Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 July 2014

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

	Committee Members Present: Councillors John Riley (Chairman), Tony Burles, Peter Davis (In place of Ian Edwards), Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White **Also Present**: Dr Ian Goodman - Hillingdon Clinical Commissioning Group Ceri Jacob - Hillingdon Clinical Commissioning Group Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Maria O'Brien - Central and North West London NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust Lucy Davies - Royal Brompton and Harefield NHS Foundation Trust Graham Hawkes - Healthwatch Hillingdon **LBH Officers Present**: Nigel Dicker, Sharon Daye and Nikki O'Halloran **Public and press:** 4
10.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor Ian Edwards. Councillor Peter Davis was present as a substitute.
11.	**MINUTES OF THE PREVIOUS MEETING - 18 JUNE 2014** *(Agenda Item 3)* Members were advised that the Committee's response to the London Ambulance Service Quality Account report 2013/2014 had been submitted on 23 June 2014. With regard to the reviews being undertaken by the Committee during this municipal year, Members were advised that the scoping reports were in the process of being drafted. These would be included on the agenda for consideration by the Committee at its meeting on 18 September 2014. Although Members had requested that they receive an update on developments relating to *Shaping a healthier future* at the meeting on 15 July 2014, this item had been moved to 18 November 2014. The Committee would instead be receiving an update on the proposal to withdraw the walk in service at Hayes Town Medical Centre. It was noted that Councillor Michael Markham's apologies had been omitted from the minutes of the last meeting.

	RESOLVED: That, subject to the amendment detailed above, the minutes of the meeting held on 18 June 2014 be agreed.
12.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
13.	**HAYES TOWN MEDICAL CENTRE WALK-IN SERVICE** *(Agenda Item 5)* The Chairman welcomed those present to the meeting. He advised that he and Councillors Corthorne and Edwards had recently met with representatives from the Hillingdon Clinical Commissioning Group (CCG) and North West London Commissioning Support Unit (NWL CSU) in relation to the proposal to allow the contract for the walk-in service at the Hayes Town Medical Centre (HTMC) to lapse when the contract ended at the end of September. The walk in service at HTMC had originally been provided with a view to reducing the number of Accident and Emergency (A&E) attendances. However, during the period that it had been open, attendance at A&E had increased, with a slow decline noted recently in attendances at the Walk in service. As such, there was no evidence to suggest that the walk in provision was fulfilling a service need. Dr Ian Goodman, Chair of the Hillingdon CCG, advised that the HTMC had been established in 2009 on a fixed term contract and that 8k patients had registered with the GP surgery since it opened. The proposal to withdraw the walk in service from HTMC (and the 12 week consultation exercise associated with this proposal) had been discussed with Members at the External Services Scrutiny Committee meeting on 17 July 2012. Since the consultation had ended, there had been significant changes to the provision of health services including introduction of the 111 service and a new 24/7 Urgent Care Centre at the front of Hillingdon A&E. Members were advised that, although NHS England (NHSE) was responsible for the adequate provision of primary care services (including the GP surgery at HTMC), the walk in service at HTMC was the CCGs responsibility. It was noted that the contract for the walk in service at HTMC was due to expire on 30 September 2014. Dr Goodman was clear that there were no proposals to close the GP surgery at HTMC and that an enhanced contract for this service was currently being negotiated by NHSE to include extended opening. It was noted that the patients who experienced the most difficulty with regard to access were not the ones that were using the walk in facility at HTMC. The patients using the walk in service tended to be younger, had access to vehicles, were from Hayes and were already registered with the GP surgery at the Centre. The most common reason for attendance at the walk in were respiratory problems (mainly coughs and colds) followed by rashes, UTIs and medication issues. The CCG had looked at the impact of the withdrawal of walk in services elsewhere. Dr Goodman advised that the withdrawal in Hounslow had resulted in only 10% of the patients previously seen by the walk in service going to the UCC. Erring on the side of caution, Hillingdon CCG had planned for 20% (which would equate to approximately 10 additional patients being seen by the UCC per day). It was noted that capacity at the UCC would easily be able to absorb this additional work. Members were advised that the walk in service provision at HTMC cost £612k whereas the same service provided by the UCC cost only £150k. If agreed as expected by the

