

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

14 November 2017

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe and Michael White</p> <p><b>Also Present:</b> Richard Connett, Director of Performance &amp; Trust Secretary, Royal Brompton &amp; Harefield NHS Foundation Trust Kim Cox, Hillingdon Borough Director, Central &amp; North West London NHS Foundation Trust Imran Devji, Director of Operational Performance, The Hillingdon Hospitals NHS Foundation Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Nicholas Hunt, Director of Service Development, Royal Brompton &amp; Harefield NHS Foundation Trust Ian Johns, Assistant Director of Operations - North West Sector, London Ambulance Service NHS Trust Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Maria O'Brien, Divisional Director of Operations, Central &amp; North West London NHS Foundation Trust Vanessa Saunders, Deputy Director of Nursing and Patient Experience, The Hillingdon Hospitals NHS Foundation Trust (THH)</p> <p><b>LBH Officers Present:</b> Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press and Public: 2</b></p>
32.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Phoday Jarjussey. On behalf of the Committee, the Chairman wished him a speedy recovery.</p>
33.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
34.	<p><b>MINUTES OF THE PREVIOUS MEETING - 11 OCTOBER 2017</b> (<i>Agenda Item 4</i>)</p> <p>The Chairman thanked Councillor Edwards for chairing the meeting in his absence. It was suggested that BT be invited back to a future meeting to specifically talk about the plans the organisation had in place regarding the advancements in mobile technology.</p>

**RESOLVED: That the minutes of the meeting held on 11 October 2017 be agreed as a correct record.**

35. **HEALTH UPDATES** (*Agenda Item 5*)

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Chief Operating Officer at HCCG, advised that a lot of work had been undertaken since she had last updated the Committee. The Joint Health and Wellbeing Strategy (JHWS) had been signed off by the Health and Wellbeing Board for public consultation. To ensure cohesion, the JHWS was being used to align all other related plans with five overarching delivery areas:

1. prevention of disease and ill-health through tackling risk factors, early detection, early intervention and proactive case management in primary care;
2. improving the management of long term conditions;
3. providing a better experience and choice for older people;
4. improving outcomes and opportunities for residents with mental ill health; and
5. ensuring the provision of safe, high quality, sustainable services, seven days a week.

A system wide outcomes framework was being developed to measure progress against these delivery areas. The findings from the consultation would be reported to the Hillingdon Health and Wellbeing Board at its meeting on 12 December 2017 along with the refined outcomes framework.

Members were advised that the Hillingdon Better Care Fund Plan 2017-2019 had been approved by NHS England (NHSE) with no conditions. The Plan set out how the local authority and HCCG would pool resources and the priorities. It was noted that the pooled fund for 2017/2018 totalled £36m and that this would rise to £54m in the following year. The plan focussed on a number of joint initiatives which supported the JHWS:

- developing the Accountable Care Partnership (ACP);
- developing a single point of access for older people;
- an integrated approach to supporting carers;
- getting hospital discharge right;
- exploring the use of Disabled Facilities Grant (DFG) flexibilities;
- joint market management and development approach - the joint brokerage arrangements had been piloted and it was anticipated that it would be rolled out across the Borough over the next few months;
- closer alignment between adult social care and Care Connection Teams (CCTs); and
- development of specialist Dementia Resource Centre (DRC).

Ms Morison advised that HCCG was redesigning the Urgent and Emergency Care services into an integrated system. The current Urgent Care Centre (UCC) contract would end on 31 March 2018 which provided HCCG with the opportunity to commission a service to ensure that Hillingdon met the new NHSE 'Urgent Treatment Centre' (UTC) specification (to replace the UCC). This procurement process was underway and a strategy had been developed to address the challenges faced. Although there would not be a significant number of changes, key changes would include the ability to:

- book 'urgent' appointments with the UTC via NHS 111, London Ambulance Service (LAS) and GPs (where clinically appropriate);
- book direct appointments from the UTC into general practice;
- access and use the Directory of Services to support effective onward

- signposting to alternative services;
- provide a patient education function for long term behaviour change; and
- provide IT interoperability with wider integrated urgent care services.

