

Minutes

## EXTERNAL SERVICES SCRUTINY COMMITTEE

25 April 2012

Meeting held at Committee Room 3 - Civic Centre,  
High Street, Uxbridge UB8 1UW

HILLINGDON  
LONDON

**Committee Members Present:**

Councillors Michael White (Chairman), Josephine Barrett, Judith Cooper, Dominic Gilham, Phoday Jarjussey, Peter Kemp, John Major and John Morgan

**Witnesses Present:**

- Tom Davies – Vice Chairman, Hillingdon CCG
- Joan Veysey – Acting Borough Director, NHS Hillingdon
- Claire Murdoch – Chief Executive, Central & North West London NHS Foundation Trust
- Maria O'Brien – Managing Director, Hillingdon Community Health, Central & North West London NHS Foundation Trust
- Ela Pathak-Sen – Associate Director for Quality & Service Improvement, Central & North West London NHS Foundation Trust
- Sandra Brookes – Service Director for Hillingdon, Central & North West London NHS Foundation Trust
- Richard Connett – Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust
- Nick Hunt – Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust
- Jenny Barlow – The Hillingdon Hospitals NHS Foundation Trust
- Dr Susan La Brooy – The Hillingdon Hospitals NHS Foundation Trust
- Steve Lennox – Director of Health Promotion and Quality, London Ambulance Service

**LBH Officers Present:**

Dr Ellis Friedman, Linda Sanders and Nikki O'Halloran

**Also Present:**

Allan Edwards – Standards Committee Chairman  
Malcolm Ellis – Standards Committee Vice-Chairman  
Trevor Begg – Hillingdon LINK Chairman

**Public:** 1

49.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Councillor Phoday Jarjussey declared a personal interest in Agenda Item 5 – Performance Review of the Local NHS Trusts, as he was a member of CNWL, and stayed in the room during the consideration thereof.</p> <p>Councillor Peter Kemp declared a personal interest in Agenda Item 5 – Performance Review of the Local NHS Trusts, as he was an appointed</p>	<p><b>Action by</b></p>
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	governor of CNWL, and stayed in the room during the consideration thereof.	
50.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor Bruce Baker. Councillor Judith Cooper was present as a substitute.</p>	Action by
51.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED: That all items of business be considered in public.</b></p>	Action by
52.	<p><b>PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p><u>NHS Hillingdon / Hillingdon Clinical Commissioning Group (CCG)</u>  Dr Tom Davies, Vice-Chairman of the Hillingdon CCG, advised that the latest financial position was that NHS Hillingdon had broken even at the year end (subject to audit). However, there were some service areas where budgets had been overspent (e.g., prescriptions) and others that had been underspent. In some instances, the spend per person by a service was generally not particularly high – however, there would be small elements of some services that would be very high cost. Robust plans had been put in place to meet the additional savings targets that had been set for the forthcoming year. Members requested that the financial team be asked to identify which service areas had underperformed <u>and</u> overspent over the last year.</p> <p>In order to improve value for money and meet patient expectations, the CCG and NHS Hillingdon were providing more services outside of the hospital. Activity at Hillingdon Hospital had also increased. The provision of these services had to be paid for from a single budget, which hindered the ability to move the services forward. It was anticipated that this would be a continuing tension whilst the CCG developed out-of-hospital services.</p> <p>Dr Davies stated that a number of new initiatives had been introduced over the last year which included NHS 111. This service was being piloted in Hillingdon as one of the first in London. Reports of the initiation in Hillingdon had been positive.</p> <p>Members were advised that a capital grant of £12m had been awarded by the Government for the development of an urgent care centre and to enable improvements to the A&amp;E department at Hillingdon Hospital. Improvement grants of £200k had also been secured from the Government for six practices in Hillingdon.</p> <p>With regard to the public health services planned for 2012/2013, it was noted that a budget of £45k had been agreed for administration and £4,502k for the delivery of the programme. The CCG had been working closely with Dr Ellis Friedman, the Joint Director of Public</p>	Action by

Health, on high level planning. For example, improvements were needed to improve the patient journey when leaving hospital. As such, £2.6m would be invested in improvements to the integrated care pathway by 2014/2015. Links with public health were also being maintained and strengthened with regard to health inequalities.

