no intention of speaking to family members and certainly make it

impossible to speak to them, I never got to speak to a doctor, I kept asking but one never updated me with any information.

Harry's Mum was given the Friday as a discharge date. Harry arranged with the hospital that she would be brought home in the hospital transport ambulance at 4pm as she had arranged for 2 carers to receive her at her house.

This was necessary as his Mum could not walk, was very deaf, diabetic, and needed support. For some reason the hospital transport ignored this instruction and took her home at 2pm.

They took the key out of her key safe and let themselves in, dumping Harry's Mum on the bed. They left her alone without a drink or any support. Harry was really not happy about this as his Mum was 80 years old and was disorientated enough coming out of hospital, but to be dumped on a bed and just left is not how she felt an elderly person with multiple health conditions should be treated.

Geoff's Story

Over a period of three years Geoff had been in Hillingdon Hospital twice for operations to remove cancers in his bladder, both operations went extremely well and he couldn't fault the professionalism of the surgeons and the immediate after care staff.

After the first operation he was taken to a ward to recover where he was told to keep drinking several litres of water to flush out blood and clots until his urine ran clear, a doctor who was supervising him at the time advised him to call if his urine turned bloody and painful which it did during the night.

He asked the duty nurse to call for the doctor and after waiting for at least one hour nobody came so he asked the nurse again as he was becoming anxious, after another hour a pharmacist turned up and gave him a bag of medications which was meant for another patient. The pharmacist did apologise for the mix up.

Things gradually became more "normal" over the months but Geoff felt it had been

a very long and tortuous journey which could have been made so much simpler if the correct support had been there from the very beginning.

Three years later due to the same cancer returning, he was again taken to a ward to recover after another operation. He was surprised to be discharged early to return home being told to again, drink lots of water

I suspected the hospital was desperately short of beds.

After being at home for several hours and drinking lots of water he began to experience pain and an urge to urinate but

discovered that even using all his strength he could only squeeze out a few drops of blood.

He rang 111 who called him an ambulance to take him to A&E. He was readmitted where the clots were removed and after an overnight stay he was discharged home wearing a catheter and urine bag for one week supervised by community nurses.

He has since completely recovered. He had this to say:

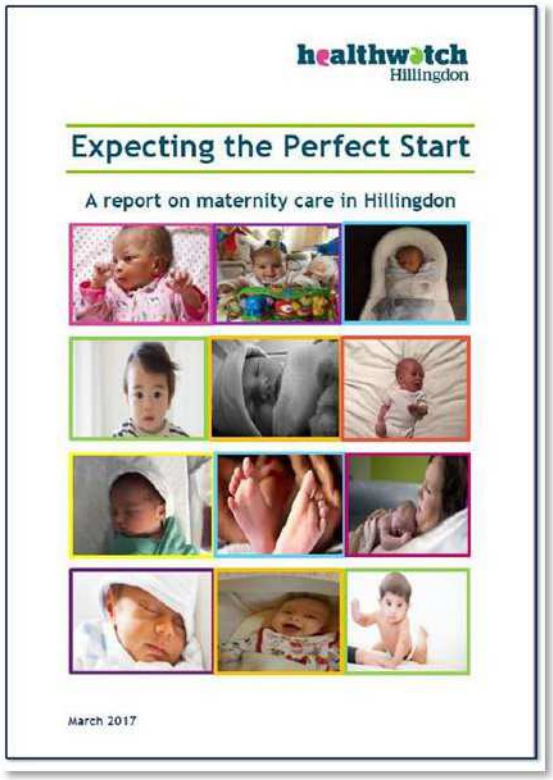
> In my opinion we cannot fault the work of our Doctors and Nurses but it is obvious to us all that they are overwhelmed with work and shortage of beds and staff, even some staff who cannot speak English.

Our insight suggests that it is overwhelmingly clear that better information and communication between patients, care staff and organisations, is key if services are to be developed and improved.