HCCG had been through an engagement process, the resultant feedback had been incorporated into the specification for the service and the bid evaluation process was now underway. It was anticipated that further information on the outcome would be available in December 2017.

Ms Morison noted that the Primary Care Commissioning Board now oversaw primary care commissioning and had pulled together a strategy to address the challenges and support primary care at scale. Although the strategy sought to reduce the differences across the Borough, it was important to ensure that the needs of local communities were addressed. It was anticipated that the locality health profiles would help to determine the basis of service provision needed in each area. Furthermore, additional funding had been provided for extended hours at hubs over the winter period. Usage of this additional capacity would be monitored as, in some areas, it was thought that additional capacity was actually required during core hours. The primary care investment programme was also looking to increase clinical capacity to address gaps and make practices more efficient.

Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon (HH), advised that HH had just launched a Borough wide survey of extended hours and was asking about preferred access times. Thoughts were also being solicited on the introduction of video conferencing. The online survey would close on 12 January 2018.

It was noted that all but two of the general practices in Hillingdon had joined the Hillingdon Confederation. Analysis of the challenges identified a need to focus on managing and developing the provider landscape by supporting the development of the GP Confederation and general practice resilience.

HCCG was looking at outcome based approaches to commission contracts at appropriate levels and would be prioritising the commissioning of proactive and coordinated care. Action was also being taken to ensure better and appropriate access to general practice with three locations in the Borough where residents registered with any Hillingdon practice could now access appointments up to 8pm from Monday to Friday and 8am to 8pm on Saturdays and Sundays. It was hoped that this extended availability would help to embed the idea that GPs should be one of the first points of contact.

Work had been undertaken with regard to atrial fibrillation and identifying people at risk of stroke. This work had won an award and was now being rolled out across all GP practices in the Borough.

With regard to the HCCG financial position, Ms Morison noted that the organisation was still forecasting to be on plan. Work was now underway to plan the 2018/2019 budget.

The Prescribing Wisely (formerly known as Choosing Wisely) initiative had gone live on 30 October 2017 with a view to reducing prescribing waste. Communication about the initiative would continue and ongoing impact analyses would be undertaken.

The eight CCGs in North West London (NWL) were reviewing their collaborative working arrangements to maximise their ability to take a strategic and transformational approach to commissioning. Consideration was being given to identifying whether

there were any other work streams that could be streamlined such as one Administrative Officer and one Chief Finance Officer for NWL. Ms Morison advised that changes to governance would be investigated but that, for the time being, each area in NWL would retain its own CCG.

Members expressed concern about reports that had been received in relation to the Uxbridge Medical Centre being overcrowded and under pressure to cope with the increased level of demand resultant from the St Andrews Park development. Ms Morison noted that there not being a practice on St Andrews Park was less than satisfactory. However, an outline options appraisal had been developed to increase capacity and was currently being worked up. It was noted that the feasibility study in relation to the Uxbridge Medical Centre was in the public domain.

The NHSE Online Consultation Fund had recently been highlighted in the media. Ms Morison advised that an application was being made collectively by the NWL CCGs. A pilot study had been undertaken elsewhere in NWL which had been halted as a result of the system directing the majority of users to A&E which was not helpful. Whilst this funding would introduce a stream of access, it didn't specify what the model of care should be and, as such, NWL CCGs would need to identify which medical conditions would be best able to benefit from such a system.

#### Royal Brompton and Harefield NHS Foundation Trust (RBH)

Mr Nick Hunt, Director of Service Development at RBH, noted that the Operational Performance Metric and Quality Indicators report for month six that had been circulated to Members had been considered by the Trust Board on 25 October 2017.