Ms Joan Veysey, Acting Borough Director at NHS Hillingdon, was asked about the progress of the development of Yiewsley Health Centre. Members were advised that further information would be provided outside of the meeting. Members would also be advised about what investment would be made in 'Cinderella' services over the next year.

#### Central & North West London NHS Foundation Trust (CNWL)

Ms Claire Murdoch, Chief Executive of CNWL, reported that the Trust had just completed a challenging year in which it has introduced major service changes as well as completing its first full year with responsibility for community services. Despite these significant changes and fears that levels of performance would drop, she was pleased to report that there had been no significant dips and the Trust remained buoyant. This had been reflected in the last staff survey which showed that CNWL was still in the top 20% of Trusts nationally. Ms Murdoch took the opportunity to thank Ms Maria O'Brien and her team for managing the first year of the transition of community services to CNWL so well. She cautioned, however, that there was still much work to be done.

Ms Murdoch stated that important links with the Council had improved significantly and had resulted in the cessation of cost shunting between social care and health care. As a result of some quite difficult conversations between the Council and CNWL, building blocks were now in place to ensure that resources were shared and that there was a reduction in the escalation of care, etc.

Ms Murdoch advised that the Trust had had a successful year. Direct links had been established between finance and policy to ensure that funding was not separated out from patient care. Furthermore, the Trust had achieved all of its targets for the year and had worked with the cluster and the CCG to drive quality improvements to fill any gaps in mental health care. This had resulted in the development of improvements at The Hillingdon Hospitals NHS Foundation Trust (THH) where CNWL had taken the opportunity to bid for and secure funding before Christmas. Since then, additional staff had been recruited and service improvements were already up and running. This had resulted in better care plans and had avoided unnecessary admissions from A&E. It was anticipated that this new team would be able to facilitate much earlier discharges. A rigorous evaluation on the effectiveness and impact of this work would take place in the next few months.

A gap had been identified in relation to the out-of-hours service and the crisis service. As A&E was not always the best place for patients to go, a crisis line was being developed which would operate throughout the night. This service was likely to commence in the next three months

and consideration would be given to how the service could be joined with NHS 111. It was anticipated that the provision of a liaison service to cover 365 days each year and 24 hours each day would help bridge the service gap that had been identified.

Consideration was being given to developing plans to offer memory services in Hillingdon. The need of residents was not currently being met and it was agreed that the situation could not be allowed to continue. Ms Murdoch was hopeful that, by working with the commissioners, a resolution would be found.

Ms Maria O'Brien, Managing Director of Hillingdon Community Health (HCH), advised that HCH had met the targets for three of the four key areas of work that had also been identified for 2011/2012 (i.e., in relation to diabetes, breast feeding and medication administration errors). HCH had failed to meet its target in relation to the percentage of individuals who expressed a need for interpreting support and were provided with this service. It was noted that this figure had not improved on the previous year despite an additional interpreting service being made available. However, Ms O'Brien did state that the service had received no complaints or PALS (Patient Advice & Liaison Service) enquiries relating to the lack of interpreting support.

During the previous year, HCH had worked to identify individuals with learning disabilities who accessed core HCH services and there had been a drive to develop specific care plans and tools to support such individuals. This year, there would be a focus on carers to identify how they could be best helped by the Trust. It was suggested that future developments in relation to the wheelchair service could be incorporated into this work. A further key piece of work planned for the forthcoming year was in relation to the integration of a rapid response service to enable a better response to issues such as dementia.

It was noted that the target (7.9%) for delayed discharges for older adults had not been achieved (15.5%). The Trust was finding this target challenging but was confident that work currently being undertaken would go some way to achieving the target by the end of the year.

CNWL had funded a post to work on old age care. It was hoped that the CCG would provide some input into this work so that the pathway became more joined up.