	CCG Governing Body on 25 July 2014, the £462k savings would be reinvested locally (e.g., contribute towards the extension of access to GPs in Hayes and Harlington) and would help to balance the CCGs financial position. Savings would also be achieved as the current system meant that, when a patient registered elsewhere attended the walk in service, this service was effectively being paid for their care as well their own GP. It was noted that formal communication in relation to the CCG Governing Body decision would commence with stakeholders on 25 July 2014 and a communications and engagement outreach plan had been formulated to start on 27 July 2014 (to run until March 2015). Members were advised that the Hillingdon System Resilience Group would oversee closure plans and the CCG Governing Body would receive regular updates over the coming months. Hillingdon had been a pioneer for the NHS 111 service. Dr Goodman advised that the service had subsequently been rolled out across the country. Locally, NHS 111 was now well established and the service was comparable with the rest of London. In addition to this service, the Urgent Care Centre had opened next to the A&E department at Hillingdon Hospital in October 2013. Between October 2013 and June 2014, the UCC had seen 250k patients and, as a result, had reduced the number of patients being seen in A&E which had then freed staff up to focus on more acute conditions (approximately 230 patients were seen at the UCC each day and 150 in A&E). This co-location had also proved useful with regard to those patients that attended the UCC who were actually more unwell than they realised and actually needed to be seen in A&E. Dr Goodman advised that GPs in the Borough had recently aligned themselves into networks to enable them to work more efficiently. Hillingdon had secured financial support through the Prime Minister's Challenge Fund to set up the networks and work was currently underway to look at introducing a text appointment reminder facility. Members were advised that all surgeries in Hillingdon used the same IT system (EMIS) which enabled GPs to access patient records online and gave them the ability to offer patients the option of booking appointments online. Although the CCG would continue to encourage practices to offer this facility to their patients, this was actually the responsibility of NHSE. It was noted that, although it could sometimes be quite difficult to get an appointment with a GP, a pilot was underway to ensure that the most vulnerable 2% of patients were given priority access. Concern was expressed with regard to the phlebotomy service and the length of time that some patients had to wait to be seen at the hospital. Dr Goodman advised that this issue had been looked at previously but that further investigations could be undertaken. **RESOLVED: That the presentation be noted.**
14.	**UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH** *(Agenda Item 6)* <u>Central and North West London NHS Foundation Trust (CNWL)</u> Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that there were two main elements to the service that the organisation provided: mental health services and community physical health services. Approximately 37% (100,000) of Hillingdon residents of all ages used one of these services in one way or another. With regard to the Hillingdon service user demographics and the costs associated with each of the

services provided in the Borough, Ms O'Brien would forward a breakdown to the Democratic Services Manager.

Members were advised that the Northwood and Pinner Rehab unit had moved to the CNWL Woodlands Centre on the Hillingdon Hospital campus in October 2013 and was now known as the Hawthorne intermediate care unit. This move had been well received by service users and had enabled the service to be better aligned with hospital services.

With regard to older adult mental health services, it was noted that a specialist memory service had been commissioned from CNWL in April 2013. Although the demand for the dementia service had grown, the assessment waiting time was now 2-3 weeks. Members were also advised that the savings made through the reduction in older adults mental health beds had been reinvested in physical and mental health services.

It was noted that CNWL was commissioned by the Clinical Commissioning Group (CCG) to provide services for residents that would help them stay at home including the Rapid Response service which prevented unnecessary hospital admission. These services had helped reduce the financial implications for social services. Individuals could be referred to the Rapid Response service by their GP, A&E or LAS and referrals were monitored to track the effectiveness of the service and identify how many patients were readmitted. A breakdown of the costs and patient numbers would be forwarded to the Democratic Services Manager for circulation to the Committee.

A consultant-led falls clinic (providing therapy and medical support) had been established jointly with Hillingdon Hospital in 2013 as part of work to enable early and safe discharge from hospital to home. Funding for this clinic had been secured for the next year.

CNWL itself was committed to making planned savings and was looking at the implementation of technology to improve processes and reduce administration which would then free up resources that could be invested in front line services.

Hillingdon Child and Adolescent Mental Health Services (CAMHS) provided community mental health services to children and young people up to the age of 18. It was noted that the types of difficulties dealt with by CNWL were predominantly what would be described as Tier 3 (complex and severe) CAMHS services, with a limited service provided at Tier 2 (mild/moderate) due to resourcing issues. Tier 4 services were provided by a number of providers that were commissioned by NHS England (NHSE).

It was recognised that there had been a number of commissioning gaps in the CAMHS service provided in the Borough. Ms O'Brien advised that work was underway with the CCG and local authority to address these issues.

