1. Details of Recommendations

The Panel is asked to:

1. Note the completion of the 2016/17 municipal year work programme
2. Comment on and agree the draft text ahead of its inclusion in the Annual Report of Scrutiny

If the recommendations are adopted, how will residents benefit?

<table>
<thead>
<tr>
<th>Benefits to residents and reasons why they will benefit, link to Values</th>
<th>Dates by which they can expect to notice a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no immediate benefits arising from this report. Identifying the scope for benefits to be delivered to residents would be part of any future reviews.</td>
<td>Not applicable at this stage.</td>
</tr>
</tbody>
</table>

2. Report Summary

2.1 The Health & Adult Care Scrutiny Panel has now completed its schedule of meetings for 2016/17. A summary of work completed is set out below for Members to note. This also includes a summary of the activity undertaken by the Joint Health Overview & Scrutiny Committee (JHOSC) looking at the Shaping a Healthier Future Programme across NW London and chaired by Cllr Collins.

2.2 The draft text, once commented on and agreed, will be added to the Annual Report of Scrutiny which will go to the Overview & Scrutiny Committee in May and subsequently to Borough Council early in the next municipal year.
Summary of Work Programme Activity for 2016/17 municipal year

Overview
2016/7 has been a strategically important year for health and social care, both nationally and locally. The Panel has rightly spent considerable time looking at the impact of the Sustainability & Transformation Plans which drive the strategic agenda for the next 5 years and its implications for adult social care. The Panel continued to monitor the acquisition of West Middlesex University Hospital, consider adult safeguarding, social isolation, mental health, dementia and vaccination and immunisation rates and activity. It has also launched a more detailed look at GP Access in the context of avoidable A&E usage which we hope will be highly valuable moving forward.

Sustainability & Transformation Plan (STP)
The STP for North West London was a subject that the Panel visited three times in four meetings over the year, and was also a key focus for the JHOSC (see below). The first consideration in the September meeting was as part of the wider consultation taking place across NW London. The areas the Panel probed related to the impact on Adult Social Care and potential for funding, the role of the Community & Voluntary Sector, governance arrangements, the Council’s position on the STP, the impact on acute services, and the creation of hubs in the borough to deliver out of hospital services. The Panel welcomed the focus on prevention and urged that this should be as prominent as possible within the final plan.

The Panel considered the STP at its next meeting as part of a wider update on the JHOSC. It noted the concerns being raised by the JHOSC (see below), the creation of a pan-London forum of JHOSCs, the latest (and final) iteration of the STP submitted to NHS England, and the findings of a King’s Fund report looking into the development of STPs. The Panel decided that the JHOSC was best placed to look at wider strategic issues relating to the STP, whereas the Panel was best placed to look at the local implementation of the STP within Hounslow.

At the March meeting the Panel looked at the local implementation of the STP, including the sub-regional strategy for delivery, local delivery against each of the delivery areas within the STP, governance for delivery, funding implications for Adult Social Care, community pharmacies, GP recruitment and patient engagement. The Panel also considered the Implementation Business Case and the bid for £513m, how this will contribute to Hub development within Hounslow and implications if the funding is not approved.

Chelsea & Westminster acquisition of West Middlesex University Hospital
This has been a key area of interest for the Panel over the past couple of years. At the 28 November 2016 meeting the Panel were seeking an update on overall progress but with more detail around service change, investment and development at West Middlesex; progress towards achieving £122.4m efficiency savings; the Trusts view of the STP; and preparedness of acute care for winter months. The Panel had also requested a specific update on rumours received by Councillors regarding resident staff at West Middlesex receiving redundancy notices.

The Panel heard a largely positive story of progress. Performance and quality measures remained positive, with A&E performance the best in London. There was also good progress to meeting savings targets, but recognition that this would get
harder, and the impact of the STP would be to double the £122.4m efficiency savings target. £23m investment had been made as part of winter planning to increase capacity and staffing. The redundancy notices were related to three phases of management restructures as part of merging the two hospitals, but all but one member of staff had been found alternative roles within the trust.

