



HILLINGDON
LONDON

External Services Scrutiny Committee

Second Report to Cabinet

December 2006

Members of the Committee:

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INVESTOR IN PEOPLE

External Services Scrutiny Committee: Second Report to Cabinet

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Chairman's Foreword



It gives me great pleasure to present this second report from the External Services Scrutiny Committee to Cabinet. Scrutiny of non-Council organisations is a key theme in the recent Local Government White Paper and the establishment of a dedicated scrutiny committee for this task demonstrates that Hillingdon is leading the way.

When presenting our first report to the October Cabinet, I recalled my desire upon taking this role to firmly establish Hillingdon on the 'external scrutiny map'. Following a bid for funding to London Councils we were able to host a highly successful conference. I am proud that our Council was able to bring Councillors and officers from across London together to share best practice and experiences of scrutinising non-Council organisations. Apart from showcasing the work of Hillingdon, I am sure that the event did literally help put us on the map – it may well have been the first time delegates from Bromley, Croydon and Barking had visited our Borough!

Inevitably the worrying financial situation at Hillingdon Primary Care Trust continues to occupy much of our time and this report seeks to update Cabinet on the latest situation. However, our remit covers all non-Hillingdon Council organisations, and we will be meeting with other key partners such as the Police and Fire Brigade in the coming months. We will continue to seek to innovate and find new ways of working. Our visit to the mental health unit at Hillingdon Hospital in December was particularly useful and stimulating.

Finally, on behalf of the Committee I would like to thank all those who attended our meetings as witnesses and the Council's officers who support our work. Without the effort and dedication of all these we would struggle to achieve anything.

Cllr Mary O'Connor

Summary of Recommendations

1. Contribution of scrutiny to the Council's agenda

That Cabinet acknowledges the vital role scrutiny can play in achieving the Council's objectives and that the function must continue to be adequately resourced for this contribution to be effective.

2. Future of health and social care in north Hillingdon

That Cabinet ensures that there is an open dialogue between the Council and PCT over future estates strategies for each organisation. In particular, we ask Cabinet to ensure that the Council fully participates in discussions over the future of health services in north Hillingdon and how these can be integrated with social care where appropriate.

3. Future management of Hillingdon PCT

That Cabinet notes the potential significant changes to the management of the PCT and asks officers to keep it fully informed of the implications so that it can comment to the PCT as appropriate.

4. Hillingdon Hospital redevelopment

That Cabinet notes the latest position regarding the redevelopment of Hillingdon Hospital and using its community leadership role does everything possible to ensure Hillingdon residents have a modern high quality hospital.

5. Voluntary and community sector

That following successful outcomes of promoting joint working between disability and carers voluntary sector groups Cabinet considers whether this initiative can be expanded across the sector.

External Services Scrutiny Committee: **Second Report to Cabinet**

December 2006

Introduction

1. The External Services Scrutiny Committee was established after the May 2006 elections and is now half way through its first year. We have taken great strides in establishing the Committee and have held a series of highly productive meetings. Given that Hillingdon PCT is now predicting the largest financial deficit of all NHS Trusts in England it is perhaps inevitable that the local NHS has dominated our time. However, our remit charges us with scrutinising all non-Hillingdon Council organisations. In January for example, we will be meeting with the Metropolitan Police.
2. This is the second report from the Committee to Cabinet - the first was in October. It seeks to update Cabinet on the work undertaken by the Committee and the planned work for the remainder of the Council year. Following a brief report on our conference the remainder of the report is divided into two main sections: health scrutiny and the voluntary sector. We make recommendations to Cabinet where we feel this is appropriate and our deliberations suggest Cabinet's attention is required.