It could be argued that achieving this maybe the most important factor to transforming care services in Hillingdon.

Talking to you about maternity services

Expecting the Perfect Start



Healthwatch Hillingdon spoke to a total of 251 women, 198 from Hillingdon and 53 from Ealing. This included women who were currently using the hospital's maternity service and women who had given birth since the changes.

We also engaged professional staff such as midwives, children centre workers and doctors. The experiences were collected via a range of methods such as one to one semi structured interviews, survey questionnaires and focus groups.

Experiences were collected from women at various locations for example play groups, children centres, antenatal and postnatal clinics, other voluntary organisation programmes, and from feedback collected directly at the Hospital.

Our engagement revealed key themes from the feedback raised by the women and families, which included:

- An overwhelming majority of women stating that they were very happy with the care and service provision at The Hillingdon Hospital at every stage of their maternity care. With many stating that the quality of care given at the hospital is of a very good standard.
- Families were very pleased with the care and empathy provided by maternity staff. In most cases, women described midwives and doctors as informative and helpful.
- Women are very happy with the quality of information they are provided, however quite a few women said they would have preferred to have had a verbal explanation in addition to printed literature.
- Over 50% of women indicated that they were not given the choice of which hospital's maternity service they could use. In the majority of cases this was because their GP routinely referred them to Hillingdon Hospital.

- Over half of the Ealing women who we spoke to described the difficulties with travelling to Hillingdon Hospital and explained a lack of choices/facilities for antenatal and postnatal services in the area.
- From the focus groups targeting women of the BME community it highlighted the need for greater cultural sensitivity.

- The feedback also highlighted the need for language service provision for women with language difficulties.
- Some women explained the need for increased uniformity in breastfeeding.
- information and support from all healthcare professionals.
- 60% of the 40 women who requested smoking cessation did not receive this support.
- Women received mixed experiences of the Triage services, whilst 64% of women were positive about their experiences, 17% highlighted dissatisfaction due to rudeness of staff and the need for a reduction in labouring in triage without adequate assistance.
- Our engagement showed that the perinatal mental health service is under pressure with waiting lists rising. This was partly attributed to Ealing women being referred to the Hillingdon service instead of the Ealing service.
- Both mothers and maternity staff advised us that they felt more midwives were required.

Healthwatch Recommendations

Based on our engagement outcomes, 8 recommendations were put forward to help build upon the hospital's good performance and further improve women's experiences.

1. A review is carried out how information is given, so in addition to receiving printed literature, women are provided with more verbal information.
2. A review is undertaken of interpreting services to support women who do not speak, or have little understanding of English, to meet The Royal College of Obstetricians and Gynaecologists (RCOG) standards: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/standards-for-maternity-care/
3. To review the continuity of care between women and their health professionals to meet the expectations of The National Maternity review.
4. There is a review of the referral process between the hospital and The London Borough of Hillingdon who provide smoking cessation service.

5. The hospital considers introducing a pager system in the antenatal department to allow women the choice of waiting elsewhere during their appointments.
6. There is a review of the referral for Ealing residents to the Ealing perinatal mental health service; and that the Hillingdon Clinical Commissioning Group (CCG), review the perinatal mental health service in Hillingdon to see how future provision can be met.
7. Greater informed choice be given to women as to where they can deliver their babies.
8. Hillingdon Clinical CCG work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing.

What difference did we make?

This report was published in March 2017 and at the time of publishing we were still awaiting responses from commissioners and providers. However, there is a clear commitment to embed some of the recommended changes, which have all been incorporated into the Strategic Children's Transformation Group work plan. We will be regularly monitoring their progress through our seat on this group and the Maternity Services Liaison Committee.

