

# **EXTERNAL SERVICES SCRUTINY COMMITTEE - UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH**

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## **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 using the suggested questions/key lines of enquiry and ask additional questions as required. The Committee is also able to make recommendations to address issues arising from discussions at the meeting.

## **INFORMATION**

### **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). Further details of the mental health services provided in Hillingdon can be found in Appendix A.
- 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 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 600 of these living in the Borough. In 2013/14, CNWL Hillingdon community services supported almost 72,000 people with their physical health needs (approximately 25% of the Hillingdon population). Hillingdon district nursing service cared for 50% of all those over 90 years of age and a third of those over 80 years, carrying out 117,000 visits last year and, along with the specialist palliative care service, enabled 81% of people to die in their preferred place of care.

The health visiting service undertook 94,000 visits last year and the school nursing team vaccinated 87% of all teenage for HPV.

The CNWL mental health services in Hillingdon received 14,000 referrals last year, supported 10,000 people and provided hospital care for 561 patients.

At the Committee's meeting on 29 April 2014, CNWL presented their performance over the past year and their draft quality priorities for 2014/15. The priorities had been identified via reviewing organisational learning themes across CNWL, consulting with staff and through stakeholder workshops. The three main quality priority areas are:

- Involvement of patients/service users in care planning
- Supporting carers
- Ensuring a competent and compassionate workforce

At the Committee's meeting on 19 September 2013, Members were advised that, following the changes to the NHS landscape, commissioning had been fragmented and there had been prolonged contract negotiations. CNWL had been working with the Hillingdon Clinical Commissioning Group (CCG) to ensure that the transition was as smooth as possible and, as there had been significant personnel changes, had been building new relationships. Although there was a current lack of effective joint forums and GP engagement, it was noted that Ms Joan Veysey was in the process of setting up mental health and community Transformation Boards to move forward with the agenda for out of hospital care.

Members were also advised that the Northwood and Pinner Rehab unit, (now known as Hawthorn intermediate care unit) was due to relocate in October 2013 to a newly designed location in the Woodlands building adjacent to Hillingdon Hospital - this has now taken place. Patients and staff had contributed to the design of the new unit which has greatly enhanced facilities such as a garden, gym and activity kitchen. Also planned to take effect from October 2013 was work on a consultant-led falls clinic jointly with Hillingdon Hospital as part of work to enable early and safe discharge from hospital to home.

Representatives from CNWL that attended the September Committee meeting acknowledged that there were a number of gaps in the commissioning of services in CAMHS causing significant impact in a number of areas. Specifically, this was proving to be a pressure point in Hillingdon with regard to moderate/severe learning disabilities cases with challenging behaviour. There was also increased pressure and risk of admission given the CAMHS Intensive Home Treatment Team pilot had concluded in the previous year. The gaps in commissioning have been noted by Hillingdon CCG who has committed to working on the development of new model and strategy for the service; working with both the London Borough of Hillingdon and CNWL to review options within available resources.

#### Child & Adolescent Mental Health Services (CAMHS)

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 is 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.

#### Mental Health Services for Older Adults

In the last municipal year, the Committee also received an update on the memory services and development in relation to older adult mental health services in the Borough. A specialist memory service was commissioned from CNWL in Hillingdon in April 2013. Referrals, mainly via GPs, are made to the service to undertake a detailed assessment and diagnosis for individuals presenting with memory issues. Waiting times in the service are approximately 1-2 weeks with 80% of referrals having an initial assessment completed within 10 working days. Those with a diagnosis of dementia will be commenced on treatment and monitored in the service for a further 3 months before being discharged with joint care arrangements, where indicated, to primary care.

Hillingdon CCG also commissioned an older adults home treatment service in April 2014 which will operate from 8am-8pm 7 days per week and provide support to patients at home to remain, where feasible, within their home setting. Recruitment to key posts is still underway and the service is also now working in close collaboration with the physical health Rapid Response service in order to support people remaining at home who have both a physical and mental health condition.

#### **NHS Hillingdon Clinical Commissioning Group (CCG)**

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 is a group of all local GPs and health professionals that is responsible for planning and designing local health services for Hillingdon residents. It is responsible for buying/commissioning health services (including community health and hospital services) for people in Hillingdon. These services include:

- 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.

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.