External Scrutiny Conference: Putting Hillingdon on the map

3. Our first report outlined our aim of establishing Hillingdon on the external scrutiny map by the end of the Council year. To this end, we hosted a conference – *Improving Local Services: The Role of External Scrutiny* – on the 20th October 2006.
4. The event sought to share learning of the experiences of external scrutiny across the national, regional and local levels of government. We heard from an expert panel of speakers including: Cllr Richard Barnes AM on the 7th July Review Committee at the Greater London Assembly; Cllr Kim Humphreys, Deputy Leader of Southwark Council; Jessica Mulley, Clerk to the Commons Select Committee for Communities & Local Government; and Dr Colin Copus from the Institute of Local Government Studies. We were delighted that our Leader Cllr Ray Puddifoot and Hugh Dunnachie, Acting Chief Executive, were able to open and close the conference respectively.
5. Following a successful bid for financial support from London Councils (formerly the Association of London Government) we were able to open the event to Councillors and officers from across London and our neighbouring Counties. We were overwhelmed by interest in the event; over 100 delegates packed into Committee Room 6. Feedback from the event was extremely positive. Nearly three-quarters of respondents returning feedback forms rated the event as excellent and several people said that it was the best conference they had ever been to.
6. Delegates were asked for key learning points from the day. These included:

- Overview & scrutiny has a powerful potential if properly used and supported
 - A cross-party approach is vital
 - The media can be a helpful tool in engaging the public and placing organisations under pressure
 - Effective preparation and behind the scenes work are vital to successful reviews: scoping reports, key questions and background briefings maximise the effectiveness of witness sessions. This requires overview & scrutiny to be effectively resourced and supported.
 - Scrutiny must maintain a strategic overview and focus on 'adding value'
 - Scrutiny must engage with local partnerships such as the Local Strategic Partnership
7. We endorse these points. Like many others attending the event, our aim is to apply these lessons to our particular Council so that the powerful potential of external scrutiny in addressing the democratic deficit of non-Council service providers can be realised. Significantly, the recent Local Government White Paper seeks to further increase this external scrutiny role.
8. Colleagues outside the Borough have often not been aware of the excellent work undertaken by Hillingdon Council. Hosting a successful conference such as this has undoubtedly helped raise the profile of the Council and should help realise our goal of putting Hillingdon 'on the map'. We will continue to seek to promote our work across London and the wider scrutiny community. We are also delighted to report that our Chairman, Cllr Mary O'Connor has been elected Chairman of the London Overview and Scrutiny Network. The network is hosted by London Councils and brings together Members and officers involved in overview and scrutiny across London.

The contribution of scrutiny to the Council & Cabinet

9. Cllr O'Connor's first meeting as Chairman of the Network received a presentation from Jessica Crowe, Executive Director of the Centre for Public Scrutiny, on the implications of the recent White Paper. She said that scrutiny can be a Chief Executive's (and Cabinet's) 'best friend', for it can play a key role in achieving the Council's objective of ensuring residents receive high quality services from a range of organisations. An effective scrutiny function maximises and harnesses the expertise of non-executive Councillors and can improve Council performance by undertaking in-depth reviews into policy issues into particular issues and problems. Our work also demonstrates the role of scrutiny in holding the Council's partners to account and asking for further information (e.g. the local PCT). Given this, it perhaps not surprising that Jessica said that high performing Councils in the Comprehensive Performance Assessment have effective and well resourced scrutiny functions. We hope that our Committee, and colleagues on the

other Policy Overview and Scrutiny Committees can continue to contribute to the Council's development on the 'Road to Excellence'.

Recommendation:

That Cabinet acknowledges the vital role scrutiny can play in achieving the Council's objectives and that the function must continue to be adequately resourced for this contribution to be effective.

Health Scrutiny

10. The Committee is charged with undertaking the health scrutiny functions conferred by the Health & Social Care Act 2001. Senior NHS Trust officers must attend the Committee and provide information when requested. This is a vital role. Health services are of vital importance to Hillingdon residents, yet the democratic accountability of the NHS to local people is not always clear. We have therefore spent a large amount of our time on health scrutiny, particularly given that Hillingdon Primary Care Trust (PCT) is in such serious financial difficulty.