Mothers told us…

"Because I was in a lot of pain I couldn't really understand everything I was told so it was reassuring that they spoke to my boyfriend and gave him the same amount of detail that they gave me so he knew what was going on with me and the baby"

"They were extremely nice to him and supportive of us both"

"One midwife was really emotionally supportive especially because my baby had jaundice and I was really scared, she really did go above and beyond to put me at ease"

"I felt that my culture (eastern European) was not respected and I was spoken down to"

"Triage were amazing, I came in multiple times throughout my pregnancy and they were great every time"

"I had gestational diabetes during my pregnancy and the team were really helpful with advising me on what to eat and what type of exercises I should be doing so that was helpful"

"I felt that the postnatal care was quite poor especially because everyone would give different information"

"My wife decided that she wanted a home birth and was very happy with the antenatal care we were given by the home birth team"

"Triage were great very informative"

"Given that I had a history of mental health issue (depression, anxiety) I didn't like how I wasn't able to see the prenatal mental health specialist when I said I wasn't coping well with taking care of my baby, they said that they would put me on a waiting list but I never got seen, luckily I was able to find groups to go to on my own but I really don't think this was helpful at all because if it wasn't for the groups I went to I would've had an even worse time than I was already having and the talking therapies line that I was referred to was pretty useless if I'm honest."

"when I went home I was feeling quite a lot of pain in my stitches and when I called into the hospital to ask what to do I felt that I was a bit dismissed and just told to take pain medication, like I hadn't already done that"

Our plans for next year

What next?

The main priority for Healthwatch Hillingdon is to meet the requirements of our contract to deliver local Healthwatch, which is fully aligned with our statutory roles.

As we, involve, represent and protect the rights of, our residents and the users of Hillingdon's health and social care services, we will continue to ensure that their views and experiences are at the forefront of everything we do.

The Healthwatch Hillingdon Work-plan for 2017-19 has been written to reflect the need of the communities we serve. Our operational priorities are built on local insight and people's experience of care. Our main focus in the year ahead will be around General Practice and Care Homes.

Through our strategic involvement, we will continue to oversee and challenge both commissioners and providers, on the delivery of the recommendations we have outlined in our reports on children and young people's mental wellbeing, hospital discharge and maternity services.

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

The NHS and Social Care are in a state of transition as the Five Year Forward View (FYFV) strategy looks to integrate care and bring about financial balance through Sustainability and Transformation Plans (STP).

As part of the NWL STP Footprint this work is well advanced in Hillingdon. We expect there to be a number of work-streams under the STP, which will propose changes to the current way in which care services are delivered.

One of Healthwatch Hillingdon's key roles this year will be to ensure that the public are not only fully informed and consulted, but that they are an integral part in the design of new services.

In Hillingdon we are already seeing the advance development of an accountable care partnership as outlined in the FYFV. Hillingdon Community Care Partners; an alliance between The Hillingdon Hospitals NHS FT, Central North West London NHS FT, the Hillingdon Primary Care Confederation and the voluntary sector organisation, Hillingdon4All, will be starting in shadow form this year, to deliver services to older people.

Being a new lay member of the Board of Hillingdon Community Care Partners, gives Healthwatch Hillingdon the opportunity to ensure that the public are involved in shaping new services as the accountable care partnership looks to go 'live' in April 2018.

As the results of the 2016-2017 review survey with stakeholders has confirmed there is a need for us to promote Healthwatch Hillingdon to new audiences and to reach out to a greater number of people, especially from those labelled 'hard to reach'. This is captured in the work-plan, but significantly we have aligned this with the need to inform and empower those we engage with. Giving people the knowledge, confidence and capacity to exercise their rights and take control of their own health is going to be very important. Especially with the impending plans outlined in the FYFV.

For the first time we have included a priority in our plan which looks to add to our work, through seeking to deliver commissioned projects. This is an exciting opportunity to build on our now proven track record of delivering strong, independent, evidence based engagement projects, expanding our reach and making a greater difference in our Borough.

Healthwatch Hillingdon is determined that 2017-2018 will be another year in which we are Independent, Influential and Informing.

