Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

26 April 2011

Meeting held at Committee Room 5 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Mary O'Connor (Chairman), Michael White (Vice-Chairman), Judy Kelly, Peter Kemp and John Major (substituting for Phoday Jarjussey) **Witnesses Present**: Amanda Brady – Care Quality Commission (CQC) Keith Bullen – Chief Operating Officer, NHS Hillingdon Steve Lennox – Director of Health Promotion & Quality, London Ambulance Service Jenny Barlow – The Hillingdon Hospital NHS Foundation Trust Dr Susan LeBrooy – The Hillingdon Hospital NHS Foundation Trust Bob Bell – Chief Executive, Royal Brompton & Harefield NHS Foundation Trust Richard Connett – Trust Secretary & Head of Performance, Royal Brompton & Harefield NHS Foundation Trust Nick Hunt – Director of Commissioning & Service Development, Royal Brompton & Harefield NHS Foundation Trust Claire Murdoch – Chief Executive, Central & North West London NHS Foundation Trust Maria O'Brien – Managing Director of Hillingdon Community Health, Central & North West London NHS Foundation Trust Sandra Brookes – Central & North West London NHS Foundation Trust Dr Jerry Asquith – Local Dental Committee Dr Tony Grewal – Local Medical Committee Sharon Daye – Deputy Director of Public Health, NHS Hillingdon/LBH **LBH Officers Present**: Linda Sanders, Nav Johal and Nikki Stubbs **Also Present**: Councillor Dominic Gilham (in part) Allan Edwards – Standards Committee Chairman **Public Present:** 3 + 1 press	
40.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor Phoday Jarjussey. Councillor John Major was present as a substitute.	**Action by**
41.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* Councillor Peter Kemp declared a personal and prejudicial interest in Agenda Item 5 – Performance Review of the Local NHS Trusts, as he	**Action by**

	was a governor of Central & North West London NHS Foundation Trust, and left the room when representatives from CNWL presented to the meeting.	
42.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**	**Action by**
43.	**PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS** *(Agenda Item 5)* The Chairman welcomed those present to the meeting and congratulated Hillingdon Hospital for achieving Foundation Trust status. <u>Royal Brompton & Harefield NHS Foundation Trust</u> Mr Richard Connett, Trust Secretary & Head of Performance at the Royal Brompton & Harefield NHS Foundation Trust, advised that this was the second year that a Quality Account (QA) report had been produced by the Trust. He noted that all of the Trust's indicators were on green or amber. The first 2010/2011 draft had been forwarded to the Council and the LINk on 1 April 2011 for a response by 1 May 2011. Once comments had been received, they would be incorporated into the draft and a second draft would be produced. It was noted that the Quality report would be submitted to Monitor and Parliament and would sit alongside the Financial Accounts in the Trust's Annual Report. The Trust's Quality Priorities for 2011/2012 had been agreed following engagement with Governors, LINks, patients, carers and staff as follows: 1. Review of cardiac arrests which occurred outside intensive care 2. 99% of patient records to be available in Outpatient clinics 3. Targets for lung cancer multi disciplinary team (MDT) discussions 4. End of life care – introduction of the Liverpool care pathway to improve care planning It was noted that the Trust's Royal Brompton Hospital had received an unannounced visit from the Care Quality Commission (CQC) the previous week and was awaiting the outcome of the inspection. It was anticipated that Harefield Hospital would received a visit from the CQC in the next 12 months. Mr Bob Bell, the Trust's Chief Executive, advised that the Trust's primary angioplasty workload had increased by 40% over the last 4 years. This meant that bed capacity was tight, particularly at Harefield with regard to acute cardiac interventions. <u>London Ambulance Service</u> Mr Steve Lennox, Director of Health Promotion & Quality at the London Ambulance Service, advised that the Service's QA report had been drafted and would be considered by its Board on 27 April 2011. As	**Action by**

such, a copy of the report was not available for circulation to the Committee Members.

In its 2010/2011 QA report, the Service had identified five priority areas which included cardiac care. It was noted that despite there having been an 11% increase in the total number of patients, the Service had significantly improved cardiac care and survival rates had increased from 4.2% to more than 25%.

Although there was not a lot of information about trauma care available, Mr Lennox believed that the Service seemed to be over-triaging. Further work would need to be undertaken to resolve this issue.