Hillingdon PCT's financial position

11. Our first report sought to update Cabinet on the PCT's financial position. The then PCT Chief Executive Ian Ayres attended our July meeting to present his financial recovery plan. Noting our report, Cabinet added its concerns about the impact of the recovery plan on Hillingdon residents.
12. That recovery plan was the third such plan to come before Hillingdon health scrutiny Councillors within twelve months. We therefore expressed some alarm about whether the plan could actually be implemented. We were reassured that it was a possible task.
13. It was therefore with some concern that we heard that the recovery plan was failing to deliver the anticipated savings and the deficit had actually worsened in the first half of 2006/7. Antony Sumara, NHS London's (the Strategic Health Authority) new Turnaround Director, replaced Ian Ayres as Chief Executive with effect from 9th October. His prime objective is to accelerate the pace of financial recovery and stop monthly expenditure exceeding monthly income. For the first half of the year the PCT continued to spend approximately £1.5m to £2m more than it should have done each month. This led the PCT to predict that it would finish 2006/7 with a cumulated deficit of over £65m.
14. We therefore asked Antony Sumara to attend our meeting in November to explain how he was planning to address the situation. He said that the PCT must stop blaming other organisations (e.g. the Hospital and Council) for its financial problems and must correct its own failings, particularly its 'housekeeping' and financial management. He advised us that the PCT is now predicting to end the financial year with a deficit of £54m rather than £65m. Much of this results from improving the financial reporting and records at the

PCT; e.g. re-examining the invoices for the first period at Hillingdon Hospital saved £600,000 alone.

15. We heard that Antony Sumara is seeking to accelerate many of the programmes initiated under the previous recovery plan. This includes a rapid response team to provide emergency care in the community to people who would otherwise require hospital admission. The PCT are also seeking to establish an 'urgent care centre' in the Accident and Emergency (A&E) department at Hillingdon Hospital which it is hoped will treat those who do not require full hospital admission at a lower cost.
16. Antony Sumara is also initiating new measures to address the situation. These include the closure of Northwood & Pinner Community Hospital, outsourcing of some PCT functions, and the reduction in grants to the voluntary sector. Additionally, the PCT's financial position continues to impact upon Hillingdon Hospital's proposals for redevelopment. We have examined all of these issues to a varying degree and report on the main issues below.

Northwood & Pinner Community Hospital

17. Ian Ayres told our July meeting that the PCT was reviewing its property portfolio as part of the financial recovery process. The future of Northwood & Pinner Community Hospital and Grange Park, Elers Road and Westmead Clinics was under review. In November we heard that following further consideration the PCT decided not to close the above clinics. This would have only saved approximately £100,000 and would incur much public concern.
18. However, the condition of Northwood and Pinner Community Hospital continued to further deteriorate. The PCT's Estates Director was particularly concerned that the heating and hot water systems would malfunction without warning and would not survive the upcoming winter months. In addition there were security concerns and the site had been subject to recent burglary and vandalism. Outpatient physiotherapy was the only remaining clinical service on the site and the PCT Board meeting on the 21st November decided to relocate this service to another PCT site. No services are now provided at Northwood and Pinner.
19. We saw the level of public concern about this decision at our meeting on the evening of the 21st November. The Hospital was built on land donated free by a local builder using funds collected by the community. The Hospital also incorporates Northwood War Memorial and the local community undertook a sit-in protest when the Hospital was threatened with closure in 1983.
20. We sympathise with the concerns of local groups such as *Community Voice*, but our primary concern is for the safety and well-being of the patients and staff using the site. The PCT is in a dire financial position and difficult choices are being made over expenditure. In such circumstances we could not forcefully argue that large amounts of money be spent on repairing the historic under-investment in the site by various NHS bodies.

21. However, the feelings expressed at our meeting clearly show that sections of the community feel badly let down by NHS managers in recent years. They feel promises they have been given over the site have been broken. We therefore pressed Antony Sumara to promise a full – and detailed – consultation over the future of health services in the north of the Borough. Such a consultation must recognise that the prime issue is easily accessible, high quality services rather than particular buildings or sites. However, we note the views of *Community Voice* that some buildings have more significance to the local community than others.
22. We were therefore pleased that Antony Sumara promised that such a consultation over the future of health services in north Hillingdon – including the Northwood & Pinner site – would take place in early 2007. He reassured that this consultation would offer all sections of the community ample opportunity to participate and this would exceed the recommended consultation process outlined in the health scrutiny guidance.