Mr Richard Connett, Director of Performance & Trust Secretary at RBH, advised that there had been 13 cases of Clostridium Difficile in the year to date and that one of these had been as a result of a lapse in care where the patient had not been put in isolation soon enough. There had been no cases of MRSA in the year to date. In month 6, there had been no instances of: urgent operations cancelled for the second time; cancelled operations (not carried out within 28 days); or cancelled procedures (not carried out within 28 days).

Performance against the 18 week Referral-to-Treatment (RTT) standard for month 6 had been 93.29%. There had been some data quality issues which were being addressed and Standard Operating Procedures were being reviewed and would be used to inform further training. Mr Hunt noted that this measure only applied to the elective cardiac pathway. As such, elective surgeries would be delayed if there were urgent surgeries that needed to be undertaken (there had been an increase in transplants) and this would affect achievement of the target. RBH continued to actively monitor those elective patients whose surgeries had been delayed and none had come to clinical harm. It was noted that six additional critical care beds had been created and would be opened in December 2017.

There had been one breach of the 52 week RTT target and the investigation into this case was still live. Against the National Operational Standards of 85% for the 62 day cancer target to first treatment, RBH had achieved 69.23%. The improvement trajectory agreed with NHS Improvement for Month 6 was 67.3%, so this had been met. It was noted that there had been 4 breaches of the 62 day target in September where all of these patients had been referred to RBH after day 38 and three of them had been as a result of patient choice. The Trust had achieved 100% against its 31 day cancer pathway targets.

With regard to the CQC ratings, it was noted that the CQC Insight report, as at 3

October 2017, showed the Trust was improving against 'well led' and 'medical care performance', and was stable against 'caring', 'effective', 'safe' and 'responsive'. The core services of surgery, outpatients and diagnostic imaging were also noted by the CQC to be stable.

Members recognised that, when looking at small numbers, an increase or decrease may look significant when it may not necessarily be.

Mr Hunt advised that the consultation responses to the proposal to reconfigure the paediatric cardiac services would be considered by NHSE at its Board meeting on 30 November 2017 where it would take a view. It was noted that Sir Bruce Keogh, who had been leading the review, would retire on 30 November 2017.

During the service review, there had been a significant leadership changes in the NHSE team responsible for the programme and communication had been poor. RBH had submitted a response to the consultation in June 2017 and had still not received a response or feedback. It was hoped that changes would be focussed around services in Manchester and Leicester.

One of the requirements of the proposals was that changes to the service specification must be in place by March 2018. It was thought unlikely that every Trust affected would make that target date. As such, it was queried whether NHSE would be considering accepting a direction of travel at the March 2018 deadline.

The Committee had expressed its concerns about the proposals and had met with representatives from NHSE. At that meeting, NHSE had allayed some of the Members' fears. It was suggested that, if there was going to be a change in leadership, there might also be a change in view.

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

Mr Ian Johns, Assistant Director of Operations - North West Sector at the LAS, advised that the A8 (serious and life threatening calls) performance target had not been met. However, there had been a 9.2% increase in demand for the service in North West London since April 2017 so the Trust had been performing better than it had the previous year, despite not achieving the target. Demand had increased across London by 6% (+7,888 calls) in 2017 Q1 when compared with 2016 Q1 and performance had improved from 65.9% in 2016 Q1 to 71.8% in 2017 Q1.

Hillingdon's performance was, on average, roughly the same as the overall London performance. The main reasons for calls to the LAS in Hillingdon were: NHS 111 transfers (13.6% = 3,258 calls); falls (12% = 2,884 calls); unconscious/fainting (9.5% = 2,280 calls); breathing problems (9.2% = 2,213 calls); and non-traumatic chest pain (8.8% = 2,118 calls).

Mr Johns noted that LAS had been working collaboratively with HCCG and Hillingdon Hospital to address issues that had arisen such as reducing the time taken to hand over patients. Approximately 435 patients were transported by LAS to Hillingdon Hospital each week. The average total time lost by LAS each week at Hillingdon Hospital (over the target 15 minute handover time per patient) was 57.6 hours. It was noted that 68.1% of patients were handed over within 15 minutes. Further work was being undertaken with the Accountable Care Partnership to identify patients that did not need to be transported to hospital.

