Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

28 April 2015

Meeting held at Committee Rooms 3 & 3a - Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White **Also Present**: Maria O'Brien - Central and North West London NHS Foundation Trust Kim Cox - Central and North West London NHS Foundation Trust Ela Pathak-Sen - Central and North West London NHS Foundation Trust Richard Connett - Royal Brompton and Harefield NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust Anne Middleton - Royal Brompton and Harefield NHS Foundation Trust Abbas Khakoo - The Hillingdon Hospitals NHS Foundation Trust Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Dr Ian Goodman - Hillingdon Clinical Commissioning Group Ceri Jacob - Hillingdon Clinical Commissioning Group Graham Hawkes - Healthwatch Hillingdon Dr Steve Hajioff - Director of Public Health, LBH Steve Powell - Category Manager, LBH Gary Collier - Better Care Fund Programme Manager, LBH **LBH Officers Present**: Nikki O'Halloran **Press and Public:** 1
58.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items be considered in public.**
59.	**MINUTES OF THE PREVIOUS MEETING - 17 MARCH 2015** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 17 March 2015 be agreed as a correct record.**
60.	**REPORT ON HILLINGDON'S BETTER CARE FUND PLAN** *(Agenda Item 5)* Mr Gary Collier, the Council's Better Care Fund Programme Manager, advised Members that the Better Care Fund (BCF) was a national initiative to implement the new integration duties under Care Act 2014. The BCF did not provide new money for Hillingdon but was more about creating efficiencies through integration to ensure that existing funding was used more effectively. It was noted that, for 2015/2016, the Council and Hillingdon Clinical Commissioning Group (HCCG) had agreed that they

would keep the level of investment in Hillingdon's first BCF Plan to the minimum permitted, £17,991k. This was in order to minimise the risk to both organisations and provide time to develop an effective working relationship.

The focus of Hillingdon's BCF plan was on the 65 and over population, which was a reflection of the increasing demand placed on local authority and NHS services by an ageing population. To this end, seven schemes had been developed:

1. Early identification of people susceptible to falls, dementia and/or social isolation.
2. Better care for people at the end of their life.
3. Rapid response and joined up intermediate care.
4. Seven day working.
5. Review and realignment of community services to emerging GP networks.
6. Care home initiative.
7. Care Act Implementation.

Mr Collier advised that the development of integrated IT systems across health and social care would be a key enabler to the effective delivery of many of the above schemes and to achieving the position where residents with care needs only had to tell their story once. It was noted that this work was underway but that it would take time to fully enable all partners involved in a resident's care to update their care plan to reflect their respective interventions.

The Committee was advised that there were strong links between the BCF plan and the wider Integration in Hillingdon Programme which was based on the premise that the GP should be the lead professional responsible for coordinating an individual's care. Links could be seen in the following areas: care planning and care coordination; Multi-Disciplinary Teams; early identification; access to information, advice and advocacy; and supporting carers. A pilot based in 6 GP practices in the north of the Borough had started in April 2015 with the intention of rolling out the new model later in the year.

There were six key performance indicators contained within Hillingdon's BCF plan that had to be reported to NHS England:

- Emergency admissions
- Residential admissions
- Reablement
- Delayed transfer of care
- Service user experience
- Local metric: social care-related quality of life

The delivery of the BCF plan would be overseen by the Health and Wellbeing Board (HWBB), which would receive quarterly performance reports. An officer group (comprising representatives from the Council and HCCG) would performance manage the plan's delivery. It was noted that there had already been a reduction in the number of admissions, which were now also processed faster.

Mr Collier stated that all parties were committed to the implementation of the BCF plan. He advised that the Committee would be included in work that would take place to develop the 2015/2016 plan after 7 May 2015. It was suggested that, as degenerative spinal disease was considered to be resource intensive, this condition should be factored into the 2015/2016 plan.