Hillingdon CCG is overseen by NHS England at a national level. NHS England is the body that ensures that clinical commissioning groups have the capacity and capability to successfully commission services for their local population. As well as overseeing clinical commissioning groups, NHS England commissions the following services itself:

- General Practice
- Pharmacy
- Dentists
- Specialist services (i.e. those required by a limited number of people)

#### 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. An application had been made for funding from the Government's new 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.

#### **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*.

The service at Harefield Hospital has developed rapidly into a busy 24/7/365 acute cardiac centre. The generation of additional capacity is needed to accommodate this increased demand. Further details of this development can be found in Appendix B.

#### Safe and sustainable

The *Safe and sustainable* review of children's heart services in England was undertaken by a Joint Committee of Primary Care Trusts (JCPCT) and recommended that Royal Brompton's cardiac surgery for children should stop. This was in spite of the fact that treatment at the hospital was among the safest in the country, and its patients and their families rated the hospital highly.

On 12 June 2013, the Secretary of State for Health, Jeremy Hunt, suspended the *Safe and sustainable* review of children's heart surgery following the publication of a report by the Independent Review Panel (IRP). A spokesperson for Royal Brompton & Harefield NHS Foundation Trust commented, "While relieved that the IRP recognised the obvious inadequacies of the *Safe and sustainable* review, it is highly regrettable that the situation progressed to such a stage.

"A strong case was put to those leading the review which showed that closing a London centre was completely unnecessary due to the numbers of children needing heart surgery, and that closing Royal Brompton's cardiac and intensive care units would have severe knock-on effects on other services at the Trust, including on our children's respiratory care and research programmes.

"The IRP was, thankfully, genuinely independent and we are grateful to the Secretary of State for Health for asking the panel to undertake its review, and for accepting its recommendations. We were delighted to learn that the IRP had agreed to consider mortality rates as part of its deliberations as our results are among the very best in the country. We hope that taking account of such evidence helped the panel to reach its conclusions."

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

The Hillingdon Hospitals NHS Foundation Trust provides services from both Hillingdon Hospital and Mount Vernon Hospital. In 2012/2013, the Trust had a turnover of £190 million and it employs over 2,500 staff. 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 has been 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 is 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. This is an extremely large and very exciting project for the Trust, it is the biggest development on the Hillingdon site for 40 years and will make a huge difference to the emergency department and for local people.

The redevelopment, which will be completed by the end of 2014, will see 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 have been developed in conjunction with patient groups, the clinical staff and local GPs. Dr Richard Grocott-Mason, the Trust's Joint Medical Director, says: "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."

### Shaping a healthier future (SAHF)

*Shaping a healthier future* is aimed at improving healthcare by investing in local, community-based services in North West London (NWL) and concentrating specialist care, including services available in A&Es, in major centres of excellence. Clinicians leading the programme believe the proposals have the potential to save hundreds of lives each year by improving both primary care<sup>1</sup> and emergency care<sup>2</sup>.

During the programme's three months of consultation, NHS NWL attended over 200 events as well as holding two roadshows in each of the eight NWL boroughs, and additional roadshows in the neighbouring boroughs of Camden, Richmond and Wandsworth. The NHS also met with over 2,000 people from special interest groups that are often not heard, such as learning disability groups, refugee representatives, multi faith groups, patients' forums and senior citizens' groups; translated consultation materials into 15 languages plus Braille; sent over 73,000 consultation documents and response forms out including to GP surgeries, libraries, hospitals, town halls, local LINKs offices and pharmacies; sent out over half a million leaflets, for example by inserting them in local newspapers, and placed advertisements in the local media.

Final recommendations put forward by NHS NWL were considered in 2013. It is anticipated that it will take around three years to develop out-of-hospital care in NWL's communities before any changes to hospitals recommended by the programme as part of *Shaping a healthier future* (SAHF) will be made.

With regard to the SAHF proposals, it has generally been thought that, in theory, there will be no impact on the waiting times in Hillingdon Hospital's Accident and Emergency if patients are transferred following the closure of A&E at Ealing Hospital. This would be achieved by increasing the staffing and using the embedded funding.

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<sup>1</sup> Primary Care - Services which are the main or first point of contact for the patient, provided by GPs community providers and so on.

<sup>2</sup> Emergency Care - Treatment for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery, and other serious illnesses.

In 2012/2013, 4,205 babies were delivered at Hillingdon Hospital (3,200 in 2004/2005). It is anticipated that the developments resultant from SAHF proposals would increase this total by around 2,000. THH has successfully bid for £741k of Government funding which is being used to refurbish and modernise the ten delivery rooms on the ground floor delivery suite. This funding is completely separate from any funding that might be forthcoming as part of the SAHF proposals to increase maternity capacity at Hillingdon.

