

EXTERNAL SERVICES SCRUTINY COMMITTEE: PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

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Appendix A: Royal Brompton & Harefield NHS Foundation Trust - The Patient Experience Annual Report 2016-2017

Appendix B: Hillingdon Clinical Commissioning Group Update

REASON FOR ITEM

To enable the Committee to receive updates from local health organisation as well as comment on the progress being made by Trusts with regard to their Quality Account reports. The Committee's comments on the performance of the local NHS Trusts may be submitted to the Care Quality Commission (CQC). The Committee will receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

1. That Members question the Trusts on their Quality Account reports for 2017/18 and, where possible, identify issues that they would like included in the Committee's statement for inclusion in the final report.
2. That Members use information from their work during the course of the year to question the Trusts on issues measured by the CQC.
3. That Members decide whether to use information received to submit a commentary to the CQC.
4. Members may also request further information from witnesses.

INFORMATION

Quality Account Reports

As the Committee will not be meeting in April 2018, Trusts are asked to share any information that they are able to with regard to the progress they are making in drafting their Quality Account reports for 2017/2018. Once the reports have been shared with the Committee, Members' comments will be collated and a response drafted outside of the formal Committee meetings and sent to the relevant Trusts, ideally before 2 May 2018.

The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centered around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing.

Quality Account reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Account reports were designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of

England. This involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.

For the first year of Quality Accounts (2009/2010), providers were exempt from reporting on any primary care or community healthcare services. During the second year, the community healthcare service exemption was removed. We are now in the ninth year of Quality Account reports and providers are expected to report on activities in the financial year 2017/2018 and publish their Quality Accounts by the end of June 2018.

Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the overview and scrutiny committee (OSC) in the local authority area in which the provider has a registered office and invite comments prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement of no more than 1,000 words indicating whether they believe that the report is a fair reflection of the healthcare services provided. Scrutiny Committee's can also comment on the following areas:

- a) Do the priorities of the provider reflect the priorities of the local population?
- b) Does the Quality Account provide a balanced report on the quality of services?
- c) Are there any important issues missed in the Quality Account?
- d) Has the provider demonstrated they have involved patients and the public in the production of the Quality Account? and
- e) Is the Quality Account clearly presented for patients and the public?

The OSC should return the statement to the provider within 30 days of receipt of the Quality Account report to allow time for the provider to prepare the report for publication. Providers are legally obliged to publish this statement as part of their Quality Account report.

Providers must send their Quality Account report to the appropriate OSC by 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account report ready for review by its stakeholders.

The primary purpose of Quality Account reports is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. If designed well, the reports should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

It should be noted that Quality Account reports and statements made by commissioners, Healthwatch, OSCs and Health and Wellbeing Boards will be an additional source of information for the CQC that may be of use operationally in helping to inform local dialogues with providers and commissioners.

Where available, draft copies of the Trusts' Quality Account reports have been appended to this report for consideration.

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.

Earlier in the year, a pioneering new partnership between Brunel University London, THH and Central and North West London NHS Foundation Trust (CNWL) was announced which aims to revolutionise the way health and social care is delivered in the community. Brunel and the two NHS Trusts will work together to launch the new Brunel Partners Academic Centre for Health Sciences – providing the perfect setting for researching and developing new methods of healthcare delivery, while training future generations of healthcare professionals who will be ready to succeed in the changing landscape.

Focusing on allied health, nursing, social care and medicine, the centre will support ambitious plans to educate the current and future health and care workforce, supporting the delivery of radically transformed integrated physical and mental health and care provision.

In a joint statement, THH Chief Executive, Shane DeGaris, and CNWL Chief Executive, Claire Murdoch, said, “We are delighted to be embarking on this exciting new venture with Brunel University London. The centre will be at the cutting edge of healthcare thinking and provide a golden opportunity to shape the way health services are designed and delivered in the future. This will benefit not only the health and wellbeing of local people but the wider health community.”

Healthcare delivery is expected to change considerably in the future, with developments in digital health technologies and other transformational approaches to health and care delivery. The Academic Centre brings together the expertise and ambition to develop improved outcomes in care delivery at both pace and scale. Other innovations in disciplines such as healthy ageing and biomedical engineering will be central to improving patient outcomes.

Funded by the three partners, in July 2017, it was reported that the Brunel Partners Academic Centre for Health Sciences would be officially launched later in the year and that recruitment of a Centre Director would begin shortly.

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 and in many other community settings. 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 (MSK) 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)

Following the Anna Freud National Centre for Children and Families (AFNCCF) seminar on 18 July 2017 (involving key stakeholders such as parents and young people), a set of recommendations for a comprehensive care pathway for children's mental health in Hillingdon has been produced. The key priority areas identified by AFNCCF were:

1. Thriving: Prevention and mental health promotion
2. Advice and Support
3. Getting help in mainstream settings
4. Getting help in targeted and specialist settings

The identified action areas have been prioritised into key actions which will help to implement a model of care for CAMHS following key principles of the Thrive Model of Care:

1. Actions required to deliver a comprehensive care pathway
2. Development of a Hillingdon Single Point of Access (SPA)
3. Programme of Support within Schools - Mental Health Coordinators (MHeNo)
4. Early Intervention and Peer Support - Clinical Peer Support Lead
5. Hillingdon Specific Website

The aim of the comprehensive care pathway is to ensure mental health services and support is accessible to all children, young people and their families within Hillingdon. It is proposed that the pathway will be made up of a range of providers from the voluntary and statutory sector. The pathway takes an asset based approach, ensuring accessible information and support is available at all levels, i.e., public health, early intervention, early identification, prevention and intervention.