Insofar as resourcing was concerned, Members were advised that the majority of the

	funding was health related, with the Council contributing approximately £7m from the 2014/2015 social care budget. Further funding came from the implementation of the Care Act, Care Grants and the Disabled Facilities Grant. The funding was held in a pooled budget which was hosted by the Council. It was noted that, although the majority of the BCF budget was committed to existing core contracts, it was monitored on a fortnightly basis by a core officer group, which included the Council's Director of Finance. **RESOLVED: That the update be noted.**
61.	**PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS** *(Agenda Item 6)* <u>Central and North West London NHS Foundation Trust (CNWL)</u> Ms Maria O'Brien, Divisional Director at CNWL, advised that the Trust's performance over the last year had been strong but that it had finished the year with a small deficit. The Trust provided a wide range of community health services for children and adults with physical health problems. These services included: diabetes services; speech and language therapy; continence services; district nursing; palliative care; and rapid response. Services for children included: health visiting; children's nursing; infant feeding; and paediatric services (including speech and language therapy, occupational therapy and physiotherapy services). The Trust also provided mental health services across the Borough for adults and older people, including a psychiatric intensive care unit at the Riverside Centre and two adult inpatient mental health wards that provided a safe and therapeutic environment for people with acute mental health problems. It was noted that the CQC had undertaken an inspection of CNWL in February 2015 with the resultant draft report expected in the near future. Once CNWL had received this report, a stakeholder summit meeting would be arranged. Ms Ela Pathak-Sen, Associate Director at CNWL, noted that this was the fifth year that the Trust had set its Quality Priorities via a wide consultation programme. She advised that, as it was important to learn from experiences, performance measures were largely driven by patients and feedback was encouraged through the Trust's website and comment cards. Service user feedback was then included on the agenda for the 6 public Board meetings held each year. In addition, patients were included on the interview panels for senior posts and on the inspection teams for hospital environments. CNWL was pleased to report that 95% of 11,010 patients who responded to the Friends and Family Test had stated that they would be likely or extremely likely to recommend the Trust's services (against a target of 90%). In Hillingdon, this equated to 91% for community services (approximately 300 patients) and 93% for mental health services (more than 300 patients). Conversely, it was noted that approximately one quarter of those who had responded to the staff survey had indicated that they would not recommend the Trust as a place to work or receive treatment. Furthermore, all of the staff experience measures included within the report had worsened in comparison to the previous year. Ms Pathak-Sen advised that staff turnover and patient acuity had increased and that the organisation had grown. This had meant that there had been an increase in the total number of staff. However, she stated that the Trust had not been complacent and had used listening events to gain feedback from staff and was re-launching the whistle-blowing policy. In addition, as recruitment in Hillingdon was challenging, a recruitment fair was being planned.

Other work had included the development of Recovery College courses which now included health, wellbeing and community services. In response to carer feedback, CNWL had developed Recovery and Wellbeing College courses for carers (which was co-delivered by carers) and courses to raise awareness of carers and their vital role.

Members were advised that, of the twelve Quality Account Priority objectives for 2014/2015, two had not met their targets:

1. It was anticipated that the review of care and treatment planning would take some time as it would include physical health (a new patient record system was being introduced to support this objective). As such, this objective would be rolled forward to 2015/2016.
2. As the Trust had not met its 95% target for staff appraisals (Hillingdon achieved 87% for community services and 82% for mental health services), this objective would also be rolled forward to 2015/2016.

Members were advised that, insofar as care planning was concerned, the other areas covered by the Trust appeared to perform better than Hillingdon. It was noted that there were some services provided by the Trust which used different terminology (e.g., physiotherapy and occupational therapy) which meant that community patients would not necessarily recognise the determination of their "goals" as being care planning. As this was not an issue across all areas, Members suggested that it might be an issue worthy of investigation by the Trust.

Ms Kim Cox, Borough Director for Hillingdon at CNWL, advised that the Trust had adopted a more borough-wide focus on services and had looked to have a more holistic approach to physical and mental health services. Furthermore, there had been investment in CAMHS which had resulted in a reduction in the waiting list. It was noted that CAMHS patients were prioritised according to clinical need rather than how long they had been waiting for an appointment. Those patients that were waiting for a significant amount of time were monitored to ensure that their condition did not deteriorate. Although there were no national targets set in relation to mental health service waiting times, CNWL was looking to publish this information over the forthcoming year. Other successes in Hillingdon over the last year included the extension of therapy input into Hawthorn Intermediate Care Unit to seven days and an increase in immunisation.