Members were advised that CNWL had recently launched a recovery college. Ms Murdoch stated that she and/or representatives from the Trust would be happy to attend a future meeting to discuss this innovative model as well as other community and mental health services. Furthermore, Ms Murdoch hoped to be able to update Members on developments that the Trust was working on in relation to improving the services available to help older people. It was anticipated that these developments could free up resources to reinvest in these services for older people.

Ms Linda Sanders, the Council's Director of Social Care, Health and

Housing, advised that CNWL and the Council had developed a strong partnership relationship. Although there had been some significant challenges, these had been overcome and work had been undertaken to shift the balance to make better use of resources across the Trust and the Council to produce better outcomes.

Ms Sanders stated that the Council had received funding from the Government which had been used to make improvements to areas such as the delayed transfer of care, including faster assessments. It was anticipated that this was an area that had improved over the last year.

It was noted that, as there were fluctuations on the care planning and crisis numbers, CNWL staff were consistently prompted throughout the year to ensure that they were making appropriate checks. Furthermore, approximately 3,000 follow-up calls were made to discharged patients (100s of which were to Hillingdon residents). In addition, Ms Sanders and Ms Murdoch regularly facilitated workshop training sessions for all mental health staff and it was suggested that concerns with regard to care planning could be woven into these training sessions.

#### The Hillingdon Hospitals NHS Foundation Trust (THH)

Dr Susan La Brooy stated that 2011/2012 had been the organisation's first year as a Foundation Trust. Although the previous 12 months had been financially hard, the increasing level of savings that were required would make the next year a bigger challenge.

Better joined up working over the last year had resulted in improvements to the integrated care pathway and psychiatric evaluations. Although targets in relation to CQUINs had not been met in the last year, the targets for the next year had been agreed with the PCT and it was anticipated that there would be improvements after a period of bedding in.

It was anticipated that new developments would undoubtedly arise over the next year, e.g., increasing the presence of senior staff over the weekends to ensure that the number of mortalities reduced (mortalities were currently higher at the weekend than mid-week). Whatever developments or service reconfigurations arose, Dr La Brooy was confident that Hillingdon Hospital would remain as a major acute provider.

With regard to recent media coverage of inappropriate patient discharges, Dr La Brooy advised that only 6% of patients were discharged from A&E or observation at Hillingdon Hospital between 11pm and 6am and that these were individuals that did not want to wait until the morning to go home. Ms Sanders confirmed that she had investigated this matter and advised that there had been no inappropriate discharges from Hillingdon Hospital.

#### Royal Brompton & Harefield NHS Foundation Trust (RB&H)

Mr Richard Connett, Director of Performance & Trust Secretary at RB&H, advised that the five quality priority topics for 2012/2013 had

been selected by the Governors, patients and the public, members of the LINKs, staff and Trust Board members.

Mr Nick Hunt, Director of Service Development at RB&H, stated that it was anticipated that the Trust would have a £1.8m surplus at the end of the year. He went on to advise that RB&H was one of the few Trusts that had achieved all of its CQUIN targets.

Over the course of the last 12 months, the Trust had opened a new ward. Other developments included the introduction of the Star Centre which provided training using a state-of-the-art human robot.

With regard to the Safe and Sustainable review, Mr Hunt advised that despite the original judge ruling that the consultation had been unlawful at first instance, judges last week had ruled on appeal that the consultation was lawful. Letters supporting RB&H had been sent to the Secretary of State by Members of the Royal Borough of Kensington & Chelsea and the London Borough of Hillingdon. Both boroughs expressed had concern regarding the impact that the proposals would have on children's paediatric respiratory services at RB&H.

It was noted that the Joint Committee of PCTs (JCPCT) would be announcing the results of the consultation process on 4 July 2012.

#### London Ambulance Service (LAS)

Mr Steve Lennox, Director of Health Promotion and Quality at LAS, advised that 2011/2012 had been one of the most successful years ever for the LAS with the organisation achieving all of its targets. He noted that CommandPoint had also been successfully relaunched at the end of March 2012 and its effectiveness would be reassessed over the Jubilee weekend.

During 2011/2012, mental health, falls, end of life care and the quality dashboard had featured as LAS priorities. It was noted that the LAS had agreements in place with four of the ten mental health trusts to access their resources when their patients called the LAS. Discussions were now underway with the remaining six trusts to develop similar agreements.