The PCT and Council's estates strategies

23. Antony Sumara expressed concern about the level of communication between the PCT and Council over each organisation's estates strategy. The Government seeks ever closer working between health and social care to provide high quality seamless services to vulnerable people. This closer working may well lead to co-location of Council and PCT services in the same buildings. We are not commenting on whether Antony Sumara's concerns are well founded, but we firmly believe that the Council and PCT must work closely together to ensure Hillingdon residents receive high quality and low cost services.

Recommendation:

That Cabinet ensures that there is an open dialogue between the Council and PCT over future estates strategies for each organisation. In particular, we ask Cabinet to ensure that the Council fully participates in discussions over the future of health services in north Hillingdon and how these can be integrated with social care where appropriate.

Outsourcing of PCT functions

24. We stated earlier that Antony Sumara is seeking to implement new measures in an attempt to control the PCT's expenditure. The closure of Northwood & Pinner Community Hospital is a visible impact of the financial recovery process. However, we also heard at our November meeting that another measure is being implemented, which although less visible to Hillingdon residents, could have a far greater impact and consequences.
25. Antony Sumara clearly and bluntly told us that the PCT has failed. As such, work is being undertaken to explore the potential for outsourcing much of the PCT's work – potentially to the private sector. This could include all 'non-core' activities such as

estates, IT, finance, HR, and perhaps most significantly the PCT's commissioning activities. We heard that the latter function has been the PCT's greatest failing. Antony Sumara told us that the organisation has not been able to effectively manage its contracts with other NHS Trusts (e.g. Hillingdon Hospital) for providing services to Hillingdon residents. As such, the PCT has been spending much more than it plans for. We understand that the PCT is likely to outsource two areas of its commissioning work: the procurement and then the performance management of these contracts.

26. The PCT is not as yet seeking to outsource its provider services, such as its community nurses, however it is reviewing how these may be delivered in the future. Accountability to the PCT Board and ultimately the Secretary of State will remain as now. However, the PCT will become a much smaller and very different organisation.
27. At the time of writing this report we do not have enough information to express a definitive view on this issue, although we can express some initial thoughts.
28. The failure of the PCT to have improved its financial position and implement successive recovery plans suggests that the organisation lacks the necessary management capacity and is in need of additional expertise. However, we have some serious concerns about the proposals. We believe that the outsourcing of PCT activities on such a scale – potentially to the private sector – is unprecedented in England and success cannot be guaranteed. In addition, the timescale for these proposals is very short and the new arrangements are likely to be in place by April 2007. Reforms do not always deliver the anticipated results, and there is an inherent danger in quickly implementing a new policy. Notably, Hillingdon was one of the first PCTs to be created and now has such serious problems.
29. The proposals could significantly alter the nature of the PCT – the organisation responsible for spending over £300m on healthcare for Hillingdon residents. It could involve the private sector in the local NHS to an unprecedented level.
30. Antony Sumara told us that he believes the proposals to be a management rather than service change. However, he reassured us that the PCT would undertake a full and open consultation over the proposals.

Recommendation:

That Cabinet notes the potential significant changes to the management of the PCT and asks officers to keep it fully informed of the implications so that it can comment to the PCT as appropriate.

31. The Healthcare Commission rated Hillingdon PCT as 'weak' for its use of resources and 'fair' for quality of services. This is concerning. Resources for Hillingdon PCT have tripled between 1997 and 2008. Given that the PCT has spent even more than this massive increase, it is perhaps reasonable to expect high quality services. However, the 'fair' rating suggests this is not the case. We questioned Antony Sumara on his plans for

improving the quality of services rating. He told us that the findings would not be addressed until the financial problems were resolved.

