

## EXTERNAL SERVICES SELECT COMMITTEE - HEALTH UPDATES

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Chief Executive's Office
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

### RECOMMENDATIONS:

**That the External Services Select Committee notes the presentations.**

### SUPPORTING INFORMATION

#### **Serenity Integrated Mentoring (SIM) Model**

The SIM model integrates a specially selected and trained police officer full time within community mental health teams so that a personalised package of clinical care and boundary setting can be developed with each service user, focussing on the complex factors driving their crisis and providing opportunities to break this cycle. SIM won the HRH Prince of Wales Award for Integrated Care at the Nursing Times Awards 2016.

SIM is a new way of working with mental health service users who experience a high number of mental health crisis events. The police officer and the mental health professional work together to provide intensive support to service users to reduce high frequency and high-risk crisis behaviours. Individuals may be referred to the programme to help them find better ways of coping that cause less risk to themselves or others. Or they might have been regularly detained by the police under Section 136 of the Mental Health Act, or frequently called 999 for an ambulance, or attended A&E, or been admitted to a mental health ward on multiple occasions. The police mentor and care coordinator will work closely with these individuals to better understand their personal needs when they are in crisis and together they will write a unique care and response plan. The decision to offer mentoring is made by a team consisting of representatives from mental health services, police, ambulance and accident and emergency department.

A police mentor is an officer who is trained in mental health. The police mentor meets with the individuals and their care coordinator (and their carer or family member, if they wish) to help them reduce the risks that they might be causing for themselves or others. Together they will: take account of the individual's specific needs (particularly when responding if they are in a crisis); and help them to stay safe and within the law.

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

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It delivers high quality

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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, inpatients, day surgery, and outpatient clinics. Some services are also provided 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 which comprises a two-storey building and the existing Princess Christian Unit. These buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

### **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 who provide healthcare to a third of London's population and across wider geographical areas, including Milton Keynes, Kent, Surrey and Hampshire.

Community Mental Health Teams (CMHTs) work with patients to develop recovery goals and offer continuity of care. They will assess the needs of the patient to make sure the treatment provided is personalised. They also offer more intensive care when people need it most and help patients to work towards greater independence in managing health and wellbeing. The Community Rehabilitation Team offers care coordination and support to people with a mental illness in supported living or care homes, with a view to helping develop independent living skills and improving quality of life. Staff from a range of clinical backgrounds work within the CMHTs/Community Rehabilitation Teams, in addition to peer and employment support advisors.

- Single Point of Access - The Single Point of Access (SPA) offers mental health triage for routine, urgent and emergency referrals, mental health signposting, information and advice, 24 hours a day, 7 days a week, 365 days a year. SPA also incorporates CNWL's Urgent Advice Line (UAL), providing out of hours crisis support and advice. The team consists of qualified clinicians who are able to direct callers to the most appropriate service to meet their needs.
- Primary Care Mental Health Team - The team works within GP surgeries, helping people to adjust once discharged from secondary mental health services, or providing advice to GP's on what services to offer their patient.
- Talking Therapies - Hillingdon Talking Therapies is a free, confidential NHS service, which provides psychological treatment for depression and anxiety disorders, phobias and post-traumatic stress disorder. Conditions are treated using a variety of therapeutic techniques, including cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and couples therapy. The service accepts referrals from GPs, health care professionals and self-referrals.
- Crisis and Home Treatment Team (HTT) - The team has doctors, nurses, social workers, occupational therapist and support workers who are available to support patients, carers and their families 24/7. The team supports people in mental health crisis in their own homes and seeks to avoid unnecessary admissions to mental health inpatient settings.
- Liaison Psychiatry Team - The liaison psychiatry team work 24/7 alongside colleagues in A&E and general hospital wards, providing assessment, treatment and signposting to people who have a mental illness.

- Early Intervention Services - The service offers intensive support and treatment to people who have been diagnosed with a psychotic illness for the first time. They work with people from 14 years old and offer support for up to 5 years.
- Child and Adolescent Mental Health Services (CAMHS) - CAMHS services are mostly provided in the community, but CNWL also has a specialist inpatient service for 8-13 year olds. Family therapy plays an important role in CAMHS care

Acute mental health services provide assessment and treatment for adults with severe mental illness. This may mean a person needs care as an inpatient in hospital or intensive support through a home treatment team in the community.

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

Royal Brompton and Harefield NHS Foundation Trust (RBH) 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
- Harefield Hospital near Uxbridge

The Trust is a partnership of these two specialist heart and lung hospitals which are known throughout the world for their expertise, standard of care and research success. They only provide treatment for people with heart and lung disease and carry out some of the most complicated surgery, and offer some of the most sophisticated treatment that is available anywhere in the world

Specialist trusts treat patients with rare and complex conditions in a specific area of health. Their clinical teams are skilled in the development and early adoption of new therapies and techniques, and many of the patients they care for cannot be treated in general hospitals.