Members noted that 59.3% of patients suffering a STEMI (*ST segment elevation myocardial infarction* = heart attack) had received an appropriate care bundle, e.g., aspirin, analgesia, etc. Mr Lennox advised that the LAS tended to refrain from administering analgesia in instances where the patient's pain score was low and the patient would benefit more from reassurance than medication. Dr Friedman stated that care needed to be taken with this approach as patients with diabetes would not necessarily feel pain even though it was present and could therefore benefit from analgesia. He suggested that it would be good for the LAS medical director to review this practice.

The LAS had been ranked 6<sup>th</sup> in the country in relation to the percentage of FAST (Face Arm Speech Test) positive stroke patients potentially eligible for stroke thrombolysis who arrive at a hyper acute stroke unit (HASU) within 60 minutes of the call (64.6%). However, it

	<p>was noted that the LAS dealt with significantly more stroke cases than any other ambulance service in the country.</p> <p>Of the 44 indicators measured by ambulance services across the country, the LAS had been ranked first in 13 of these. Of those where the LAS was not performing as well (e.g., stroke and STEMI), the organisation understood the reasons for this performance and had put measures in place to rectify the situation.</p> <p>Over the last year, LAS staff had delivered approximately 1,000 babies. Because of this frequency, a consultant midwife had been appointed</p> <p>Mr Lennox advised that the priorities for the LAS for 2012/2013 were:</p> <ul style="list-style-type: none"> <li>• The development of mental health care plans;</li> <li>• Maintaining quality during the Olympics;</li> <li>• Advising GPs when patients' blood sugars were wrong; and</li> <li>• Health promotion and alternative response in relation to alcohol.</li> </ul> <p>Concern was expressed about the effect that the Olympics would have on Hillingdon. Mr Lennox assured Members that the LAS had put plans in place to cover the six week period around the Olympics and the Paralympics. As the number of visitors expected was unclear, protocols had been put in place to enhance the triage of patients.</p> <p>Members agreed that Dr Friedman be asked to return to a future meeting to update the Committee on the transition of public health services to the Council.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. the presentation be noted;</li> <li>2. NHS Hillingdon's financial team provide the Committee with information identifying which areas of the organisation had underperformed <u>and</u> overspent over the last year;</li> <li>3. CNWL representatives attend a future meeting to update Members on developments in relation to community and mental health services;</li> <li>4. further information be provided to Members in relation to the Yiewsley Health Centre;</li> <li>5. Members be advised about what investment would be made in 'Cinderella' services over the next year; and</li> <li>6. Dr Friedman be asked to attend a future meeting to update the Committee on the transition of public health services to the Council.</li> </ol>	
53.	<p><b>MINUTES OF THE PREVIOUS MEETING - 28 MARCH 2012</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 28 March 2012 be agreed as a correct record.</p>	Action by
54.	<p><b>WORK PROGRAMME 2011/2012</b> (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was agreed that the Committee's first meeting in the new municipal year</p>	Action by

	<p>would be in relation to utility services (including waste water) and would cover the security measures in place for substations and related schemes.</p> <p>The meeting organised for 24 July 2012 had been scheduled to start at 5pm as it clashed with a Corporate Services and Partnerships Policy Overview Committee which started at 7.30pm. Consideration would need to be given to rescheduling the meeting for another date. As well as receiving an update from the Hillingdon LINK, Members requested that they receive an update from CNWL and another in relation to public health from Dr Friedman.</p> <p>Members agreed that the meeting scheduled for 20 November 2012 should receive an update in relation to pharmacies and opticians in the Borough.</p> <p>With regard to potential topics for a major review in the new municipal year, the following issues were suggested:</p> <ul style="list-style-type: none"> <li>• The role of special constables</li> <li>• Dentists</li> <li>• Diabetes and the care pathway</li> </ul> <p><b>RESOLVED: That the Work Programme be noted.</b></p>	
<p>The meeting, which commenced at 6.00 pm, closed at 7.55 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran / Nav Johal on 01895 250472 / 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.