Our People

Decision making

Our Board as at 31st March 2017

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

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

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

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

We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes relevant decisions.

This policy is reviewed annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice and reflect any guidance from Healthwatch England.

Additionally, Healthwatch Hillingdon have a suite of documents that govern the conduct of our business, which can be viewed on our website.

Our Staff Team

- *Graham Hawkes, Chief Executive Officer*
- *Dr Tarlochan (Raj) Grewal, Operations Coordinator*
- *Pat Maher, Administration & Support*
- *Charmaine Goodridge, Outreach & Volunteers*
- *Christianah Olagunju, Maternity Project Coordinator*

Our Volunteers

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

During 2016/17 volunteers undertook a range of activities on behalf of Healthwatch:

Engagement – Manning stalls, attending events

Social Media -Raising the profile of Healthwatch through social media outlets such as Facebook & Twitter, YouTube

Project support – Interviewing patients in Hillingdon Hospital as part of the Safely Home, and Expecting a Perfect Start projects.

Administration – data inputting and office based activities

In all a total of **25** volunteers supported our work, contributing a staggering **2166** hours of their valuable time.

Many of those volunteers received training this year in addition to their core Healthwatch training, by Healthwatch Hillingdon partnering with the training provider 'The Skills Network'. Healthwatch volunteers and staff undertook level 2 courses in: Business Administration, Customer Service, Information, Advice & Guidance and Dementia awareness. On completion of their course, volunteers received a level 2 NCFE certificate, courtesy of the National Skills Council.

It is important that we develop our volunteers increasing their skillsets and enhancing their CVs. Without their contribution, it would be impossible to do all that we do. We value our volunteers and do our best to develop them and provide interesting and challenging experiences for them.

As our pool of volunteers continues to grow we will be in a better position to expand the work we do and reach out to those communities who would otherwise not be heard.

Case Study 1 - Lily Doyle

What was your situation?

After leaving sixth form, I decided that I wanted to get into PR and social media, so I started volunteering and interning with a variety of organisations and charities. After leaving them to pursue my own self-employed career, I came across Healthwatch and I couldn't say no to the opportunity they were offering me.

Where did you hear about Healthwatch Hillingdon and what made you decide to become a volunteer for them?

I found the volunteering opportunity with Healthwatch on Do-It.org. I've had my experience with volunteering and interning, but as soon as I met with them in person, I knew that I wanted to take this opportunity on as it was perfect for the experience I was trying to gain.

What volunteering activities did you participate in whilst volunteering? Are you still volunteering now?

I currently produce graphics and daily content for Healthwatch Hillingdon's social media platforms as well as assisting

with materials for surveys, leaflets and reports. I still volunteer with them now.

What did/do you enjoy most about volunteering with Healthwatch Hillingdon?

I love seeing Healthwatch progress and reach their goals on social media with the help of myself. I've gained a lot of skills and experience through volunteering which has helped me take on other freelance work in the social media sector. More importantly, it's been incredible fun to create new content and graphics for them and I'm very proud that they continue to use what I create.

Why would you recommend volunteering with Healthwatch Hillingdon to others?

They've made me feel super welcome and I've learnt so much from the year I've volunteered with them. They've helped me gain confidence, skills and experience, making me feel more comfortable to share with expertise with others.

"Volunteering with Healthwatch Hillingdon has been one of the best decisions I've made. It has helped me gain skills, experience and confidence, so I now feel more ready to start my career in social media"

Case Study 2 -Mehvish Atiq

What was your situation?

I am 17 years-old and I currently in full-time education as a Sixth Form student studying for my A-levels. Throughout year one of my course, I felt that whilst I was studying, I needed skills that would help me develop in my career and gain some valuable work experience in Health and Social Care.

Where did you hear about Healthwatch Hillingdon and what made you decide to become a volunteer for them?

