

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

12 January 2016

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White</p> <p>Also Present: Maria O'Brien - Central and North West London NHS Foundation Trust Kim Cox - Central and North West London NHS Foundation Trust Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob - Hillingdon Clinical Commissioning Group Dr Steve Vaughan-Smith - Hillingdon Clinical Commissioning Group Dr Chris Jowett - Hillingdon Local Medical Committee Graham Hawkes - Healthwatch Hillingdon</p> <p>LBH Officers Present: Dr Steve Hajioff (Director of Public Health) and Gary Collier (Better Care Fund Programme Manager) and Nikki O'Halloran</p> <p>Press and Public: 1</p>
38.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor Brian Crowe.</p>
39.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
40.	<p>MINUTES OF THE PREVIOUS MEETING - 17 NOVEMBER 2015 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 17 November 2015 be agreed as a correct record.</p>
41.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting and wished them a Happy New Year. He noted that requests for further information and clarification had been made at the Committee's previous meeting and that these issues would be addressed by those present.</p> <p><u>Mental Health Services</u> Dr Steve Vaughan-Smith, Hillingdon Clinical Commissioning Group (HCCG) Governing Body GP Mental Health Lead, advised that significant investment had been made in</p>

mental health services in the Borough between 2013 and 2015. This investment included:

- **IAPT (Improving Access to Psychological Therapies) £940k** - this service provided support to people with common mental health disorders and accepted self referrals (rather than having to be referred by a GP or hospital). An additional 1,800 individuals were entering treatment each year. The investment had been recognised by NHS England (NHSE) and the service had achieved and exceeded the 15% access target (currently at 17%), with more than 50% of patients making a full recovery. Central and North West London NHS Foundation Trust (CNWL) was commended by HCCG for this achievement;
- **Primary Care Plus £449k** - a number of nurses had been placed in GP practices to work with patients that did not meet the threshold for secondary care services and to provide support to GPs in the management of people with mental ill health. The service had been running in the Borough for a few months and, although it was provided throughout Hillingdon, it was concentrated at Uxbridge Health Centre. It currently dealt with 110 patients each year and it was expected that this would rise to 370 per year;
- **CAMHS (Child and Adolescent Mental Health Services) £570k** - NHSE had provided a significant amount of money in Hillingdon to develop an eating disorder service and a self harm scheme to enable urgent issues to be followed up quickly. Self harm issues would be followed up within four hours; the waiting time for CAMHS Community Eating Disorders would be four weeks for routine treatment and, for urgent cases, one week to the commencement of NICE (National Institute of Health and Care Excellent) treatment. It was anticipated that 25 children and young people and their families would receive intensive family interventions during 2016/17 from the CAMHS Community Eating Disorders team; and 200 additional children and young people would receive support in relation to self harm;
- **CAMHS OOH (Out of Hours) £131k** - to increase the service provision to 24/7 by including urgent out of hours access to support and responding to calls within 4 hours. It was suggested that time would tell whether this would be sufficient investment but that the service would be supplemented by the availability of the Home Treatment team which was funded by HCCG;
- **Perinatal £123k** - to provide support to women with serious mental illness pre and post birth. This was a well established service in Hillingdon that would provide a link to health visitors in the Borough and provide ongoing support to mothers and families in crisis. There were currently 20 patients currently using this service and it was noted that the waiting time for the service was approximately one week;
- **Older Adults Home Treatment £743k** - this had been piloted in the north of the Borough, providing intensive support for over 65s (e.g., where one partner was suffering with dementia), with plans to roll it out in the south later in the year. It was anticipated that there would be approximately 520 new assessment undertaken each year;
- **Learning Disability CAMHS £198k** - the business case for this project to provide support to children and young people with learning disabilities and complex behaviour was being considered by HCCG in February 2016 and would help to ensure that the individual's health and social care needs were met. It was anticipated that an additional 90 children and young people would be helped by the service each year;
- **Mental Health Discharge Lounge £140k** - a pilot undertaken in 2015 had identified that 50% of four hour breaches in A&E were as a result of mental health issues. Based at the Riverside Centre, it was anticipated that this facility would transfer inappropriate attendance from A&E and, it was estimated, would

see 120 patients in its first year;

