

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

16 June 2010

Meeting held at Committee Room 4 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors Mary O'Connor (Chairman), Phoday Jarjussey (Labour Lead), Dominic Gilham (Substituting for Councillor Michael White), Shirley Harper-O'Neill (Substituting for Councillor Judy Kelly) and Peter Kemp</p> <p><b>Witnesses Present:</b> Dr Ellis Friedman, Joint Director of Public Health – PCT Maria O'Brien, Managing Director, Hillingdon Community Health – PCT Keith Bullen, Chief Operating Officer – PCT John Vaughan, Director of Strategic Planning and Partnership – Central &amp; North West London NHS Foundation Trust Sandra Brookes, Service Director for Hillingdon – Central &amp; North West London NHS Foundation Trust Mick May, Group Managing Director – Groundwork Thames Valley Gary Jacobs, Executive Director – Groundwork Thames Valley Graham Hawkes, Interim Manager – Hillingdon LINK Ian Diamant, Vice-Chairman – Hillingdon LINK</p> <p><b>Others present:</b> Councillors Philip Corthorne, Cabinet Member for Social Services, Health &amp; Housing Councillors Beulah East and Robin Sansarpuri Malcolm Ellis, Standards Committee Vice-Chairman</p> <p><b>LBH Officers Present:</b> Ian Edwards and Nikki Stubbs</p> <p><b>Public present: 2</b></p>	
8.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Councillors Michael White and Judy Kelly had given their apologies for this meeting and Councillors Dominic Gilham and Shirley Harper-O'Neill had attended as substitutes.</p>	<b>Action by</b>
9.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED: That all items of business be considered in public.</b></p>	<b>Action by</b>
10.	<p><b>PROGRESS OF LINK</b> (<i>Agenda Item 4</i>)</p> <p>Members were advised that there had been some unresolved issues with HAP UK and it had been mutually agreed to end the contract early, at the end of December 2009. Groundwork Thames Valley</p>	<b>Action by</b>

(GTV) had agreed to take on the remainder of the contract as the host for Hillingdon LINK until 31 March 2011. Very encouraging feedback had been received from the LINK and Board members about the progress Groundwork had made as the host.

GTV was a long standing partner of the Council and had been asked to provide staff and manage the LINK contract at very short notice in an area with which it was unfamiliar. HAP UK staff had been transferred across to GTV under TUPE regulations (Transfer of Undertakings (Protection of Employment)).

Mr Mick May, Group Managing Director at GTV, stated that, as GTV was an environmental regeneration charity, it had strayed outside of its usual area of expertise. Whilst GTV was happy to keep the contract until 31 March 2011 and was happy to continue working with the Council on other projects, Mr May advised that GTV would not seek to renew the host contract.

With regard to the future, Members were advised that the availability of future funding for the LINK was unclear. Whatever the outcome, if Government funding was to be made available, it was almost inevitable that it would be at a much reduced level. Clarity was needed on the situation - and soon.

Concerns were expressed at the possibility that the Government might merge the LINK into Healthwatch which was practitioner-based and was more focussed on health than care. Should the Government decide to make any significant changes, it was likely that changes in primary legislation would be required.

Mr Graham Hawkes, Interim Manager of the Hillingdon LINK, thanked the Council, the support team and GTV for their support over the last few months. Since GTV had taken over the contract, much work had been undertaken which included a new website with lots of features. This website had been developed at less than a third of the cost of the previous website. The support provided to the LINK had also increased from 15 hours per week to 74 hours per week with the possibility of this increasing to 96 hours per week. The Mall Pavilions shopping centre had also provided free office accommodation to the LINK and had offered the use of a vacant shop at the centre for a minimal cost.

Work had been undertaken by the LINK to engage with the community in a variety of ways which included events and liaising with groups such as Brunel University – particularly with hard to reach groups. Further work had been done with Residents' groups and the LINK had been involved in a number of specific issues (e.g., Hayes Town Medical Centre and the HESA medical extension, integration of Hillingdon Community Health (HCH) with Central & North West London NHS Foundation Trust). In total, it was believed that the LINK had engaged with more than 10,000 people, soliciting their views on a variety of issues.