<u>Royal Brompton and Harefield NHS Foundation Trust (RBH)</u>
Mr Nick Hunt, Director of Service Development, advised that RBH was increasingly becoming the hospital of choice for residents in the Home Counties. As such, it was anticipated that demand would increase further from this area when the Heart hospital (UCL) moved to St Bart's.

Ms Lucy Davies, General Manager at Harefield Hospital, advised that the services provided at Harefield had developed rapidly to a 24/7/365 acute cardiac centre which regularly received blue light vehicles and transplant patients even, occasionally, being transported by helicopter. The increased demand for services had resulted from the

dedicated and effective work that had been undertaken by the Trust to win referrals. To ensure that RBH was able to meet the increasing demand, it had put investment plans in place to expand capacity at Harefield Hospital as a precursor to larger scale redevelopment on the site. A planning application for the first three stages would be submitted in the next few weeks and it was anticipated that these phases would result in a 20% increase in capacity at Harefield Hospital:

- Phase 1 - would provide an additional 6 critical care beds, a new purpose built scanning centre and a new 18 bed inpatient ward (Holly Ward). It was anticipated that this would be completed by March 2015.
- Phase 2 - would provide an endoscopy / minor procedures facility and more day case / short stay beds and a daycare lounge. In addition, Oak Ward would be rebuilt as a 2 storey ward (providing an additional 30 beds), the hospital entrance would be reconfigured and the lodge house would be converted for use by up to 4 patients who were medically but not socially fit for discharge.
- Phase 3 - would see the creation of a new purpose built 3 storey graduated care unit, an imaging centre and bring together 48 critical care and high dependency beds. It was anticipated that this would be completed in the next 4-5 years.

Members were advised that Harefield hospital dealt with cardiac and thoracic and cancer patients and that 50% of the work undertaken on the site was in relation to lung cancer. Mr Hunt noted that, between its two hospitals, RBH was the biggest lung cancer specialist in the country.

Although a new cardiology ward had been built two years previously, this was now at capacity. It was noted that the hospital had 15k inpatients and 40k outpatients, of which, approximately 5-8% were private patients. Mr Hunt advised that RBH provided the CCG with statistical information on a monthly basis about the services that it provided to Hillingdon residents. He would ensure that this information was also passed on to Members of the Committee.

Members were advised that the *Safe and sustainable* review was over and had been replaced by a general review of congenital heart services (from foetal to old age). The remit of this new review was believed to be more logical. Mr Hunt again thanked the Committee for the support that it had given the Trust during the *Safe and sustainable* review.

<u>Public Health (PH)</u>

Ms Sharon Daye, Interim Director of Public Health, advised that the service had been fully transferred to the Council on 1 April 2013. The remit of PH was broad and covered services such as: community mental health services (it was anticipated that the latest mental health needs assessment would be published in the autumn), smoking cessation, wellbeing services and substance misuse. As well as providing the core offer to the CCG (where the PH team attended meetings with the CCG and provided JSNA updates), it was noted that PH also commissioned services such as:

- sexual health services - CNWL currently held a 2 year contract for this service and THH provided the GUM clinic (genitourinary medicine). The last sexual health needs assessment was undertaken in 2011/2012;
- school nursing - the current contract was held by CNWL;
- substance misuse services - this contract was due to expire at the end of October 2014 but Cabinet had agreed to extend the current contract so that the service could be put out to tender. The substance misuse needs assessment was currently being refreshed to ensure that it contained the right information for the level of need in the Borough;
- smoking cessation services; and

- local health improvement work.

Members were advised that a number of the primary care contracts would be let later in the year. Local enhanced schemes were being looked at in light of the new Department of Health framework and, as such, it was anticipated that these would be signed off by the autumn (subject to negotiation with the LMC and Pharmaceutical Association).

Ms Daye regularly reported to the Hillingdon Health and Wellbeing Board in relation to the Health and Wellbeing Strategy and the PH Action Plan.

It was recognised that most attendances at the GUM clinic would be voluntary. However, PH had undertaken outreach work at the university and was able to text results to the individual and, if needed, organise an appointment for treatment. Concern was expressed in relation to the links between sexual health and substance misuse and asked whether the Council had access to data in relation to blood borne viruses. Ms Daye advised that, specialised commissioning fell within the remit of NHSE. However, expectant mothers were routinely screened for HIV and PH did have access to information about blood borne viruses. Members requested that they be provided with further statistical information and analysis to in relation to the work of the PH team.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>
Mr Shane DeGaris, Chief Executive, advised that the Trust had been consistently receiving a Monitor 'Continuity of Services' rating of 3 (ratings ranged from 1 to 5) since it had become a Foundation Trust. It had also been classed as Band 6 (lowest risk) in the last 3 CQC intelligence monitoring assessments with the next full assessment expected in late September 2014.