Insofar as appropriate care pathways were concerned, a single point of access for NWL mental health went live in October 2017. This was deemed to be a significant

leap forward. The NWL prevention of admission programme had also gone live in October 2017. NWL was thought to be more advanced than other areas of London in terms of alternative care pathways. However, it was recognised that this put staff in the dispatch centre under increasing pressure. Members were advised that clinicians were available in the dispatch centre to call patients back where required, taxis could be deployed to pick up patients and paramedics could advise patients that they needed to speak to a pharmacist rather than being taken to hospital.

It was noted that patient facing vehicles hours was affected by staff holidays and sickness absence. As such, work was being undertaken to even out these peaks and troughs throughout the year. Members were assured that there were no issues with the vehicle fleet and that, as well as the imminent delivery of 120 new ambulances, a lot of work had been undertaken by the fleet logistics team over the last 12 months to maintain and develop the fleet.

Members were advised that a new ambulance response programme had been introduced by LAS on 1 November 2017. The old system had been overly risk averse. The new system split calls into:

- Category 1: life threatening event. This was likely to form 8% of the LAS workload;
- Category 2: emergency - potentially serious event. This was likely to form 48% of the LAS workload;
- Category 3: urgent problem. This was likely to form 34% of the LAS workload; and
- Category 4: less urgent problem. This was likely to form 10% of the LAS workload.

The new response programme had reduced the number of sickest patients seen from about 1,400-1,600 per day to around 250 per day. This meant that LAS resources were being freed up to deal with other issues (LAS was still dealing with 5k calls per day and responding to 3k patients each day) and the whole system was being joined up in a national framework. As the programme was new, Members were advised that it was not likely that performance data would be available until the next financial year.

Members congratulated the LAS on the quality of the information that had been forthcoming to the Committee. It was recognised that the new response programme was more focussed on conditions and appropriate response, resulting in a more efficient and effective service provision. The Committee questioned why it had taken so long to implement the change. The changes had been made as a result of evidence based practice where the sickest patients needed to receive the fastest response (for example, heart, stroke, major trauma, fitting and serious haemorrhaging).

In June 2015, LAS had been inspected by the CQC and, as a result, was put in special measures. Following a significant amount of work, in February 2017, the Trust was reinspected and the CQC rated LAS as 'Requires improvement'. Improvements had been made to the Trust leadership, vehicles and equipment and frontline capacity had been increased. The LAS' systems of medicines management had been improved so that administered drugs could now be tracked to individual patients (there was now an app based system which would help to achieve further improvements). Mr Johns felt that, although staff care and commitment remained as high as it always had been, the changes made had had a significant impact.

In terms of recruitment, there were approximately 50 vacancies in NWL. In addition to the 100 Australian paramedics that would be starting work for LAS just after Christmas,

internal training was being undertaken and rolled out across NWL. It was thought that this overseas recruitment legacy would be continued for some considerable time. Although the new intake would increase the Australian staff contingent within the LAS to around 600, recruitment was also being undertaken locally. Staff were on a two year contract and it was inevitable that there would be a certain level of churn.

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

Mr Imran Devji, Director of Operational Performance at THH, advised that the Trust had a policy of no cancellation for cancer patients and had achieved all of its cancer related targets in the year to date. He also noted that pressures on emergency care remained. THH had been working with HCCG and had achieved 87.5% against the 95% A&E 4 hour standard in Q2. Given the increased demand on A&E, this target had been revised by the regulator to 90%. It was reassuring to note that clinical practice remained safe even during these times of significant demand. However, it was recognised that further work was needed to reduce the amount of time that LAS staff were waiting at the hospital.