Mr Hawkes advised that Hillingdon LINK had been working with Somali community leaders. This group had been involved in a survey that was

	<p>underway which looked at the impact of KHAT. Mr Hawkes would pass the results of this survey on to the Committee once they were available.</p> <p>Members queried how efforts were being made to make the blood pressure and blood test service accessible to Residents if they were still made to make an appointment or go to the hospital for this service. Ms Maria O'Brien, Managing Director of HCH, advised that the community phlebotomy service was commissioned through the PCT and was currently available to housebound Residents. Mr Keith Bullen, Chief Operating Officer at the PCT, advised that he would find out when these services would be generally available to Residents and pass this information on to the Committee.</p> <p>Members questioned whether the chiropody services had been reinstated at the HESA Centre following the swine flu outbreak. Ms O'Brien believed that the chiropody service at the HESA Centre was now running again but that she would seek clarification and then get back to the Committee with a definitive answer.</p> <p>Ms O'Brien confirmed that district nurses and carers who visited patients in the community continued to experience problems parking in areas where there were Residents' parking schemes. Further parking problems were also still being experienced at Hillingdon Hospital.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. Mr Graham Hawkes pass the results of the KHAT survey to the Committee once they were available;</li> <li>2. Mr Keith Bullen find out when the blood pressure and blood test services would be generally available to Residents and pass this information on to the Committee;</li> <li>3. Ms Maria O'Brien advise the Committee whether the chiropody service had been reinstated at the HESA Centre; and</li> <li>4. The report be noted.</li> </ol>	<p>Graham Hawkes</p> <p>Keith Bullen</p> <p>Maria O'Brien</p>
11.	<p><b>PROVIDER SERVICES</b> (<i>Agenda Item 5</i>)</p> <p>Ms Maria O'Brien, the Managing Director of Hillingdon Community Health (HCH), advised that there were 32 different community services delivered by HCH which were split between adult services and children's services. For 2010/2011, an additional £600k had been secured from the PCT commissioning arm to develop services. Service developments that had already been established included the expansion of the community physiotherapy services, provision of 'home' phlebotomy service for housebound patients and the introduction of a new wound care service for ambulant patients. Further work was being undertaken regarding the expansion of community rehabilitation services for Parkinson's, dementia and stroke.</p> <p>Other work included:</p> <ul style="list-style-type: none"> <li>• The commencement of a new walk-in TB clinic in Hayes</li> <li>• Expansion of the paediatric community nursing service</li> <li>• Appointment of an additional 4 school nurses</li> </ul>	<p><b>Action by</b></p>

- Appointment of a breast feeding co-ordinator

Ms O'Brien acknowledged that there was still room for improvement but that HCH's performance was tracked monthly. It was noted that the performance was now in the top quartile of community arms across London. HCH had not performed well with regard to capturing ethnicity data and district nurse response times. It was believed that, in reality, the district nurse response times were not a problem as it was actually a recording issue.

In 2006, the policy direction was to separate the commissioning and provider arms of the PCT. This strategy did not appear to have changed with the new coalition Government. Monthly staff side meetings had been held with the unions and Ms O'Brien had four-weekly talks with the teams. From this consultation with the staff, it was clear that an NHS solution was the preferred option. It was noted that the GPs had also been involved in the process at all stages and concerns that they had raised had been resolved.

It was noted that the internal separation of the commissioning and provider functions had taken place 18 months ago and was working well. The external separation would need to be managed carefully to ensure that Residents were aware that there would not be a reduction in services or a change in access points (unless the commissioners decommissioned the service).