There were pressures and challenges. A&E demand continues to grow especially in TW3 and TW7; increased GP cancer referrals were increasing waiting times; and bed blocking remained an issue despite improved weekend discharges. The Trust was working with staff around culture and values; recognised the need to do more to engage local communities and was working on solutions to address parking issues. The Panel stated its intention to invite the trust back to look at A&E demand; to look at bed capacity; to receive more detail on patient experience and to consider future parking options.

Adult Safeguarding
The Panel considered the Safeguarding Adults Board Annual Report at its meeting on 19 September that provided a summary of activity for the period April 2015 to March 2016. Key activities include the revamp of the Safeguarding Strategy, strengthening of the Board infrastructure, and adoption of pan-London safeguarding procedures.

The Panel heard that following the Care Act 2014 the business of the Safeguarding Adults Board (HSAB) has become extensive. The Board is required to produce an annual report and action plan. A programme of events have been arranged to raise awareness of safeguarding issues. The first, held in December 2015, was on trafficking and a second on safeguarding people with chaotic lives. Future events will cover domestic violence, PREVENT, modern slavery and culture based issues. Hannah Miller is now also Chair of the Children’s Safeguarding Board, which will help a number of agendas including Child Sexual Exploitation.

The main challenges were to improve its links with the Voluntary & Community Sector (VCSE), concern about low referral predominantly rates from the non-white population in the borough, and difficulties in obtaining accurate data to support the work of HSAB. In the questioning that followed it emerged that referral rates had improved by 100% over the past 5 years; concerns are raised about the practice of employment or care agencies should use whistle blowing channels; the Council undertakes checks of providers, but these do not extend to self-funding clients; and information received about providers is pooled to develop intelligence and look for patterns.

Vaccination and immunisation rates against infectious diseases
On 14 March 2017, the Panel wanted to look in depth at public health challenges in particular outcomes of Childhood Vaccination, Flu Vaccination and Incidences of TB. In this meeting the panel considered the profile of persons affected by infectious diseases; the health systems and local service response; and the health promotion & behaviour change activities and monitoring impact.

The Panel heard about the complexity and fragmentation of responsibility for infectious diseases and the challenges of robust data collection. It heard that despite this, immunisation rates have increased in Hounslow, and are on a par with comparator boroughs, but like the rest of London the borough is struggling to reach
the 95% benchmark to reach ‘herd immunisation’. The factors affecting this are the high birth rate, population mobility in London, demand pressures on GPs, and misinformation around immunisation that is affecting more affluent households.

There were clear plans of local actions set out for improving uptake of BCG, Adult Flu and TB immunisation vaccinations that sat alongside regional and national campaigns. It was suggested that Councillors might be able to play a role in helping to target particular communities where it was proving difficult to penetrate.

**Social Isolation, Mental Health and Dementia**
The Panel dedicated the meeting on 25 April 2017 to these issues. As part of the Joint Strategic Needs Assessment (JSNA) a report was commissioned on loneliness and social isolation in Hounslow, one of five deep dive areas designed to help shape future commissioning intentions. The report produced received its first airing at the Panel.

[Set out outcome from meeting]

The panel also received presentations on Mental Health and Dementia Services providing an update on changes post restructure of mental health services, set out current provision and direction of travel.

[Set out outcome from meeting]

**GP Access**
This was an area that the Panel identified for a more in depth review, due to wide experience of difficulties getting GP appointments. Following the first look at the STP the Panel decided that this work should be in the context of the out of hospital strategy. Avoidable A&E visits where mapped for the borough showing higher rates in the west of the borough whereas there is a more even spread of overall visits to A&E.

The three highest areas for avoidable A&E visits were identified and profiled. A closer look at avoidable A&E usage showed that such use was increasing, but was driven by fewer people. This suggests the issue might be behavioural. These areas seem well served by GP practices, with average or good satisfaction levels. No data exists to state how long people await appointments.