With regard to appropriate care pathways, there had been mixed successes. As the target to reduce the percentage of patients going to Accident & Emergency had not been met, this target would be rolled into the 2011/2012 QA report.

There had been significant successes with the improvements to stroke care following the recent review. Improvements had also been made to freeing up ambulances. This had been achieved by reducing the amount of time the vehicles were out of action as a result of things like breakdown/repair, staff needing to change clothes, etc.

The Service had identified four priority areas for 2011/2012 as follows:

1. mental heath care – 8 different work streams
2. end of life care
3. falls – improvements were needed with regard to communication with patients' GPs after a fall
4. implementing a quality dashboard – to include the monitoring of how well body temperature and pain was controlled

As there was a move towards lone working, consideration would need to be given as to how the work of these staff would be quality assessed.

Although there were currently no care pathways for mental health, approximately 40% of local authority patients had mental health issues. It was anticipated that this would be part of the Londonwide remodelling of services. Further improvements were needed in clinical intervention, governance and safeguarding arrangements and dementia. Mr Lennox advised that he would liaise with CNWL on these issues.

<u>The Hillingdon Hospital NHS Foundation Trust</u>

Dr Susan LaBrooy, Medical Director at The Hillingdon Hospital NHS Foundation Trust, advised that, as part of the process to gain Foundation Trust status, Monitor had put the Trust through a rigorous evaluation with an equal emphasis on quality governance. The Trust had subsequently been rated as green and licensed without restrictions. The Trust had also received an unannounced visit from the CQC.

With regard to quality governance, the Trust would continue to look at how it could improve. Although some of the work strands in relation to urgent care and out patients had not been particularly focussed over the last year, it was noted that standardised mortality rates had continued to reduce year on year. There had also been improvements in reducing hospital acquired infections such as CDIF and MRSA.

Dr LaBrooy advised that the Trust had passed all of its CQUIN (Commissioning for Quality and Innovation) assessments with the exception of one: audits in relation to discharge. Although the Trust had been unable to obtain a best practice process from the commissioners, it was anticipated that this would soon be resolved.

The Trust's priorities for 2011/2012 had been set after discussions with staff, patients, etc. This was a process that was undertaken each year. Work over the next year would include:

1. dementia and diabetes – the Trust would be looking to perfect the dementia pathway in the Borough and carers would be vital in this process
2. enhanced recovery for surgery
3. leaving hospital / discharge improvements
4. outpatients – the current project would continue
5. maternity – new issues were arising each day and work was being undertaken to look at why the maternal deaths in London were double the national average. The Trust would be looking at different pathways for modelling services

Dr LaBrooy stated that delayed discharge was usually in relation to moving to residential care homes rather than a patient moving back to their own home. It was important for a comprehensive support / care package to be set up for those vulnerable patients that returned home. It was anticipated that integrated care pathways could reduce the number of barriers for patients.

Ms Sanders commented that the NHS operating model from 3 years ago had explicitly stated that it was rarely appropriate (if ever) for patients to be released from hospital into long term care as it would rush them into making a decision – this should be the exception and not the rule. She noted that work was underway with patients and carers to improve the support available to them on release from hospital. For example, the Council had recently agreed to provide free Telecare for residents aged 85 or over.

With regard to midwifery, Members were advised that patient outcomes were improving. However, more work needed to be undertaken to increase the number of expectant mothers that presented at the Hospital for their 12 week appointment. It was noted that there had been a limited number of maternal deaths at the Trust but that these were not medically related. The Trust would look at this issue in some detail. It would also be looking at the possibility of phasing out the stand alone midwifery units in favour of co-locating them with another service.