Specialist trusts are at the forefront of innovation in healthcare and are often responsible for breakthroughs in treatments, which are then adopted by the whole healthcare system. Clinical staff at specialist hospitals are experts in their chosen field and often relocate to specialist centres to further develop their skills. UK specialist trusts welcome clinical specialists from around the globe.

Among their many achievements, experts at RBH:

- pioneered intricate heart surgery for newborn infants born with a congenital heart disease
- performed the first successful heart and lung transplant in Britain
- implanted the first coronary stent
- achieved a world first by implanting a Tendyne transcatheter mitral valve system to treat a leaking mitral heart valve.

Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients. The opportunity to influence the course of modern medicine by developing new treatments is a prospect that attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care. Many medical advances made at the Trust have been 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. The Trust's main partner is the National Heart and Lung Institute at Imperial College,

London. Additional research projects are run with other hospitals and universities in the UK and abroad.

RBH is the leading UK provider of respiratory care and is the national leader in the specialist areas of paediatric cardiorespiratory care, congenital heart disease and cystic fibrosis. In 2016, the Trust cared for around 200,000 patients in its outpatient clinics and supervised around 40,000 inpatient stays. It is one of the country's largest centres for the treatment of congenital heart disease, treating both children and adults and its clinical teams treat more than 10,000 patients with these diseases each year (many receive care from their first few days of life through to adulthood).

The RBH heart attack centre at Harefield has pioneered the use of primary angioplasty for the treatment of heart attacks and has one of the fastest treatment times in the country at only 27 minutes, compared to the national average of 42, a crucial factor in patients' survival. The on-site foetal cardiology service enables clinicians to begin caring for babies while still in the womb; some are scanned and diagnosed at just 12 weeks, when the heart measures just over a millimetre.

Harefield Hospital has more than 1,300 staff, five operating theatres and four catheter laboratories. It has 168 beds, including beds for:

- cardiac and thoracic surgery
- cardiology
- day case unit
- adult intensive care
- the transplant unit.

The hospital is a major centre for the treatment of:

- lung cancer
- chest cancer and oesophageal cancers
- other chest surgery.

The hospital is one of the largest and most experienced centres in the world for heart and lung transplants and has jointly pioneered work in the development of 'artificial hearts' (also known as left ventricular assist devices or LVADs).

RNH's dedicated heart attack centre deals with heart attack emergencies from outer north-west London, providing primary angioplasty in its specialist catheter laboratories. It is thought that the Trust's arrival-to-treatment time of 27 minutes is one of the fastest in Europe, where speed of treatment has been shown to be crucial to survival in these cases.

In the Care Quality Commission inspection report published on 10 January 2017, Harefield Hospital received an overall rating of Good.

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

HCCG 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

HCCG covers the same geographical area as the London Borough of Hillingdon and comprises all 46 GP practices across the Borough of Hillingdon. As members of the HCCG, they guide the organisation and make sure the CCG is getting the most from the money it is allocated from the Government.

As a GP-led organisation, HCCG is in the unique position of being able to draw upon the first-hand experience of our patients who use the health services that it commissions. Taking into account their experiences, and talking to them about how best to meet their healthcare needs, HCCG can then commission the services that best meet their needs.

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles. Hillingdon's population for 2011 was estimated at 273,900 (13<sup>th</sup> largest in London), an increase of 2.93% over midyear estimates for 2010. Hillingdon has a significantly higher population of young people (aged 5-19) compared with England and London. The population of older age groups (50+) is also larger than London but smaller than England. Both groups are expected to increase ahead of average population growth rates.

#### NHS Long Term Plan / Case for Change

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. The key areas for exploration identified were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021;
- What functions should be delivered at a NWL level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NWL with the development of an NWL integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

Following the engagement period, the recommendation to governing bodies is to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

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

### Sustainability and Transformation Plan

The NHS Five Year Forward view set out a national requirement for all local health and care systems to be integrated by 2020 in 2015. In December 2015, it was announced that local areas would need to deliver this vision through sub-regional Sustainability and Transformation Plans (STPs). The NHS North West London Collaboration of Clinical Commissioning Groups (CCGs) decided to form a sub-regional plan for eight CCGs and corresponding local authorities: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster.

In NWL, there is currently significant pressure on the whole system. Both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources. Over the next five years, the growth in volume and complexity of activity will outstrip funding increases. But this challenge also gives partners an opportunity. It is recognised that services are not joined up and don't treat people holistically, that there is duplication and gaps and that there are inefficiencies that mean patients often have poor experiences, making them feel that their time is not necessarily valued. NWL is focused on helping to get people well, but does not spend enough time preventing them from becoming ill in the first place.