Mr Devji advised that the new LAS system would see the sickest patients conveyed to hospital quickly and that other patients seen by LAS might be advised to visit the pharmacy or their GP rather than attend A&E. Although the new system had only been in place for two weeks, THH had not yet seen a reduction in the number of ambulance conveyances to A&E.

Members were advised that there were a number of THH work streams which included:

- Demand management - needing to ensure that processes were applied consistently and looking at how patient flow was managed since it had changed from two separate flows to a single flow;
- Acute Medical Unit and medical centre - all assessments centres were based in one place and 45 assessment spaces had been created to prevent delays and reduce the pressure on A&E;
- Delays - the Red2Green initiative had been rolled out across the Trust. A nurse would go through all Red2Green reports every morning to pick up any discharge issues and raise these with CNWL. This initiative was being led by the Medical Director;
- PJ Paralysis - this was a national initiative which formed part of rehabilitation and had been incorporated into the Red2Green initiative; and
- Discharge to Assess (D2A) - this was an integrated discharge work stream that was moving forward with a memorandum of understanding.

Members were advised that THH's infection prevention and control position was still strong. There had been one case of MRSA which had not been as a result of a lapse of care. There had also been five cases of Clostridium Difficile, none of which had been as a result of a lapse in care.

Hillingdon Health and Care Partnership (HHCP), Hillingdon's Accountable Care Partnership (ACP), had been providing vital support to keep residents in their homes for longer. Care Connection Teams (CCTs) had been introduced in all GP practices in the Borough and comprised a Guided Care Matron and a Care Coordinator who worked alongside GPs and other local health and care practitioners. The aim was to keep the most vulnerable elderly patients safely cared for in their own homes wherever possible.

THH had adopted a 'Home first' policy approach to managing patients which was aligned with the HCCP work and supported the D2A initiative. This approach looked to

ensure that patients that were discharged under D2A were assessed in their own home within two hours of getting home. An overall assessment of the patient's needs was undertaken in liaison with Social Services, CNWL Community Services and the voluntary sector to ensure that all needs were being addressed.

Members were advised that Delayed Transfers of Care (DToCs) had a national classification which was anything over 72 hours. However, this was not a reliable measure of delay. CNWL, HCCG and THH were collectively reviewing all R2G patients this week. If this model worked well, it would be introduced as the Hillingdon model.

Ms Vanessa Saunders, Deputy Director of Nursing and Patient Experience at THH, advised that the Trust had received high Patient-Led Assessment of the Care Environment (PLACE) scores for cleanliness, appearance and food. The PLACE review had been led by external assessors from the local community and NHS Trust staff and the areas reviewed had been identified by Healthwatch Hillingdon. THH had achieved its highest score in the 'external tidiness and appearance' category which would have been influenced by the introduction of dedicated grounds maintenance teams earlier in the year. There had also been a 7.83% increase in the PLACE assessment 'disability' category in relation to how well the Trust catered for the needs of patients and visitors with a disability and how well it provided access.

THH had been a member of NHS Improvement (NHSI) End of Life Collaborative which was progressing key work streams to improve the end of life experience. This had involved: staff training; the use of Comfort Care Plans for patients in the last days of life; ACP discharge summaries; the use of Coordinate My Care (CMC); refurbishment of the aged accommodation; and raising awareness.

Ms Saunders advised that the Trust Charity had funded a furnished 'quiet room' on Hayes Ward and a day room and doctors' office for Hayes Ward and Grange Ward. Furthermore, the THH team had won an award at a recent NHSI event for implementing innovative ideas at pace.

The Trust's Carers Strategy had been published in 2017. Year one of the action plan had been progressing: Carers Charter; carer beds (funded by the Trust Charity); carers survey (which would be available online); and service specific actions. The use of the carer beds would be monitored to establish whether additional beds were needed.