THH had managed a small surplus in 2013/2014, despite it being recognised that, when looking at the national formula, the Trust had been underfunded. The Trust had planned a break-even budget in 2014/2015.

Members were advised that THH had achieved its best ever results for c-difficile and MRSA infections with a reduction of 48% in c-difficile cases between 2012/2013 and 2013/2014.

Professor Theresa Murphy, Director of Patient Experience and Nursing, advised that the Friends and Family test results covering April 2013 to April 2014 had shown a positive comparative performance (with a continuing low level of negative comments). The feedback received through this process was fed into a schedule of improvements, was reviewed at Board, Corporate Nursing team and at ward level and actions were taken as appropriate (e.g., Comfort ay Night which was cited by the Secretary of State).

With regard to seven day working and safer staffing, Members were advised that the Trust had been highly commended by 'Dr Foster' for the reduction in weekend mortality. The Committee requested that Members be provided with further mortality information, broken down by numbers, days and causes.

Senior medical cover had been extended across 7 days in acute medicine, paediatrics, obstetrics and A&E and winter funds had been used to expand a number of services across the weekend, e.g., therapies, radiology, pharmacy. However, it was recognised that significant further progress was required which would mean having to use existing budgets in a different way.

Insofar as midwifery was concerned, it was noted that a review had led to £658k investment in nursing and midwifery staffing. However, it was acknowledged that this was an area which would benefit from even further investment. Members were advised that the Trust had a monthly recruitment programme which had proved successful in appointing good quality staff.

Current activity pressures at THH included a 35% increase in admissions to resus in May 2014 (compared to May 2013) and a 12% increase in non-elective admissions in April and May 2014. The Trust was working with partners to identify and address the cause of these additional pressures.

Mr DeGaris stated that the Trust's outline business case (OBC) in relation to *Shaping a healthier future* review was expected to be signed off by the THH Board in July 2014. The OBCs for North West London (NWL) would be considered as part of an overall plan for NWL. It was anticipated that the Trust would received £17m as part of this review to help with the backlog of maintenance and building improvements. A further £23m was expected for work in relation to Theatre upgrade and the expansion of A&E, maternity and critical care services.

Work that was already underway or completed included:

- the completion of the refurbishment of Beaconsfield East;
- modernisation of the MRI service;
- the expansion of the neuro-rehabilitation service at Mount Vernon; and
- building a new Acute Medical Unit (AMU) and Endoscopy Department at Hillingdon Hospital.

Members were advised that, although the Trust performed very well, it was unable to raise the £40m-£60m that would be needed to refurbish Hillingdon Hospital to ensure that it was fit for the future. Although the Trust would be replacing the 45 year old leaky windows on the top two floors of Hillingdon Hospital, THH was lobbying for additional funding for work to be undertaken on the rest of the building. In addition, a planning application had been submitted to build a single deck extension to the car park, to include a reconfiguration of the access to mitigate the impact on passing traffic (funding was already in place to support this development).

<u>Hillingdon Clinical Commissioning Group (CCG)</u>

Ms Ceri Jacob, Chief Operating Officer, advised that the CCG formally became operational on 1 April 2013, was coterminous with the Borough and included all 48 GP practices. The area was split into three localities which were each represented on the Governing Body by three GPs.

When created, the CCG (which had a budget of approximately £300m - or £75 per person, per year) had inherited a deficit which had been compounded by underfunding (approximately £23m against the target figure). A financial recovery plan was in place to help the CCG move closer to where it should be but it was a slow process. Of the £12m QIPP (Quality, Innovation, Productivity and Prevention) savings needed for 2014/2015, £10.3m had been identified and further investigations were being undertaken to identify where the shortfall could be made.

Members noted that the CCG worked collaboratively with the CCGs in Brent and Harrow. In addition, the CCG was working with the other North West London (NWL) CCGs on programmes such as the *Shaping a healthier future* (SaHF) review. Although, as part of SaHF, there were moves for more procedures to be undertaken by

GPs, the smaller practices were struggling and needed support from the GP networks that had been set up. This support was being assisted by an improved training programme and the Out of Hospital Strategy.

The CCG was also looking at better delivery of services and the transformation agenda. To this end, the organisation had worked with the Council on the Better Care Fund submission (in relation to the integration on health and social care). NHSE had made very few comments on this submission which had had a focus on working together to improve the services provided to the frail elderly.