It was noted that work had been undertaken across organisations such as Public Health, CCG and CNWL. To this end, a working group had been set up to look at commissioning and the structure of services collectively.

Members were advised that the Trust had undertaken individual stakeholder events to look at possible quality priorities and had highlighted three themes. These themes were then discussed at the 'all stakeholder' event to hone and shape possible Quality Priorities for 2015/2016. It was felt that the essence of the themes were imperative and interdependent and, as such, a combination would be taken forward under the overarching heading of 'Effective Care and Treatment Planning'. In addition to those priorities that had not been achieved over the last year, 'strengthening our learning culture' would also be taken forward and implemented alongside the 2015/2016 priorities.

With regard to technological improvements, it was noted that the Trust had considered outsourcing and a programme of work had been developed to look at productivity which had resulted in an additional post. Furthermore, a Telemedicine pilot had been

put in place with promising initial results that could save money for partners elsewhere in the pathway. A mobile working solution had also been procured which would go live in Hillingdon in August 2015 and was anticipated that it would improve efficiency.

Concern was expressed that the language used within CNWL's Quality Account report tended to be rather technical and, as such, would benefit from being proof read by a lay person prior to publication to make it more accessible. In addition, Members again expressed concern about the format of the report. Although it was understood that there were lots of services provided by the Trust to a number of areas, the Committee asked that further consideration be given to collating information relevant to each Borough in its own section of the report.

Mr Hawkes agreed that the CNWL Quality Account report needed to reflect the Hillingdon perspective, e.g., the substance misuse issues in the Borough were not really addressed in the report. However, he noted that the easy read version produced by the Trust was of great benefit and that the production of a similar document had been suggested to other Trusts.

<u>Royal Brompton and Harefield NHS Foundation Trust (RB&H)</u>
Mr Richard Connett, Director of Performance and Trust Secretary at RB&H, advised that the Trust had not been scheduled for an inspection on the most recent list published by the CQC so would not inspected before October 2015.

Members were advised that, during 2014/2015, the Trust had cared for 178,495 patients (NHS and private) at its outpatient clinics and 38,619 patients of all ages on its wards. RB&H had pioneered the use of primary angioplasty for the treatment of heart attacks and its ventricular assist device (artificial heart) programme was one of the world's most established programmes with a long history of clinical and scientific excellence. The Trust was the country's largest centre for the treatment of adult congenital heart disease.

Insofar as the Trust's Quality Priorities for 2014/2015 were concerned, action had been undertaken to improve the patient experience with a number of work streams and surgeons working across both hospitals to create greater homogeny. During this period, the lung cancer pathway had also been reviewed which had resulted in increased theatre capacity at Harefield Hospital and the development of a timed care pathway. However, as more work was needed, the lung cancer pathway would continue to be a priority for the Trust in 2015/2016.

The Trust had experienced considerable operational pressures over the last year which meant that there had been no progress made in reducing in the number of cancelled theatre cases. It was noted that the majority of cancellations had been at Harefield Hospital and had been as a result of issues such as the growing number of patients transferred to Harefield from other hospitals. However, there was enthusiasm at the Trust for surgeons to pick up new referral paths. Patient acuity had also increased and patients would often have more than one condition and more patients were being found to need care in the critical care areas. As such, this would continue to be a priority during 2015/2016, alongside the development of more efficient discharge.

The Family Satisfaction Survey had been extended during the past year to the intensive care unit at Harefield Hospital and to the Paediatric Intensive Care Unit. 230 questionnaires had been completed by families and the feedback received had been used to improve services. For example, customer services training had been included in nurses' induction, a coffee machine had been installed outside ITU and a focus group had been set up to discuss patient experience.