The NWL STP is the CCG plan for North West Londoners to be well and live well. It gives the partners the opportunity to deliver better and more integrated health and social care and seek to address the three identified gaps over a five year period:

- The health and wellbeing gap – by preventing people from getting ill where possible and supporting people to stay healthy.
- The care and quality gap – by ensuring the delivery of consistently high-quality and person centred care.
- The £1.3 billion funding and efficiency gap – making sure services are structured and delivered as effectively and efficiently as possible.

The NHS and all eight local authorities across NWL are working together to deliver a better health and care system. Although there will be points of disagreement between different stakeholders, there is a general consensus that these points of disagreement will not stop the different parties from working together to improve the health and wellbeing of our residents.

In NWL, a working partnership between the NHS and the relevant local authorities has been the approach for a while. The NWL CCGs are proud of their record of working together with all of the councils in NWL and the wider NHS and community and voluntary sector to deliver new and improved integrated services.

As part of the STP's development, a governance structure has been established to oversee the delivery of the plan over the next four years, maintaining the links with local health and wellbeing boards. This includes a Joint Health and Care Transformation Group that acts as the system leadership group and oversees the delivery of the STP. Group representation comes from system leaders across NWL, including council, NHS and lay partners. Meetings take place on a monthly basis.

HCCG works closely with the London Borough of Hillingdon on health and social care issues. This close relationship with the Council is more important than ever as we deliver the Better Care Fund (BCF), which is a single pooled budget to support health and social care services to work more closely together in local areas.

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

The LAS is the busiest emergency ambulance service in the UK and provides healthcare that is free to patients at the time they receive it. It is also the only London-wide NHS trust. The LAS has around 5,000 staff who work across a wide range of roles based in 70 ambulance stations and serve more than eight million people who live and work in the London area. The service operates over an area of approximately 620 square miles, from Heathrow in the west to Uxbridge in the east, and from Enfield in the north to Purley in the south.

The LAS' main role is to respond to emergency 999 calls, providing medical care to patients across the capital, 24 hours a day, 365 days a year. Other services offered include providing pre-arranged patient transport and finding hospital beds. Working with the police and the fire service, the LAS is prepared for dealing with large-scale or major incidents in the capital.

As the mobile arm of the health service in London, the LAS' main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. The majority of patients, however, do not have serious or life-threatening conditions and they don't need to be sent an ambulance on blue lights and sirens. Often they can receive more appropriate care somewhere other than at hospital.

As an emergency service in the capital, the LAS needs to be prepared to deal with large-scale incidents. The biggest challenges the Trust has faced have been the London bombings in July 2005, the Westminster and London Bridge terror attacks in 2017 and the tragic fire at Grenfell Tower in 2017.

The LAS was assessed by the Care Quality Commission (CQC) in June 2015 when the Trust was given an overall rating of 'inadequate'. After being given a rating of 'Requires improvement' in a report published in June 2017, in May 2018 the LAS was rated as 'Good' overall and the care it provides was again rated as 'Outstanding'.

### **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 social care services such as doctors, dentists, hospitals and mental health 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.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally-led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

### **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.

### **Witnesses**

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

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- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RBH)
- The London Ambulance Service NHS Trust (LAS)
- Hillingdon Clinical Commissioning Group (HCCG)
- Healthwatch Hillingdon (HH)
- Hillingdon Local Medical Committee (LMC)

## Key Lines of Enquiry

As well as being asked to provide the Committee with a general update on things that are going well and the challenges being faced by their organisations, witnesses have been asked to address the following:

- **HCCG:** update on the reopening of Michael Sobell House
- **CNWL & MPS:** SIM project update
- **CNWL:** provide further detail of the progress being made in relation to the Zero Suicide Alliance
- **CNWL:** provide a breakdown of the complaints received in 2018/2019
- **CNWL:** update on the HHCP bid for additional funding for mental and physical health nurses to carry out Advanced Care Planning in care homes and extra care facilities
- **CNWL:** update on the inspection of the Immigration Removal Centre (IRC) Colnbrook
- **THH:** provision of contact details for complaint liaison / escalation
- **THH:** at the Health and Wellbeing Board meeting on 24 September 2019, it was questioned why THH had not been delivering on its contractual obligation to provide TB vaccinations – ESSC would like to know whether this was being fulfilled and, if not, why not
- **LAS:** provide the expected roll-out timescales for the mental health response units
- **LAS:** provide further information in relation to the technology used to monitor on-scene times