Hillingdon Hospital

32. David McVittie, Hillingdon Hospital's Chief Executive, attended our November meeting to update us on the latest position of the proposed redevelopment of Hillingdon Hospital and the new Mount Vernon Treatment Centre.
33. The Trust were hoping to receive financial sign-off for the Treatment Centre in December 2006. If this happens, the Centre will open by mid 2008 and will deliver a wide range of services including a minor injuries unit and a large proportion of elective surgery for the whole of the Borough. This is highly positive news for residents in north Hillingdon.
34. However, we heard that the situation relating to the redevelopment of the main site is more complicated. The Strategic Health Authority (SHA) has been reviewing the scheme to ensure that it is consistent with their strategy for the future of hospital services in London. David McVittie advised that the scheme would only be allowed to proceed once the PCT withdraws its request for RAF Uxbridge to be considered as an alternative site. We also noted with concern Antony Sumara's comment that the PCT cannot support the scheme given that the PCT is effectively bankrupt. He acknowledged that there is only a small window of opportunity; the redevelopment may not happen for some time if it is not approved soon.

Recommendation:

That Cabinet notes the latest position regarding the redevelopment of Hillingdon Hospital and using its community leadership role does everything possible to ensure Hillingdon residents have a modern high quality hospital.

London Ambulance Service (LAS)

35. Peter Thorpe, Hillingdon's Ambulance Operations Manager, advised us of the challenges facing the LAS in quickly responding to emergency calls in the north of the Borough without a suitable base in Ruislip. We were therefore extremely pleased that Cabinet has taken the decision to lease part of the Pembroke Road car park to the LAS. There is no legal obligation on the Council to find a site for an ambulance station, and the LAS is responsible for locating a suitable site and identifying the resources to obtain and develop a site. However, we are pleased that the Council has been able to assist the LAS in this way for the benefit of Hillingdon residents.

Central & North West London Mental Health Trust (CNWL)

36. Central & North West London Mental Health Trust (CNWL) took over mental health services from Hillingdon PCT in April 2006. CNWL is applying for foundation trust status and we held an additional meeting to comment on their application.

37. We were highly concerned to hear of the state of the PCT run mental health services. Peter Carter, then Chief Executive of CNWL, told Members that mental health services under Hillingdon PCT had 'failed on nearly every level' under Healthcare Commission performance ratings and that this was unacceptable. In 2005 Hillingdon PCT's mental health services were the only mental health service in London to receive a zero star rating.
38. In contrast, CNWL is one of the largest specialist three star mental health trusts in England. We were extremely pleased to hear of the actions CNWL have implemented under a new Head of Service for Hillingdon. Peter Carter is due to leave CNWL to become General Secretary of the Royal College of Nursing and we were pleased to take up his offer of a visit to the Riverside Unit at Hillingdon Hospital to witness the huge improvements that have taken place under CNWL. This visit was extremely useful in providing an insight into services; an insight that cannot be gained while sat in a Civic Centre Committee Room. This is one example of how we are seeking to develop and undertake new styles of scrutiny.

The Voluntary Sector

39. The PCT's financial recovery measures will have a dual impact on Hillingdon voluntary and community sector groups (the VCS). The PCT reviewed the funding it offers to the VCS through its Partnership Fund and the funding was significantly reduced. In addition, an increased burden may also be placed on these very groups as the PCT seeks to reduce its expenditure on services to Hillingdon residents.
40. Following its review, the PCT placed the VCS projects it funds through the Partnership Fund into three categories. The PCT decided to cease funding 16 VCS services worth almost £500,000 and decided that grants to a further 14 VCS services, worth over £314,000, would only be considered as suitable for joint funding with the Council. The PCT decided that the Partnership Fund would be significantly reduced to fund five VCS services to a total of £138,655.
41. We invited representatives from three VCS groups whose services could be affected by this review to attend our September meeting (Age Concern, Hillingdon & Ealing Citizens Advice (HECA) and Home-start Hillingdon). We were struck by the hugely valuable contribution of voluntary and community sector groups to the well-being of vulnerable Hillingdon residents.

The contribution of the voluntary and community sector

42. The advice and support services provided by the voluntary sector can play a vital role in helping prevent anxiety and loneliness and can promote mental well-being. The advice offered by these groups can help ensure vulnerable Hillingdon residents receive the support and benefits entitlements that promote health and well-being.