It was noted that NHS England (NHSE) had required all Trusts to define what 7 day working meant for their organisation and to have put in place the necessary changes to deliver it by April 2017. To this end, RB&H had met the national standard in relation to the first consultant review and for ongoing review of patients on critical care units. Although significant work had been undertaken to review diagnostics and support services, more would be required before April 2017.

Medication errors were one of the main categories of incidents reports nationally and within RB&H, although most were 'near miss' events and resulted in minor or no harm to the patient. Paediatric pharmacists at the Trust were leading on work to improve medication errors for Children's Services:

- A quality improvements programme on omitted doses had been successful in reducing errors by 54%;
- A self administration regime had been successfully launched in relation to Paediatric Cystic Fibrosis;
- The medicines administration double checking process was being redesigned; and
- A Medicines Management Champion had been put in place in the children's ward to promote adherence to medicine related policies and procedures.

For 2015/2016, RB&H had identified six draft quality priorities for 2015/2016 in consultation with governors, patients and the public, members of Healthwatch, staff and Trust Board members:

1. Improving our Organisational Safety Culture: RB&H had signed up to a safety campaign;
2. Improving the Patient Experience and Co-Ordination of Admission and Discharge: the Trust would look at identifying where improvements were needed and then implementing changes;
3. Improving the Identification and Management of Patients at Risk of Pressure Ulcers and Falls in Hospital: previous learning would be used to undertake a quality improvement project around falls;
4. Improving the management of patients with Cancer: the 62 day lung cancer pathway work would be rolled forward from 2014/2015 and would include training for staff around quality of care;
5. Improving the Management of the Deteriorating Patient – Reducing Acute Kidney Injury, Effective Sepsis Identification and Management, Appropriate Escalation of NEWS (National Early Warning Score) and PEWS (Paediatric Early Warning Score): RB&H was aiming to improve compliance with NEWS and PEWS, SEPSIS 6 System to 95% and to reduce the incidence of new onset AKI (acute kidney injury) by 50% by 2018; and
6. Safer Use of Medicines and Medical Devices: the Trust would use learning from the previous year and tailor it for adults. It was likely that this would result in an increase in reporting which would then settle. The outcomes would be audited.

Mr Nick Hunt, Director of Service Development at RB&H, advised that approximately 10% of the patients seen by the Trust were private (with the remainder being NHS) and that they provided roughly 10-12% of the Trust's income. It was noted that, without private patients, RB&H would be unable to offer anywhere near the same level of NHS service currently provided. Given NHSE restrictions, the Trust was unable to earn itself out of a deficit.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>
Dr Abbas Khakoo, Medical Director at THH, advised that there had been a range of

achievements for the Trust in 2014/2015 which included:

- low patient mortality figures – THH was one of only 15 Trusts in the 'lower than expected' SHMI band;
- patient safety thermometer stood at 95.4% against a national target of 95%;
- more than 24,000 responses to the Friends and Family Test during 2014/2015 (equating to approximately 20% of all THH patients) - 93% of patients were happy to recommend THH services to their friends and family;
- Annual NHS Staff Survey – the number of staff agreeing that patient care was the Trust's top priority grew by 7% to 78% (against the 69% national average). THH scores had improved in 26 of the questions and had performed better in 71 of the questions; and
- an increase in training compliance rates for Infection Prevention and Control and Safeguarding.

During the last year, THH had invested more than £15m in new and improved patient services, with a new Acute Medical Unit and Endoscopy Unit (Nightingale Centre) opened on time and on budget, expansion of neuro-rehabilitation and new maternity labour rooms (it was noted that THH would not increase the number of maternity beds until the environment and staff levels were in place to support the additional demand and meet the new NICE guidelines). In addition, the Paediatric Diabetes team had won a £50k Innovation Challenge Prize for its schools outreach work and had received three commendations in the national Care Quality Programme Awards.