From ongoing research into different work experience placements, I came across Healthwatch Hillingdon on the Do-it.co.uk website. From this day onwards, I was led to a range of different opportunities from gaining new skills to meeting many different people.

What volunteering activities did you participate in whilst volunteering?

I was an engagement volunteer, raising awareness of Healthwatch services and engaging other local volunteers to the service. I was also taking part in projects. My role in this was to survey local residents' experiences of NHS services and gain valuable skills into finding out the problems faced by residents using these services

What did/do you enjoy most about volunteering with Healthwatch Hillingdon?

The idea about Healthwatch was to promote the service and also gain patient experiences on NHS services available to them. I enjoyed my time at local events

to raise awareness of Healthwatch and also by going into Hillingdon Hospital and children's day-care centres, by talking to the general public about their experience of NHS services

Why would you recommend volunteering with Healthwatch Hillingdon to others?

To me, working with Healthwatch was a new experience, meeting new people and engaging with the public to promote the service. Volunteering with Healthwatch means you have flexible working hours and this enabled me to volunteer during my free time over the course of the year. Healthwatch allowed me to gain new experiences of local services and supported me in anything that I wasn't very confident about. I was given essential training to cover the basics and this allowed me to have an idea as to the kind of events and activities that I wanted to take part in later on.

"Healthwatch Hillingdon was one of the few volunteering placements that allowed me to participate in activities that I was comfortable doing and didn't have age restrictions. I had flexible working hours, attending events and partaking in activities when I had free time and the staff was very supportive and achievements were often recognised. I would strongly recommend anyone to volunteer with Healthwatch Hillingdon if you have an interest in Health and Social Care or would just like to gain valuable experience and new skills that employer's value."

Interested in volunteering?
Contact Charmaine today!

Case Study 3 -Stephen Otter

Being a Trustee

I became a trustee at Healthwatch Hillingdon in March 2013, when Healthwatch was first formed. This meant setting up all the governance, policies and practices for the organisation. Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. We are here to help you get the best out of your health and care services, and give you a voice so you can influence and challenge how health and care services are provided throughout Hillingdon.

We can also provide you with information about local health and care services, and support you if you need help to resolve a complaint about your NHS treatment or Social Care.

I am already a trustee at Carers Trust Thames (formerly Crossroads) and have previous experience as the Chair of Governors at East Berkshire College. As trustee's, governance is part of our role and we always strive to be effective.

The main thing for me is to make sure I understand all the rules and regulations of

being a trustee. There is very good guidance about charity governance available online through NCVO, the Charity Commission and organisations like Trustees Unlimited.

Anyone thinking about becoming a trustee should read the guidance first and ensure they understand the responsibility the role entails.

On a day to day level, the role is like my job; you make sure you are responsive to emails and calls, read and consider thoroughly all the materials you are sent and attend the board meetings having prepared for them. Together with keeping up to date with how the health and social care landscape is changing.

It's very satisfying to use my professional skills to help people and to be making an impact on the charity. My HR background has also been helpful and I've enjoyed contributing advice when asked including directing the charity on issues such as recruitment.

The time commitment can be difficult. In addition to trustee meetings there are other activities that we are expected to attend.

Being a trustee is a serious commitment and comes with responsibilities. People need to know it can be demanding. You need to show you really want to do it and will take it seriously. There is no point becoming a trustee unless you can commit the time and energy. This makes it rewarding. I believe trusteeship is a good way to gain board experience, particularly for young professionals who would find it very difficult to do so otherwise. And most importantly, it is very satisfying to feel you are using your skills to help others in a very tangible way.

If you are interested in becoming a trustee, please contact Graham on 01895 272997

Our finances

Financial Statement 2016/17

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	175,000
Bought forward 2015/2016	20,050
Additional income	500
Total income	195,550
Expenditure	
Operational costs	26,612
Staffing costs	149,683
Office costs	12,724
Total expenditure	189,019
Balance brought forward	6,531

NOTE: The Financial Statement is provisional and subject to the Healthwatch Hillingdon accounts for the year 2016-17, being examined by an independent examiner under section 146 of the Charities Act 2011.