Ms Jacob advised that the CCG was involved in individual care planning with individual patients. Although the CCG did not have access to individual patient level data, there were routes through which individual patients could be tracked. On a commissioning level, Ms Jacob advised that the CCG looked at the patient pathway to identify gaps and duplication which would then inform the design of the service.

Dr Ian Goodman, CCG Chair, advised that the 8 NWL boroughs had collaborated to establish a 'data warehouse' which would be up and running in the next 8 months. It was anticipated that, once functioning, this facility would be able to produce comprehensive data and it was hoped that social care information would also be included.

With regard to the Yiewsley Health Centre, Members were advised that the development was progressing. It was anticipated that the new Centre would accommodate three existing practices from the area which were all in sub-standard properties. Although the new centre would not have much additional capacity, it was likely to be co-located with some CNWL and out of hospital services.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer, advised that HH had been set as a result of the Health and Social Care Act 2012 at the same time as the CCG. HH had built on the work that had been undertaken by its predecessor, the Local Involvement Network (LINk).

HH Board comprised a Chair and 8 Board Members, had 3½ FTEs and they had recruited over 30 volunteers. The organisation had a budget of £175k and a 2 year contract which would expire in 2015. HH provided residents with a platform to voice views on health and social care and enabled them to get involved in shaping service provision. In addition, the HH role included:

- providing information, signposting and helping residents to negotiate complex care pathways, e.g.:
    - publicising the NHS 111 facility; and
    - helping vulnerable residents (e.g., those with learning difficulties) to ensure that they were supported to receive an equal service; and
- acting as a critical friend to challenge the work of commissioners and providers, e.g.:
    - patient led assessments of the clinical environment - these were undertaken annually and looked at factors such as cleanliness and food; and
    - quarterly assessment at Mount Vernon and Hillingdon Hospital - which had resulted in improved signage and the development of an action plan to prioritise areas for improvement.

Although the services in Hillingdon were of a good standard and there was an ethos of

	quality improvements, it was acknowledged that there were areas which required improvement. A high number of complaints received by HH were in relation to individual members of staff rather than the service itself. Although a large proportion of residents understood that the NHS was stretched financially, they were not necessarily aware of how they could help themselves to prevent unnecessary use of services. Mr Hawkes advised that HH was aiming to increase its promotion of the support and advice that it provided throughout the Borough. **RESOLVED: That:** **1. Ms O'Brien forward a breakdown to the Democratic Services Manager of the demographics and costs associated with each of the services provided to Hillingdon service users (including the Rapid Response service);** **2. Ms Jacob provide the Democratic Services Manager with a breakdown of the costs and patient numbers using the services provided to help them stay at home;** **3. Ms Daye provided the Democratic Services Manager with further statistical information and analysis to in relation to the work of the PH team;** **4. Mr Hunt forward a breakdown of the services provided by RBH and associated costs to the Democratic Services Manager;** **5. Mr DeGaris provide the Democratic Services Manager with further mortality information, broken down by numbers, days and causes; and** **6. the presentations be noted.**
15.	**WORK PROGRAMME 2014/2015** *(Agenda Item 7)* Consideration was given to the Committee's Work Programme for 2014/2015. As there had been a new directive requiring local authorities to meet a 26 week timescale for adoptions, an additional meeting would be set up to scrutinise the issue and review potential external barriers that might hinder their progression through the Family Court. Members agreed that Lord Justice James Munby be contacted and that a meeting be scheduled around his availability. Members were keen to ensure that they received regular statistical information and analysis from the local Trusts in relation to outcomes, costs and numbers of patients. The Democratic Services Manager would contact each organisation to request that this information was provided. It was noted that, although mention had been made during the meeting about the air quality health implications, the health challenges presented by Heathrow in terms of foreign nationals being unwell when they arrived at the airport. Members agreed that this was an issue about which they would like further information at a future meeting. **RESOLVED: That:** **1. the Democratic Services Manager contact Lord Justice Munby to organise an additional Committee meeting to review potential external barriers that hinder the progression of adoptions through the Family Court;** **2. the Democratic Services Manager request that each Trust provide the Committee with regular statistical information;** **3. further information be sought at a future meeting in relation to the health challenges presented by foreign nationals being unwell when they arrived Heathrow airport; and** **4. the amended Work Programme be noted.**

	The meeting, which commenced at 6.00 pm, closed at 8.47 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.