- **Urgent Care Services £357k** - this would provide a single point of access (telephone number) and extended community services into evening and weekends. The service was available to the emergency services, patients, carers and professionals and could refer individuals to other services such as the Home Treatment Team which worked 24/7. Although it was based at the CNWL head office, a consultant psychiatrist (who could take the appropriate action) would be available on the telephone and service responses would be Hillingdon focussed with a local team ready to take action. It was estimated that there would be 2,000 referrals in Hillingdon each year;
- **Memory Assessment Services £230k** - this support from NHSE had enabled the enhancement of the Memory Clinic to improve the early diagnosis of dementia. An additional 200 patients would be seen each year; and
- **Transformation Fund £287k** - this allocation had been made to CNWL for various transformation initiatives. Ms Ceri Jacob, Chief Operating Officer at HCCG, advised that further, more specific information about individual initiatives could be brought back to a future meeting if required.

The Committee was advised that, in relation to the Mental Health Discharge Lounge, it was important to stabilise a patient's physical health before addressing their mental health needs. It was noted that some of the challenges faced by A&E in meeting its four hour target were in relation to patients with mental health needs. Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that there had been historic challenges but that the work outlined by Dr Vaughan-Smith would help to get services to where the providers and commissioners wanted them to be. It was noted that funding had previously been withdrawn without CNWL having mechanisms in place to deal with those patients that would be affected. The additional funding and the focus on preventative intervention would help to improve access to services and the overall patient experience. However, it was important to ensure that the available services were publicised effectively.

CAMHS

Ms Jacob noted that CNWL received a block contract from HCCG which, for CAMHS, equated to approximately £1,473k. In 2015, CNWL had received the following additional funding for CAMHS:

- £120k for additional therapist to deliver treatment for those on the waiting list (they were seeing approximately 25 patients per week);
- £130,915 for the CAMHS OOH service; and
- £198k to develop the new CAMHS Learning Disability Service.

Following the release of additional funding from the Department of Health for CAMHS, CNWL would also receive the following from January 2016:

- £149k for the development of a CAMHS Community Eating Disorder Service;
- £100k for new posts in the CAMHS Learning Disability Service; and
- £198k for the development of a Self Harm/Crisis/Intensive Support Service.

It was noted that HCCG had improved its financial position and, although it had been required to invest an additional 8% in mental health services in 2015/2016, it had invested 9%. National planning guidance for 2016/2017 required a further 5.8% to be invested in the coming year. HCCG had been working closely with the Council and providers to identify where this additional funding should be targeted.

Members were advised that 5,048 face-to-face contacts had been commissioned in the CAMHS service during 2014/2015, which included 479 initial contacts/assessments.

Although there had been 1,222 planned contacts between April 2015 and June 2015, there had actually been 1,630 (34% more than expected). As at 3 December 2015, there were 85 children and young people awaiting assessments (the longest having waited since July 2015) and 227 awaiting treatment (the longest having waited since February 2015).

Ms Jacob noted that the waiting list initiative had enabled an additional 25 patients to be seen each week. However, demand for the service continued to increase, particularly in relation to self harm. The five year transformation fund had allocated funding to address the increase in demand at a system level, for example, the importance of the need for more early intervention services and schools' role in this. It was important for the Council and HCCG to continue to work closely together on this initiative.

Although investment for CAMHS had increased across the country and some new staff had been appointed at CNWL, recruitment was a challenge. These additional staff had helped to reduce waiting times but, it was anticipated, the recruitment of more could result in waiting times being reduced to weeks rather than months.

Primary Care Co-Commissioning

Members were advised that primary care co-commissioning had commenced in Hillingdon in April 2015. A Joint Committee had been set up with NHSE - Hillingdon met with NHSE on a monthly basis as well as meeting on a quarterly basis in common with the other North West London (NWL) CCGs. The Hillingdon meeting was chaired by a lay Governing Body member and was attended by the Council's Cabinet Member for Social Services, Health and Housing and Healthwatch Hillingdon members.