The Trust had been working closely with key stakeholders to ensure that, as a result of changes proposed through the *Shaping a healthier future* (SaHF) programme, maternity and paediatric care could be delivered at the right time in the right place. In addition, the Trust was looking at embedding the London Emergency Standards, developing new community pathways (musculoskeletal, urology and gynaecology) and avoiding readmissions through whole systems and integrated care.

Professor Theresa Murphy, Director of Patient Experience and Nursing at THH, stated that there were a number of targets that had not been achieved during the last year which included:

- readmissions to hospital within 28 days (THH performance was above the London and national average);
- Clostridium difficile (C diff) - THH had breached the annual objective of 16 cases but was lower than the North West London (NWL) average (per 100,000 bed-days) and slightly above national average;
- Venous Thromboembolism (VTE) was below THH's 95% target at 92.7%;
- A&E performance – 94.1% (against a target of 95%);
- 2.3% of clinics had been cancelled with less than 6 weeks' notice (against a target of 1.5%);
- reduced length of stay for patients aged 65+;
- presence of a consultant physician for 12 hours a day at weekends in Medicine;
- patients seen by a consultant within 14 hours - THH was currently looking to improve this target by recruiting additional medical unit consultants;
- Dementia FAIR assessment - the 'Find' and 'Assess' indicators had not been achieved at the year end;
- The number of inpatient falls had reduced by 12.4% against a target of 20%; and
- CARES customer care training had missed its target, achieving 10.4%.

Members were advised that a significant amount of work had been undertaken by the

Trust since its CQC inspection in October 2014. Although a follow up CQC inspection had been expected, this had not yet taken place.

With regard to formulating the Trust's 2015/2016 priorities, Dr Khakoo stated that, in addition to the feedback already received from the CQC, consultation had been undertaken through an engagement event, feedback from patient experience surveys/complaints and staff meetings. The proposed Quality Priorities for 2015/2016 were in relation to:

1. Safeguarding - ensuring the safety of vulnerable and older people;
2. Improving the safety of medicines management and the experience of people requiring medicines in the inpatient and outpatient settings;
3. Improving maternity services (SaHF and maternity expansion); and
4. Improving communication with patients.

Members were advised that approximately 60% of patients visiting A&E were dealt with by the Urgent Care Centre (UCC). As the total number of patients visiting the UCC was increasing, more effort was needed to signpost individuals to their GP or local pharmacy (where relevant). Although there had been an increase of 4-7% in A&E and admissions in London, Hillingdon had seen an increase of 8-10% over the whole year.

With regard to patients in mental health crisis attending A&E, Professor Murphy advised that the Trust had developed a great working partnership with CNWL. Members were aware that space within A&E at Hillingdon Hospital was limited and, as such, a specialist mental health room was not an option. However, to address the need identified, THH would be putting four substantive Registered Mental Nurses (RMNs) in place to help manage the risk.

Dr Khakoo noted that the Trust was working hard to develop its use of technology to make it more joined up. To this end, THH was piloting the use of hand held devices by consultants to enable them to update patient records whilst on the wards. The work being undertaken would also be looking at GPs being able to access records and smooth the patient discharge process. In the meantime, effort would be made to improve the existing ways of recording information whilst the IT solution was being developed.

Members noted that, even though a significant proportion of comments made by residents were in relation to the service, there was very little reference made to outpatients within the THH Quality Account report. Dr Khakoo stated that, during its inspection, the CQC's comments about THH's outpatient service had been very positive despite this department having the largest volume of work. Professor Murphy advised that the Trust would include more information about outpatients within the final version of the report. She noted that there had been an issue with patients not attending their appointments which led to staff overbooking and patients having to wait longer to be seen. The Committee was assured that this issue would be addressed over the forthcoming year.

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

Ms Ceri Jacob, Chief Operating Officer for HCCG, advised that the organisation had achieved a £3.3m surplus at the end of 2014/2015 as a result of a lot of work with providers and partners. It was noted that CCGs were required to hold a 1% surplus so this money would be rolled forward to 2015/2016. However, QIPP had only resulted in £8m savings in the last year against a target of £10m.