The new stroke care pathway had been in place for a year. Although

	the pathway was working well, there was some concern that patients taken to a High Dependency Stroke Unit (HASU) were not being returned to the Stroke Unit at Hillingdon Hospital. This raised issues regarding ongoing therapy. <u>Central & North West London (CNWL) NHS Foundation Trust</u> Ms Claire Murdoch, Chief Executive of CNWL, advised that it was impossible to separate finances from quality. It was noted that the Trust had been under considerable financial pressure over the last year and it was anticipated that this would worsen over the next 12 months. Ms Murdoch believed that the quality of CNWLs staff was essential to its success. The Trust undertook a staff survey in October each year to gauge employee opinions. It also continued to run its recruitment assessment centres which had started as a result of concern about the quality of staff graduating from nursing college. Ms Murdoch advised that the Trust used bank staff more than she would like but reassured those present that these staff were fully trained and had been CRB checked. It was noted that none of the other organisations present experienced problems with the quality of applicants for nursing posts, although there was a national shortage of midwives. CNWL provided mental health services to 5 boroughs. Receiving feedback from service users on their experience across all of these areas was important to drive up standards and satisfaction levels. CNWL had trained a number of service users to be able to survey other service users over the telephone. This format had been very well received. Those targets that the Trust had not achieved in 2010/2011 had only been missed by a narrow margin. These included the target for delayed transfers and care. CNWL had been working with Ms Linda Sanders, the Council's Director of Social Care, Health and Housing, and together they had identified that reducing placements in residential care and increasing supported housing options was a priority in Hillingdon. During the last 12 months, the Wellbeing Centre had been opened in Boots in the High Street, Uxbridge. Over the next year, consideration would be given to the introduction of various additional services such as family planning and immunisation. As the Centre was not being used as much as was anticipated, the services available would be re-evaluated to identify what was (and was not) needed. Consideration would also be given to ensuring that there was always a member of staff on hand to deal with individuals that just dropped in. A formal review would be undertaken. CNWL had held a consultation event on 24 April 2011 which had been attended by representatives of the LINks. The event had influenced the QA priorities that the Trust had chosen for 2011/2012 and had resulted in the inclusion of a specific priority regarding carer involvement. Members noted that carers saved the authorities approximately £350m.	

It was noted that the Trust's CQUIN targets for the year had all been met. There had been improvements made around communications with GPs with regard to the discharge of patients. However, it was acknowledged that there was still more work to do.

CNWL had approximately 1,000 beds and 30 sites registered and had undergone a series of inspections over the last year where the sites were assessed against 16 standards. One of these inspections, at a 22 bed residential care home in Chelsea, had highlighted that the Trust was not recording assessments as well as it could. As a result, the Trust had been temporarily downgraded on the Monitor ratings to red/amber. It was anticipated that this issue would be resolved in the next couple of weeks.

The vertical integration had been completed on 1 February 2011. It was noted that community services had been incorporated in CNWL's QA report. Four priorities had been identified for Hillingdon Community Health (HCH) over the next year. The Trust's priorities for 2011/2012 would include:

1. sharing of expertise between staff
2. rapid response team
3. substance misuse
4. cardiac rehabilitation team

One of the key projects would be to make improvements to CAMHS to enable the Trust to realise maximum benefits. It was noted that work around users' expectations regarding the translation service would be rolled over into 2011/2012. Other priorities for the forthcoming year included a review of CAMHS (Child and Adolescent Mental Health Services) and the development of joint working with GPs.

<u>NHS Hillingdon/Hillingdon PCT</u>

Mr Keith Bullen, Chief Operating Officer at NHS Hillingdon, advised that, although a £4m surplus had been planned, the PCT had broken even in 2010/2011. As a result of reduced funding, it was anticipated that there would be a £27m gap between expenditure and income by the end of 2011/2012. Although £8m of savings had already been identified, another £19m would need to be found to meet the deficit. Although there were limited resources (there were only approximately 20 staff left in Hillingdon), work was currently underway to look at how this would be done. Partnership working would be key to ensure that solutions were found that delivered better outcomes at a lower cost.

It was noted that the PCT Cluster had only recently been formed and was experiencing some transitional problems. There were a number of service gaps that had been identified and work would now be undertaken to ensure that these gaps were filled.

It was queried whether the respite care funding would be transferred from the PCT to the Council. Mr Bullen advised that a significant amount of the PCT's funding was ringfenced but there were other pots of money that were allocated but not ringfenced. Ms Sanders was keen to ensure that the respite care funding issue was resolved as the Minister had advised that PCTs would be taken to task if monies were

committed inappropriately.

Local Dental Committee (LDC)

Dr Jerry Asquith advised that a dental surgery in Harefield would be closing in the near future. This dentist did not own the premises that he worked from and the landlord had obtained planning permission to develop the site. Effort had been made to secure alternative premises for the dentist but to no avail. As such, the dentist had decided to retire and effort would need to be made to ensure that the dental needs of Harefield residents were met.

Mr Bullen advised that the PCT had gone to great efforts to find alternative premises for the dentist which included investigating GP surgeries. It was noted that dentistry now fell within the remit of the PCT Cluster and that funding would still be available to practices over the next 12 months. The PCT would be looking at the dental needs of residents in Harefield and would then commission services accordingly. It was likely that, if required, a new practice would not be in place in Harefield until April 2012.