Members were advised that a significant programme of work was underway to increase recruitment and retention across staff groups. A comprehensive branding project was being undertaken as part of the recruitment and retention programme with the recruitment campaign being extended nationally and internationally (particularly in Europe and India). Ms Saunders noted that conditional offers of permanent employment had been made to third year student nurses but that there were some who had already been offered places elsewhere.

Concern was expressed regarding the growing dependence on staff from overseas and whether this could potentially leave the Trust workforce in a vulnerable position. Ms Saunders agreed to provide a breakdown of staff at the Trust if this information was available. She noted that the population of the Borough was diverse and, as such, a workforce that reflected this diversity was a positive attribute. Consideration was also being given to apprentices and associate nurses but it was recognised that this would take a number of years to come to fruition.

In August 2017, staff and volunteers at Hillingdon Hospital joined forces with fire



fighters for an emergency evacuation exercise. 'Patients' (role played by volunteers) were moved from the eighth floor of the tower block in a scenario where there had been reports of a fire in a linen cupboard which was burning through the floor below. 'Patients' that were able to walk were escorted downstairs by staff and bed-bound 'patients' were lifted onto 'ski pad' evacuation devices and slid down the stairs. Recommendations had been made following this exercise.

Members were advised that the Friends and Family test needed to be completed within 48 hours of the patient's discharge. Currently, the response rate was around 30-40% for inpatients. Consideration was being given to the introduction of a text response option but it was acknowledged that this would come at a cost.

Mr Devji assured Members that THH's cyber resilience was high. THH had been one of the few Trusts that had not been impacted by the recent cyber attacks. However, it was recognised that there was no room for complacency and upgrades were routinely installed. Particular care was given to the security of those areas of the Trust that were high priority.

#### Central and North West London NHS Foundation Trust (CNWL)

Ms Kim Cox, Hillingdon Borough Director at CNWL, advised that the Trust had been working on a number of key priorities for Hillingdon in 2017/2018:

- Developing a sustainable model for CAMHS and building on crisis work (demand v capacity);
- Expanding the range of services and integration across the HHCP including mental health;
- Reducing mental health bed occupancy through providing more core community based support;
- Delivering further integration across physical and mental health services to improve outcomes and user experience; and
- Maintaining high quality services and delivering financial sustainability in the Borough.

Ms Cox advised that 78% of children were now seen by CAMHS within 18 weeks of being referred (against a target of 85%). This had been a significant increase on the 47% reported in October 2016. There had been an increase in capacity for face to face sessions and an increase in the flow in the system. This had helped to produce 70% positive outcomes for patients after treatment where they were discharged from mental health services.

The CAMHS eating disorders service had been commissioned and was now provided by CNWL with a hub and spoke model across the five boroughs. Urgent referrals were being seen within one week and routine referrals within four weeks. It was noted that this service was not an adaptation of an adult service but was a specialist team of CAMHS and eating disorders clinicians.

A new CAMHS out of hours and crisis service had been introduced which had nurses and doctors working across the five boroughs. This development had improved the urgent response to children and young people at Hillingdon A&E and reduced the number of breaches there. Positive feedback had been received for this service which sought to get the right people in the right place at the right time.

Developments in 2015/2016 meant that children and young people with a learning disability (LD) or challenging behaviour would have a service in Hillingdon. A multi disciplinary CAMHS LD team was available and included psychology, behaviour

analysts, paediatrician sessions and psychiatry sessions. These developments had enabled the children's families, schools and social care services to work together.

Members queried whether the criminalisation of looked after children (LAC) was linked to LD. Ms Cox advised that CNWL met regularly with the police and that CAMHS worked closely with the Council's Youth Offending Team and the court. As such, referrals were made where deemed appropriate. In addition, school nurses and health visitors were also able to follow up on these issues. Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that, although there was a LAC churn through the Borough, these children should be picked up through their health assessments. However, it was recognised that this was not always the case and there were many referrals to the Early Intervention and Psychosis Team that came from the court.