Getting in touch

01895 272997

20 Chequers Square, The Pavilions Shopping Centre, Uxbridge, UB8 1LN

office@healthwatchhillingdon.org.uk

www.healthwatchhillingdon.org.uk

Healthwatch Hillingdon

@HW_Hillingdon

Company Limited by Guarantee | Company Number: 8445068

Registered in England and Wales

Registered Charity Number: 1152553

We will be making this annual report publicly available on 30th June 2017 by publishing it on our website and submitting it to Healthwatch England, Care Quality Commission, NHS England, Hillingdon Clinical Commissioning Group, London Borough of Hillingdon, Hillingdon Health and Wellbeing Board and the External Services Scrutiny Committee.

Healthwatch Hillingdon has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

To request a hard copy of this report, or in an alternative format, please contact us.

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2017/2018

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Work Programme 2017/2018

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 January and March 2018.

CQC Consultation

3. At the meeting on 14 June 2017, Members were advised that the CQC consultation, *Next phase of regulation*, was due to close on 8 August 2017. The Democratic Services Manager had circulated the consultation document to Members and would draft a response for consideration and comment by the Committee.

Scrutiny Reviews

4. 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 as single meeting reviews during 2017/2018.

BACKGROUND DOCUMENTS

None.

APPENDIX A

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 ***Report Deadline**:* *3pm Friday 2 June 2017*	**Update on the implementation of recommendations from previous scrutiny reviews:** • Alcohol Related Admissions Amongst Under 18s **Major Review (2017/2018):** Consideration of scoping report.
11 July 2017 ***Report Deadline**:* *3pm Friday 30 June 2017*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon **NHS England Consultation on the Future of Congenital Heart Disease Services** **CQC Consultation Response**
14 September 2017 ***Report Deadline**:* *3pm Monday 4 September 2017*	**Crime & Disorder** LAC offenders: To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health

11 October 2017 ***Report Deadline**:* *3pm Friday 29 September 2017*	**Update from Utility Companies on Plans to Accommodate Increasing Demand on Services** **Major Review (2017/2018) - Community Sentencing:** Consideration of final report from the Community Sentencing Working Group
14 November 2017 ***Report Deadline**:* *3pm Thursday 2 November 2017*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
11 January 2018 ***Report Deadline**:* *3pm Tuesday 2 January 2018*	
13 February 2018 ***Report Deadline**:* *3pm Thursday 1 February 2017*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health **Update on the implementation of recommendations from previous scrutiny reviews**
14 March 2018 ***Report Deadline**:* *3pm Thursday 1 March 2018*	**Update on the implementation of recommendations from the Hospital Discharges review (SSH&PH POC)**
Possible future single meeting or major review topics and update reports	
• LAC offenders (14/09/17) - How many LAC offend as a result of substance misuse? What proportion of young offenders are LAC? What proportion of LAC offenders go on to reoffend? • Utility Companies (11/10/17) - update on plans to accommodate the increasing demand on services that has resulted from increased housing development in the Borough.	

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
Working Group: **1st Meeting -** 5pm 28 June 2017	Introductory Report / Witness Session 1	Evidence and enquiry: • Community Rehabilitation Company • National Probation Service ○ How does the management split work in practice?

Working Group:
2nd Meeting -
5pm 20 July 2017
	Witness Session 2 (Management)	Evidence and enquiry:
		• Magistrates
		  ○ 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?

Working Group: **3rd Meeting -** 5pm 1 August 2017	Witness Session 3 (Operational)	Evidence and enquiry: • Community Rehabilitation Company ○ What community sentence work is done in LBH and how often? • ASBIT
Working Group: **4th Meeting -** 5pm 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 *(Agenda published 8 November 2017)*	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.

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