It is a stepped model of care ensuring children and young people can access the pathway at any stage dependant on their mental health needs with the primary focus being that children, young people and their families are supported at the universal level within their communities.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

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.

RBH 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 RBH 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*.

In February 2017, NHS England (NHSE) launched a consultation to review the provision of paediatric congenital heart disease services in England. The proposals included the withdrawal of these services from the Royal Brompton Hospital. The consultation ended on 17 July 2017.

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 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. It is responsible for planning, designing and buying/commissioning local health services for Hillingdon residents including:

- 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.

Better Care Fund (BCF)

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. For 2017-2019, the focus has been narrowed further to reduce Delayed Transfer of Care (DTC).

Accountable Care Partnership (ACP)

In June 2016, the Hillingdon vision for accountable care was that, by 1 April 2017, Hillingdon would have a formally constituted ACP Joint Alliance, comprising four partners (H4All, the Hillingdon GP Network, CNWL and THH) ready to receive an outcome based capitated contract from the CCG for delivering integrated care for people over 65 years. The aim was to develop this Alliance to become an organisation that could deliver Hillingdon health and care services for agreed populations through a fully capitated budget.

Hillingdon's ACP is known as Hillingdon Health and Care Partners (HHCP). HHCP moved to the testing stage in September 2017 following an assurance process which was approved by the HCCG Governing Board in May 2017 and an alliance agreement was approved by each constituent ACP member board in May 2017. This agreement enables HHCP to formalise a joint commitment to test out new collaborative working arrangements which deliver agreed outcomes for the care of people aged 65 and over, and to deliver the requirements of the ACP testing phase. Consideration is now being given to whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability.

Sustainability and Transformation Plan (STP)

STPs are five year plans covering all aspects of NHS spending in England from October 2016 to March 2021. 44 areas were identified as the geographical 'footprints' on which the plans were based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). The scope of STPs is broad and covers: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. The key priorities needed for each local area to meet these challenges and deliver financial balance for the NHS had to be identified and the plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services. This new approach is being called 'place-based planning'. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services to patients - for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

Primary Care Commissioning

From 1 April 2017, NWL CCGs took on delegated Primary Care Commissioning from NHS England. It is anticipated that there will be a direct positive impact on patient services with benefits that include:

- a greater autonomy from NHSE with a much clearer remit and mandate to support and develop primary care that CCGs did not previously have;
- CCGs being able to invest in primary care through formal mechanisms that are available through fully delegated co-commissioning;
- a team that knows the local practices and knows local issues, and can provide support with local sensitivity.
- A local team that supports practices, is responsive to needs and has local knowledge, resourced to provide help and advice to practices, to be available for crisis support and day-to-day assistance.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK, providing 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 Care Quality Commission (CQC) inspected the LAS in June 2015 and rated the Trust as *Inadequate*. Following much improvement work, the CQC reinspected the LAS in February 2017 and rated the Trust as *Requires improvement*.

Healthwatch Hillingdon

Healthwatch Hillingdon is a 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 gives 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 produces evidence based reports for commissioners and providers, to inform them of the views and experiences of people who use health and social care services in the London Borough of Hillingdon. The most recent reports produced include:

- Expecting the Perfect Start - A report on maternity care in Hillingdon (March 2017); and
- Safely 'home' to the right care - The experiences of Older People being discharged from Hillingdon Hospital and the onward care they received in the community (February 2017).

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 (CQC)

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.

A CQC consultation was started in December 2016 regarding CQC's *next phase of regulation: New models of care, assessment frameworks, registering services for people with a learning disability and/or autism, and changes to our regulation of NHS trusts*. In June 2017, the CQC undertook a second consultation regarding: *Our next phase of regulation - A more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care*. It is anticipated that a third round of consultation will take place in 2017/2018 which will include specific proposals for how the CQC will regulate and rate independent healthcare services starting during 2018/2019. In developing these proposals, the CQC will take account of the decisions it has made about the next phase approach for NHS trusts as well as the feedback received from independent healthcare providers and stakeholders to the first consultation.

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 (RBH)
- Hillingdon Clinical Commissioning Group (CCG)
- The London Ambulance Service NHS Trust (LAS)
- Healthwatch Hillingdon
- Hillingdon Local Medical Committee (LMC)
- Care Quality Commission (CQC)

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

To consider and agree the Committee's comments for inclusion in the Trusts' Quality Account reports.

BACKGROUND INFORMATION

None.