Ms Cox noted that HHCP was now established and CNWL continued to put practical things in place to ensure that the partners worked together as a single entity. The 15 Care Connection Teams (CCTs) were settling in and working to keep older patients in their own homes for as long as possible. Hillingdon H2A was currently leading across NWL with regard to taking the highest number of patients home on this new pathway.

With regard to children's community services, Members were advised that a three month pilot for out of hours health visiting support would start in December 2017. In addition, the children's teams had now amalgamated into 0-19 hubs, Hillingdon had the fourth highest continued breast feeding rate nationally at 6-8 weeks and the children's contact centre had been in operation since October 2017.

The CQC had reinspected older adult mental health services at CNWL in January 2017 which had resulted in the service being deemed 'Good'. The community mental health team had been reinspected in May 2017 and had not identified any improvements needed that were specific to Hillingdon. As a result of these reinspections, the overall Trust rating for CNWL had now moved to 'Good'.

Ms Cox noted that inpatient bed pressures continued to be a huge issue and financial pressures persisted. Although nurse recruitment remained a challenge, staff retention had improved.

Members were advised that there had been an increasing number of section 136 presentations via the Hillingdon Mental Health Suite. There had been around 40 per month in August, September and October 2017 compared to less than 20 per month in the corresponding period in 2015.

#### Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer at HH, noted that the new services had helped to reduce the pressure on the CAMHS service and that this had resulted in the provision of excellent feedback. However, early intervention was still deemed to be an issue as, although direction of travel had been agreed, progress was slow. Mr Hawkes advised that the work undertaken by the Anna Freud National Centre for Children and Families had been frustrating as the findings had replicated those in the HH report that had been published 2½ years previously.

HH had secured external funding to offer a 16 week course on mental health at Barnhill High School. This course had been aligned to the Healthy Schools Programme and, if successful, HH had applied for additional funding to roll the course out to other schools. In the longer term, HH would need to establish whether HCCG would be prepared to fund the course.

Mr Hawkes advised that HH had received nine months of funding to develop a Young Healthwatch Hillingdon (YHH) for those aged 14 to 24 which was now being promoted. YHH would replicate the HH Board (which the Chair of YHH would also sit on). Consideration would need to be given to how this could be sustained.

Members were advised that HH was undertaking a Borough wide survey on extended GP hours. Access to GPs and staff attitude were two of the biggest complaints received by HH.

It was noted that there had been a lot of work undertaken to improve patient flow through hospital and discharge times. However, it was suggested that further work was still needed in relation to mental health discharge as this encompassed a much wider range of partners.

Mr Hawkes was saddened to report that Raj Grewal would be moving with his family to the Sudan for three years. Although Raj would remotely cover the governance work for HH in the interim, consideration would need to be given to how to replace such an irreplaceable member of the HH team.

Members agreed that all Trusts be asked to produce an 'Operational Performance Metric and Quality Indicators' report (similar to that provided by RBH at this meeting) for inclusion on subsequent Trust health update agendas.

**RESOLVED: That:**

- 1. Ms Saunders provide the Committee with a breakdown of where THH staff were from;**
- 2. all Trusts be asked to provide Operational Performance Metric and Quality Indicators reports for inclusion on future agendas; and**
- 3. the presentations be noted.**

36. **WORK PROGRAMME 2017/2018** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. It was suggested that, in the 2018/2019 municipal year, consideration be given to a major review of mental health discharge.

At its meeting on 13 February 2018, the Committee would be undertaking its regular review of the Safer Hillingdon Partnership. It was suggested that the Fire Brigade be invited to attend and consideration would need to be given to the specific lines of questioning that Members would like to follow.

Councillor Edwards updated the Committee on the progress that had been made in relation to the Community Sentencing review and the London CRC's failure to engage with the Working Group. Recommendations had been drafted for this review and a report would still be submitted to Cabinet.

**RESOLVED: That the Work Programme be agreed.**

The meeting, which commenced at 6.00 pm, closed at 8.50 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.