

# EXTERNAL SERVICES SCRUTINY COMMITTEE - HEALTH UPDATES

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**Appendix A:** CNWL Update on Physical Health Services  
**Appendix B:** CNWL Complaints Report  
**Appendix C:** RBH Complaints Annual Report 2015-16  
**Appendix D:** HCCG Sustainability and Transformation Plan  
**Appendix E:** Healthwatch Hillingdon Annual Report 2015-16

## 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 and make recommendations to address issues arising from discussions at the meeting. Members may also request further information from witnesses.

## INFORMATION

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

The Hillingdon Hospitals NHS Foundation Trust (THH) provides services from both Hillingdon Hospital and Mount Vernon Hospital. 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 was 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 was 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.

It is anticipated that the redevelopment 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 were developed in conjunction with patient groups, the clinical staff and local GPs. Dr Richard Grocott-Mason, the

Trust's Joint Medical Director, said: "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)

Members have previously noted that SaHF developments would result in many additional maternity patients going to Hillingdon Hospital to give birth. A detailed assurance process was followed to ensure that adequate measures were in place for the transfer and had resulted in the transfer of services from Ealing being delayed. As well as having enough beds in place at Hillingdon to accommodate the increase in births, the Trust needed to ensure that there were enough nurses and doctors and any staffing gaps were addressed, e.g., specialist registrars, community midwifery, etc.

Concern has also been expressed regarding the increase in the number of patients expected at Hillingdon Hospital following the withdrawal of paediatric inpatient services at Ealing Hospital.

#### **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).
- 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 around 600 of these living in the Borough.

#### 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 has been 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 (NHSE).

### **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*.

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

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 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.

#### 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. Government funding has been made available through the 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.

#### **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.

The CQC undertook an inspection of the LAS in June 2015.

#### Calls

At the meeting on 17 June 2015, Members were advised that work had been planned in relation to the extensive number of frequent callers which put additional pressure on the limited resources of the Trust. To this end, a Darzi fellow had been appointed to review this issue from September 2015.

The LAS works closely with the Metropolitan Police Service, Urgent Care Centres and clinics to triangulate information and share intelligence about common frequent callers. In addition, the LAS has an information sharing agreement in place with social services - although these agreements need to be in place before information can be shared, this is not an onerous process. Concern has been expressed that information sharing in relation to persistent callers is not as joined up as it could be. Once the Darzi fellow was in post, consideration could be given to attending a future meeting of the External Services Scrutiny Committee to discuss the matter further with Members.

Calls to the LAS are triaged to determine the level of response that they require. For example, a cardiac arrest or a major road traffic accident will result in an auto dispatch of a single responder and an ambulance. Fast response cars are not required for all calls as they tend to only be used to deal with critical issues. There are times when a call may have been deemed to be critical and a fast response car dispatched but that, as the call progresses, more detail about the situation comes to light and it transpires that the car is not required. However, as the cars are not always recalled in these situations, work is underway to rectify this use of resources.

#### Defibrillators

On 17 June 2015, Members were advised that work was underway to map out the location of all defibrillators in London to provide the LAS with a broader picture to enable identification of the closest equipment at the time it was required.

#### **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 is currently recruiting to replace its former Chairman of the Board, Mr Jeff Maslen. 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.

### **Serious Incidents**

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant, or the potential for learning is so

great, that a heightened level of response is justified. On 27 March 2015, NHSE published its revised Serious Incident Framework, which describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. This revised Framework contains three key operational changes:

1. grading – serious incidents are no longer defined by grade, instead all incidents meeting the threshold of a serious incident must be investigated and reviewed according to principles set out in the Framework;
2. timescale - a single timeframe (60 working days) has been agreed for the completion of investigation reports; and
3. the opportunity to use a multi-incident investigation and action planning approach to repeats of similar incidents, such as pressure ulcers and falls.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm. These include:

- where the injury required treatment to prevent death or serious harm;
- abuse;
- Never Events;
- incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and
- incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The needs of those affected should be the primary concern of those involved in the response to and the investigation of serious incidents. Patients and their families/carers and victims' families must be involved and supported throughout the investigation process.

Providers are responsible for the safety of their patients, visitors and others using their services, and must ensure robust systems are in place for recognising, reporting, investigating and responding to Serious Incidents and for arranging and resourcing investigations. Commissioners are accountable for quality assuring the robustness of their providers' Serious Incident investigations and the development and implementation of effective actions, by the provider, to prevent recurrence of similar incidents.

## **Witnesses**

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

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