There had been a number of options considered with regard to how the PCT would externally separate the commissioning and provider functions which included:

- Joining with one or more existing provider arms to form a Community Foundation Trust – this was not a viable option
- Integrate with an Acute Trust
- Integrate with a Mental Health Trust
- Integrate with a local authority – this was explored in detail
- Form a social enterprise

A high level options appraisal was conducted in January 2010 including an appraisal of potential partners against the following criteria:

- Strategic fit
- Quality and innovation
- Leadership
- Financial viability

Hillingdon PCT reviewed all of the options in line with the above criteria and concluded that only two options were viable for short listing to the next stage of the process: Community Services Assessment Panel or Central & North West London NHS Foundation Trust (CNWL). The perceived benefits of selecting CNWL centred around improving outcomes and quality, the ease of service integration, clinical sustainability, financial stability and whole system fit.

The Joint Integration Commission (JIC) was in place to oversee the integration and ensure that patients received the best quality and

outcomes and that tax payers received the best value for money. Membership of the JIC included NHS Hillingdon, HCH, CNWL, HCH Staff Side, LINKs, GPs (Practice-based Commissioning (PbC)) and the Council.

The proposals would now be the subject of a communications and engagement plan which would be considered by the staff and would be the subject of weekly written briefings, face-to-face meetings and posted on the Intranet. In addition, engagement was being undertaken with PbC/GPs, the LINK (and other patient/public groups) as well as the Council.

The next steps of the process would be to produce a due diligence report and an integrated business plan. These would then need to be approved by the Cooperation and Competition Panel (CCP), Monitor, Hillingdon PCT and CNWL's Board. Full approval would then be given by the NHS London Board. It was anticipated that the transfer would take place on 1 April 2011 at the latest (although January 2011 was preferred). Following the completion of the transfer, Hillingdon PCT would take on a contract management role with regard to the provider services in Hillingdon.

Mr John Vaughan, Director of Strategic Planning and Partnership at CNWL, advised that CNWL had been talking to staff and consulted widely before the process had gone too far. CNWL would ensure that it made improvements around access to services and would make sure that any staff efficiencies implemented would not have a negative impact on front line staff. Ms Sandra Brookes, CNWL's Service Director for Hillingdon, added that there were many areas where synergies could be realised.

Members were advised that, if the proposal was successful, CNWL would be looking to establish financial efficiencies. It was noted that the majority of savings were likely to come from the PCT as it would no longer be supporting HCH. Mr Vaughan advised that one of the advantages of CNWL being a Foundation Trust was that it could use any surplus funding generated for the provision of services such as the Wellbeing Centre at Boots the Chemist. Any savings made by the PCT could be reinvested into commissioning more services.

Hillingdon PCTs Director of Communications was in the process of developing a communications plan which would be an important tool to update staff and service users. A press release had been issued but it was recognised that this was not enough. More work would need to be undertaken to ensure that Residents were aware that there would not be a significant change to the services that they received. The timing and wording of this communication would be essential.

The due diligence process required that key criteria be met, such as improved pathways to the community. These criteria had been borne in mind throughout the whole process to date. The due diligence process would culminate in the production of one report which would include background information (reports on accounts, estates, clinical service, etc) and would illustrate that the proposal to appoint CNWL

	<p>was appropriate. This information would be checked by Monitor.</p> <p>CNWL advised that it had been rated mid-table in London in the patient survey. Significant improvements had been implemented and CNWL had performed markedly better in the Community Survey this year than it had two years ago. Members agreed that this was a positive step forward.</p> <p>In response to a Member's question, it was noted that any complaints received about the service provided would either go to CNWL or the PCT in the first instance.</p> <p>Members requested that representatives from CNWL and Hillingdon PCT attend the External Services Scrutiny Committee meeting being held on 24 November 2010 to update them on progress.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. representatives from Hillingdon PCT and CNWL be invited to attend the External Services Scrutiny Committee meeting on 24 November 2010; and</b></li> <li><b>2. the report be noted.</b></li> </ol>	<p>Nikki Stubbs</p>
<p>The meeting, which commenced at 6.00 pm, closed at 7.50 pm.</p>		

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