Ms Jacob advised that it was important for HCCG to maintain control over its finances

in 2015/2016 which, as a result, would impact on the providers. It was noted that HCCG was still underfunded but not by as much as it had been.

Work was underway to develop GPs use of technology. It was acknowledged that, as 95% of clients had an NHS number, social care could be integrated into this new IT development.

With regard to blood tests being undertaken at Mount Vernon Hospital, Ms Jacob advised that GP networks in the north of the Borough were already piloting a phlebotomy work stream in some practices but that this would not be available in all practices. However, this development would increase the availability of blood testing.

Insofar as the new Yiewsley Health Centre development was concerned, HCCG was ready but was sometimes held up by NHSE. A business case had been submitted and additional funding had been committed to enable CNWL to provide services from the new building. Ms Jacob would provide the Democratic Services Manager with an update for circulation to the Committee.

Members were advised that, from 1 April 2015, HCCG was joint commissioning with NHSE. The organisations would be holding their first meeting on 21 May 2015 so would be able to discuss the need for a GP practice in Heathrow Villages and then update the Committee at a future meeting. Another issue that could be discussed by HCCG and NHSE was the difficulty that many residents experienced in getting an appointment with their GP.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Operating Officer at HH, advised that an interim CAMHS report had been produced in December 2014 with a further report expected in May 2015. He noted that issues in relation to the mental health service provision were not just in relation to Tiers 3 and 4 but also Tiers 1 and 2. For example, further work was required regarding early intervention in schools as there had been a huge increase in the number of instances of self harm. A report about the issue would be brought to a future meeting of the Committee.

Other work being undertaken by HH included:

- Maternity - volunteers had been talking to new parents in Children's Centres and working with Healthwatch Ealing in relation to postnatal depression;
- Domiciliary care and home care services - as a number of issues had been raised, work would be undertaken over the next few months to embed the services;
- GP access - as residents were experiencing difficulties accessing a GP, HH was working with HCCG to look at how primary care could be accessed; and
- Knee surgery, hernias and IVF - the 8 NWL CCGs had issued a statement to advise that they would look at this issue. An announcement was expected in the near future about any proposed changes.

Mr Steve Powell, Category Manager for the Council, advised that the authority was in the process of launching the Connect to Support website as part of its Care Act obligations. He would be in contact with those organisations in the near future about the support that they each provided to patients.

RESOLVED: That:

1. **the information received be used to help to inform the Committee's response to the Trust's Quality Account reports for 2014/2015; and**

	2. **Ms Jacob provide the Democratic Services Manager with an update on the new Yiewsley Health Centre for circulation to the Committee; and** 3. **the presentations be noted.**
62.	**SINGLE MEETING REVIEW: FAMILY LAW REFORMS - DRAFT FINAL REPORT** *(Agenda Item 7)* Consideration was given to the draft Family Law Reforms report which was circulated to Members at the meeting. The report had been produced following a single meeting review which had been attended by Her Honour Judge Judith Rowe QC and Council officers. It was believed that Hillingdon had been the first local authority to have worked with a Judge in this way and had enabled the further development of relations between officers and the Family Court. **RESOLVED: That the Family Law Reforms report be agreed and presented to Cabinet at its meeting on 21 May 2015.**
63.	**WORK PROGRAMME 2014/2015** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was agreed that an additional meeting would be scheduled for 6pm on Tuesday 12 May 2015 to specifically review the report resulting from the CQC inspection of Hillingdon Hospital. The CQC inspection of the London Ambulance Service NHS Trust (LAS) would start on 1 June 2015. The LAS information collected by the Committee at its meetings during the year would be submitted to the CQC. Members were asked to provide any further information that they had about the LAS to the Democratic Services Manager by 27 May 2015 so that this could also be submitted. **RESOLVED: That:** 1. **an additional meeting be scheduled for 6pm on Tuesday 12 May 2015;** 2. **Members provide the Democratic Services Manager with any LAS related information they had by 27 May 2015 so that it could be submitted to the CQC; and** 3. **the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 8.44 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.