### **The London Ambulance Service NHS Trust (LAS)**

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK to provide 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.

Information in relation to the LAS response times for Category A calls (immediately life-threatening) have been broken down by local primary care trust area and can be found at Appendix C. This information is updated on a monthly basis as data becomes available.

### **Healthwatch Hillingdon**

Healthwatch Hillingdon is a new 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 recruited eight Board Members to join the Chairman, Jeff Maslen, on the Board. This Board contains a balance of strong strategic leadership, governance,

organisational and financial skills required to lead the new organisation. The Board will be able to represent the communities which it serves and ensure 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.

#### Inspection Programme

The CQC plans to inspect NHS GP practices and GP out-of-hours services in Hillingdon during July-September 2014. This inspection programme will see the CQC visiting approximately 25% of the practices in the CCG areas that are being targeted (as well as the relevant out-of-hours services).



As well as focussing on five key questions (Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?), the CQC will be looking at how services are provided to people in the following key population groups:

1. Vulnerable older people (over 75s)
2. People with long term conditions
3. Mothers, children and young people
4. Working age population and those recently retired
5. People in vulnerable circumstances who may have poor access to primary care
6. People experiencing mental health problems

The CQC has requested that the Committee share any relevant feedback in relation to the quality of care provided by these organisations and the services that they provide, which can include evidence of high quality care as well as concerns. This information will then be used to help the inspection team plan their inspections.

## **Witnesses**

Representatives from the following organisations have been invited to attend the meeting:

- Central & North West London NHS Foundation Trust (CNWL)
- Hillingdon Clinical Commissioning Group (CCG)
- Royal Brompton & Harefield NHS Foundation Trust (RB&H)
- The Hillingdon Hospitals NHS Foundation Trust (THH)
- London Ambulance Service (LAS)
- Healthwatch Hillingdon
- Local Medical Committee (LMC)
- Care Quality Commission (CQC)

## **SUGGESTED KEY LINES OF ENQUIRY**

### **Central and North West London NHS Foundation Trust**

1. What progress (if any) has been made to set up mental health and community transformation boards to move forward with the agenda for out of hospital care?
2. If transformation boards are now in place, have they helped to improve GP engagement?
3. The Northwood and Pinner Rehab unit has recently relocated. What impact has this move had on service improvement and user satisfaction?
4. What progress has been made with the development of a consultant-led falls clinic?
5. What improvements have been made to address the gaps that had been identified in the CAMHS service provision?

### **Hillingdon Clinical Commissioning Group**

1. What impact has the opening of the Urgent Care Centre (UCC) had on the A&E service provision at Hillingdon Hospital?
2. What provisions are in place to monitor the performance of the UCC?
3. What progress has been made with regard to the work associated with the Better Care Fund?
4. How is the NHS 111 service provided in Hillingdon comparing to other areas?
5. Are there currently any issues of concern with regard to commissioning?
6. What is the current financial position of the CCG?
7. Has any progress made with regard to the Yiewsley Health Centre development?

### **Royal Brompton & Harefield NHS Foundation Trust**

1. What is the latest position with regard to *Safe and sustainable* in relation to the Trust?

### **The Hillingdon Hospitals NHS Foundation Trust**

1. What impact has the UCC had on the Accident & Emergency department?
2. What progress has there been with regard to the refurbishment and modernisation of the ten delivery rooms in the maternity suite?
3. What is the anticipated staff flu vaccination rate for this year? What will the Trust be doing to ensure that the rate is at least 75%?

### **London Ambulance Service NHS Trust**

1. There has been recent publicity in relation to patients being held in ambulances outside Accident & Emergency departments. Has this impacted on the LAS generally? Has this been an issue in Hillingdon?
2. How is the Trust performing with regard to other response times?

### **Healthwatch Hillingdon**

1. Healthwatch has now been in place for more than a year. What difficulties has the organisation experienced since its creation?
2. What plans does Healthwatch Hillingdon have for the forthcoming year?

## Care Quality Commission

1. Given the recent negative publicity, what reassurance can be given that the service provided by the CQC is transparent and effective?
2. What action has been taken to ensure that the training provided for CQC inspecting officers results in a consistent approach to their inspections?
3. What enforcement action is open to the CQC?