Dr Asquith advised that access to dental services in Hillingdon was not a problem and that the PCT was usually quite good at helping residents to find a practice to register with. A Member queried whether it was usual practice to wait for 8-12 weeks for an emergency dental appointment. Dr Asquith would speak to the Member about the matter outside of the meeting to try to resolve the issue.

Local Medical Committee (LMC)

Dr Tony Grewal, Medical Director of the Londonwide LMCs, advised that dental health was not just about teeth as it was also associated with other systemic illnesses. He stated that, when an individual experienced a tooth infection, they would often go to their GP to obtain antibiotics.

Dr Grewal believed that, with regard to securing premises, Hillingdon was no better or worse than other areas. That said, he stated that the PCT had not been effective in finding new premises and future consideration should be given to looking at capacity in other surgeries, e.g., Harefield Health Centre.

The implications of the health White Papers were huge for GPs, who were concerned about the variable levels of skills, training, finance and premises. There was also concern that the PCT had lost a lot of expertise when it had reduced its staff. It was noted that GPs had very little spare time as they often worked 60+ hours per week. The mechanisms that had been put in place by the PCT to help GPs with premises, had disappeared before the 2004 contract had been implemented.

Dr Grewal noted that the secondary care providers were looking at vertical integration. Hospitals had started to look at pulling in various contractors to deliver the whole care pathway. The risk of this approach was the creation of monolithic care providers.

Social Care, Health and Housing

Ms Linda Sanders, the Council's Director of Social Care, Health and Housing, advised that the Council was working with CNWL on a range of issues. Looking forward, effort was being made to strengthen the Council's relationship with CNWL, particularly with regard to:

1. governance – new Section 75 arrangements
2. quality of practice
3. improved commissioning
4. decision making in partnership with the PCT and panels

It was noted that work was being undertaken to try to reduce demand on services. Adult Social Care was looking at interventions, specifically in terms of:

1. continence – the Royal College of Physicians had published several reports which challenged local authorities to concentrate on identifying continence rather than managing it.
2. dementia – a good dementia pathway was essential to improve the service
3. strokes
4. falls

Ms Sanders believed that the Council needed to establish a better range of supported housing in order to ensure a reduction in unnecessary care home admissions. It was thought that more effective management of the demand would only be achievable if it was done in partnership.

Public Health

Ms Sharon Daye, Deputy Director of Public Health, advised that life expectancy for men and women had increased across the whole of the Borough. However, the health inequalities gap between the north and south of the Borough had increased, particularly in relation to cardiovascular issues and cancer. Ms Daye advised that care needed to be taken when addressing these issues as there were also pockets of inequality in the north of the Borough that needed to be addressed. Although this was linked to access, work also needed to be undertaken to improve residents' health literacy so that individuals were able to help themselves.

For the third year running, it was noted that the number of teenage pregnancies had decreased in the Borough. It was thought that this was, in part, due to the work that had been undertaken on this issue. There had also been improvements in the birth weights in the Borough, partly due to the work that had been undertaken with Healthy Hillingdon. A number of public health objectives had been set for the Health and Wellbeing Board which included work on low birth weights.

The restructure that had recently been undertaken with all PCTs had impacted on Public Health. However, Hillingdon's Public Health team had only lost one member of staff in the restructure. It was noted that the team would join the Council's Social Care, Health and Housing directorate in 2013.

Those present were advised that the Committee had set up a Working

	Group to look at children's self-harm and had sent its final report and recommendations to Cabinet on 14 April 2011. It was noted that the evidence received from CAMHS had not been very good – this would need to be addressed by CNWL. Copies of the report were requested by Dr Grewal and Ms Murdoch. **RESOLVED: That:** **1. the report be noted; and** **2. Copies of the Children's Self Harm Working Group final report be forwarded to Dr Grewal and Ms Murdoch.**	Nikki Stubbs / Nav Johal
44.	**MINUTES OF THE PREVIOUS MEETING - 30 MARCH 2011** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting on 30 March 2011 be agreed as a correct record.**	**Action by**
45.	**WORK PROGRAMME** *(Agenda Item 6)* Consideration was given to the Committee's Work Programme. **RESOLVED: That the report be noted.**	**Action by**
	The meeting, which commenced at 6.00 pm, closed at 8.10 pm.	

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.