Although the governance had taken longer to put in place than anticipated, the Primary Care Model of Care had now been established. This recognised the central role of primary care in the health system and would help to ensure the quality standards set out in the Strategic Commissioning Framework were achieved consistently by general practice in the Borough.

Other areas that had been focussed on as part of the Primary Care Model of Care were: population segmentation (looking at issues such as older people with long term conditions); risk stratification (identifying individuals early to prevent hospital readmissions and help them live independently at home for longer); and investment in primary care to ensure stability (it was noted that there would be a 4-5% increase in funding to GPs over the next five years in recognition of the additional work that they would be undertaking).

Members were advised that the Primary Care Model of Care supported integrated commissioning and encouraged out of hospital working at the GP Network level. It was anticipated that the model would be implemented for older people and people with long term conditions from October 2016 (or the wider population, if possible).

Ms Jacob noted that work was being undertaken with the 10 practices in the Borough affected by the Personal Medical Services (PMS) review. £1m of PMS premium funding would be used to support the implementation of the Primary Care Model of Care. In addition, Health Impact Assessments (HIAs) and Equality Impact Assessments (EIAs) would be completed with regard to current premium services provided by PMS practices.

Other issues noted by Ms Jacob included:

- a system wide estates strategy being undertaken by the Strategic Estates

Group;

- following NHS Planning Guidance, a five year Sustainability and Transformation Plan would be implemented at SPG level with a one year operational plan being developed at a local level; and
- the CNWL Transformation Plan would enable patients to be processed more equitably which would help to rehabilitate patients back into the community.

Dr Vaughan-Smith advised that HCCG was beginning to look at minority groups, particularly in the south of the Borough. There was still stigma attached to mental health issues within some cultures and, as such, further work needed to be undertaken to determine how to enable these hard to reach groups to access services. Other areas identified for further work included: dementia; CAMHS; perinatal; and personality disorders.

The Hillingdon Hospitals NHS Foundation Trust

Mr Shane DeGaris, Chief Executive at THH, advised that, at Month 8, the Trust was green in all performance indicators with the exception of A&E. During November and December 2015, THH had achieved a performance of 93.4% for all type attendances, with a year to date performance of 94.7%. Furthermore, there had been only one Clostridium Difficile case resultant from a "lapse of care" out of 10 cases.

Members were advised that the winter surge management plans had been put in place with all winter pressure beds would be open from January to March. It was noted that the first of three single day junior doctor strikes had taken place on 12 January 2016. The doctors had completed thorough handovers for all patients affected, there had been minimal delays and all patients were safe.

As at the end of Month 8, THH had a financial deficit of £1,28m and a Financial Sustainability Risk Rating of 2. The forecast remained breakeven with a downside risk of £1.5m. It was noted that the Government cap on agency staff spending had been implemented and that this was being managed carefully by the Trust. Agency staff rates could now not be more than 55% above the Agenda for Change rates and the cap could only be overridden for exceptional circumstances and must be reported to Monitor. Members were advised that the Trust's recruitment process was going well with regard to nursing staff but that it had proved more difficult for some posts such as specialist nurses and doctors' training posts. Concern was expressed that the health service was receiving negative publicity and that this was impacting on health being seen as an attractive career choice for future generations. It was suggested that consideration be given to look at what attracted individuals to work for an agency (for example, flexibility and remuneration) to determine whether this could be replicated for the Trust's substantive staff.

Mr DeGaris stated that patients' feedback on their experience of services remained generally positive with 96% of patients stating that they would recommend the Trust. There had been a slight increase in the number who would recommend A&E services and a significant improvement in the number of patients recommending the Trust's maternity services. Mr DeGaris commended the work of the team for improving complaints performance month on month over the last three months. Furthermore, Dr Chris Jowett, Vice Chairman of the Hillingdon Local Medical Committee (LMC), suggested that the positive Friends and Family survey results needed to be reinforced in the public domain, possibly by taking action such as displaying posters in GP practices to promote the Trust.