The next step is to profile those who are driving avoidable A&E usage in these areas to understand their characteristics. The intention will then be to approach those people in the areas with these characteristics to understand what is driving these behaviours and to what extent does GP Access contribute to these behaviours.

**Joint Health Overview & Scrutiny Committee (JHOSC)**
The JHOSC has met three times during the municipal year. Representatives from the Panel are Cllr Collins (Chair of the JHOSC) and Cllr Mehrban. The first meeting of was held on 14 Oct 2016, and considered a draft of the Sustainability & Transformation Plan (STP). There was some considerable concern expressed both at the meeting and subsequently in writing that the JHOSC was not being actively engaged in the STP consultation.

The JHOSC also submitted its comments of the STP focusing on concern that services at Ealing were being run down and closure would become inevitable, the lack of any risk assessment within the STP (later rectified), and specific risks that the
JHOSC had identified including the achievability of out of hospital strategy at the heart of the STP, the lack of contingency around acute beds and A&E capacity, and GP waiting times and capacity.

On 20 Feb 2017 the JHOSC met for its second meeting to discuss the Implementation Business Case for Shaping a Healthier Future. This had been a long awaited document and the areas of interest discussed were around finance & estate management, timeline for Ealing hospital, and plans for the hubs and their services. The STP was also revisited with specific focus upon implementation timeline, governance, transport strategy for patients, and where community pharmacy fitted within the reconfiguration strategy. Time was also spent considering the article published in the Evening Standard on 27 January which referred to the loss of 500 to 600 hospital beds with the closure of Charing Cross and Ealing as major acute hospitals and a reduction in A&E attendances by 64,175 in the next five years.’

[Include outcome of next meeting on 20 April]

3. **Reason for Decision and Options Considered**
   3.1 Not applicable

4. **Key Implications**
   4.1 Not applicable.

5. **Financial Details**
   5.1 Not applicable.

   a) **Financial Impact On The Budget (Mandatory)**
   None.

   b) **Financial Background (optional)**
   The Children and Young People Scrutiny Panel has no financial decision-making powers. Any recommendations relevant to the London Borough of Hounslow that emerge from any discussions would be considered by Cabinet where there are implications for the Council.

   c) **Comments of the Director – Finance and Corporate Services**
   The costs of Overview and Scrutiny activities must be met from within approved budgets.

6. **Legal details/Comments of the Head of Governance**
   As the Children and Young People Scrutiny Panel has no decision-making powers, any recommendations that may arise would need to be referred to the relevant decision making body of the Council for a decision.

7. **Value for Money**
   7.1 There are no direct implications arising from this report. Through its work in reviewing the policy and performance of the council’s Children’s’ Services and the work of partner agencies the Children and Young People Scrutiny Panel seeks to support the principle of best value for money across public services.

8. **Sustainability Impact Appraisal**
   8.1 Not applicable.
9. **Risk Management**
   9.1 Not applicable.

10. **Links to Council Priorities**
    10.1 The work of the Health and Adult Care Scrutiny Panel seeks to support the Corporate Plan 2014-19 thematic priorities of:

    **Active, healthy communities**
    Promoting lifestyles that improve people’s wellbeing and equality of life with less need for health and social care. Supporting people taking an active part in community life and reducing loneliness and social isolation.

    **Help and support when you need it**
    Improving quality of life to reduce the need for care and hospital admissions, while making sure that there is high quality care and support for those who need it. Keeping vulnerable adults safe.

11. **Equalities, Human Rights and Community Cohesion**
    11.1 There are no direct implications arising from this report. However, equality and diversity issues are a mandatory consideration in decision making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

12. **Staffing/Workforce and Accommodation implications:**
    12.1 Not applicable.

13. **Property and Assets**
    13.1 Not applicable.

14. **Any Other Implications**
    14.1 Not applicable.

15. **Consultation**
    15.1 Not applicable.

16. **Timetable for Implementation**
    16.1 Not applicable.

17. **Appendices**
    17.1 None

18. **Background Information**
    18.1 None.

REPORT ENDS