Members were advised that work was progressing in relation to the integration agenda and the development of an Accountable Care Partnership (ACP) in Hillingdon. It was

noted that that ACP would exist in shadow form from April 2016 and would comprise THH, CNWL and GP Networks.

Master planning was being undertaken to look at the future configuration of health services at both Hillingdon Hospital and Mount Vernon Hospital. It was anticipated that this work would ensure best use of the sites and space available and would help to closer align the Trust's Estates Strategy with the health and social care economy. Progress was being made with regard to the Memorandum of Understanding (MOU) to agree the redevelopment of the Mount Vernon Site with East and North Herts. It was anticipated that the MOU would be considered by the Trust Board at its meeting in January 2016 to ensure that the principles were clear.

Professor Theresa Murphy advised that the last quarter had seen a number of new openings and launches including the formal opening of Daniels Ward at Mount Vernon Hospital. A new simulation suite at Hillingdon Hospital had also recently featured in the media and was being used to train doctors, nurses and therapists on skills and drills.

To further enhance the care and support that the Trust provided its patients, THH had launched John's Campaign. This was a national initiative which focussed on supporting carers' right to stay with patients. 200 hospitals had signed up to the Campaign which helped to make them more community focussed.

Since launching the CARES values three years ago, the scheme had had a number of achievements, including:

- being shortlisted for two awards;
- relaunching the Trust's appraisals to incorporate the values and care standards; and
- the introduction of a range of new training for staff (healthcare assistants were all completing basic and advanced care standards training).

As a result of the *Shaping a healthier future* (SaHF) programme, THH had introduced new services and expanded others:

- a new midwifery-led service for low risk women, comprising four new en suite birthing rooms;
- a new transitional care service on Marina Ward and the triage service relocating to a bigger area on Marina Ward; and
- the relocation of the Early Pregnancy Assessment Unit (EPAU) to Fleming Ward.

Work on the paediatrics unit was also underway as a result of SaHF and included:

- a brand new, purpose built four bed extension to the children's ward;
- an expanded and modernised Paediatric A&E unit built to modern standards; and
- bigger bed bays providing a much better environment for patients and staff.

Members were advised that postpartum haemorrhage rates at THH were stable (1.7% in October 2015; 1.5% in November 2015; 1.8% from July to September 2015). Rates were monitored on a monthly basis and specific actions and staff training were in place.

With regard to puerperal sepsis, it was noted that the previously reported high rates had been as a result of inaccurate coding as the data submitted had been in relation to all puerperal infections (rather than specifically for sepsis). These rates (0.98% from July to September 2015 and 1.2% in November 2015) were being reconciled with the NWL database. Audit and data verification took place on an ongoing basis within

maternity as well as monthly monitoring of rates, including those of other puerperal infections.

It was suggested that further work needed to be undertaken to promote the positive work that THH was doing to redress the public perception/reality balance. Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon, noted that 86% of patients were happy with their GP but that they were not necessarily happy with the availability and convenience of appointments.

RESOLVED: That the presentations be noted.

42. **WORK PROGRAMME 2015/2016** (*Agenda Item 6*)

Consideration was given to the Committee' Work Programme and the possibility of undertaking a review on flooding in the Borough. Members were advised that the remit of Council's Residents' and Environmental Services Policy Overview Committee (RESPOC) included flooding. RESPOC had received reports in relation to flooding and continued to monitor the situation in the Borough.

It was noted that the Democratic Services Manager had forwarded information in relation to the following two events to the Committee:

- 9am Friday 29 January 2016 - CQC Strategy 2016-2021 consultation event; and
- 10am Friday 4 March 2016 - CNWL Quality Account Priorities 2016/2017 consultative workshop.

Members agreed that the Better Care Fund item be considered by the Committee at its meeting on 15 March 2016.

RESOLVED: That the Work Programme be noted.

The meeting, which commenced at 6.00 pm, closed at 7.30 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.