43. The recipients of voluntary sector services are often amongst the most vulnerable in society. For example, clients of HECA's home visiting, GP outreach, and Somali Advice Project have higher levels of ill health than overall users of Citizen's Advice. We heard that 85%, 19% and 30% of users of these services respectively have a disability or long-term ill health and a high proportion of their enquiries are related to this.
44. We understand that every area of expenditure is being examined as the PCT seeks to secure the required significant financial reductions. Such a process necessitates prioritisation of expenditure and difficult decisions to be made. However, we note that voluntary sector services often emerge to address the gaps between the services provided by the statutory services such as the PCT and Council Social Services. As such, we heard that both the voluntary sector and the PCT agree that this very area of success for the voluntary sector means that they can be a 'soft target' when expenditure reductions are sought.

Other challenges facing the voluntary and community sector: the administrative burden

45. The PCT's review of the Partnership Fund and the potential loss of funding is clearly therefore a major concern for many voluntary sector groups in Hillingdon. However, we also heard about some of the ongoing challenges facing such groups, notably, the administrative burden. These volunteer-based groups are established to provide services to local residents yet we heard that a significant amount of the time of paid staff is taken up with administration, in particular providing monitoring information to funding organisations.
46. We heard that the nature of the relationship between voluntary and statutory organisations is changing, with the increasing use of Service Level Agreements (SLAs) to cover grants. However, our witnesses told us that voluntary sector groups and the commissioning (grant giving) statutory organisation often have very different views on the appropriate nature (i.e. length and detail) of the SLA. We heard that there is felt to be an unequal balance in the relationship in terms of resources and expertise. SLAs and contracts are becoming increasingly complex with legal concepts such as intellectual property. This is in particular reference to joint SLA's between Council departments, which due to the amounts involved and the monitoring requirements of central government require a contract form. This increases the length of time trustees and chief executives have to spend on negotiating and considering them.
47. Likewise, we heard that the administrative burden continues once the SLA has been agreed and the project commences. Funding organisations require regular monitoring on the projects they contribute to. However, as with SLAs we heard that the monitoring requirements vary and can be as frequent as quarterly to meet with central government conditions and requirements. Several different grants may fund a single voluntary sector project and each individual grant may require separate monitoring. We feel that it is entirely appropriate for voluntary organisations to be expected to report on the use of their grants. To a large extent, local authorities are not in control of the monitoring requirements set out by central government in the various grants that they administer.

However, we strongly feel that where the local authority has autonomy over levels of monitoring, the reporting requirements should be proportionate to the size of the grant.

What could the Council do?

48. The Council is also faced with serious financial difficulties and is unable to replace all of the grants ceased by the PCT. However, we are grateful that Cabinet have identified additional resources for the voluntary sector of approximately £100,000. Following this assistance, we ask the Cabinet to investigate whether the Council could assist the voluntary sector in other ways. As stated earlier, we heard that voluntary sector groups may have to undertake multiple reporting on a single project. This can be a significant burden on groups. We were therefore concerned to hear that the Council acting as an agent for central government may be adding to this burden. Different departments in the Council may contribute to a single voluntary sector project and may each require separate reporting. As stated earlier, we would hope that the reporting and monitoring requirements are proportionate to the size of the grant. It is proper that the use of funding is monitored, although we recognise that when the Council acts as an agent for central government funds, it does not control monitoring requirements. However, we are also clear that the primary focus of voluntary sector groups should be helping Hillingdon residents rather than reporting requirements.
49. Additional resources are being negotiated in open discussions with the Hillingdon Community Trust to examine whether additional support can be gained through this source. Hillingdon Community Trust is sympathetic to the situation of groups affected by PCT recovery plan and is looking at how best to support those client groups.
50. Resources for both the statutory and voluntary sectors are therefore coming under ever greater strain. In this context it is vital that resources are maximised and duplication minimised. We were pleased to hear that both our voluntary sector witnesses and Community Resources officers feel that there is little duplication between groups. We are pleased to see the report to the December Cabinet meeting asking Cabinet to endorse moves to explore closer working in the disability and carers sectors. Once this initial work has been successfully achieved, we ask Cabinet to consider exploring this work and its appropriateness for expansion across the sector. .

Recommendation:

That following successful outcomes of promoting joint working between disability and carers voluntary sector groups Cabinet considers whether this initiative can be expanded across the sector.

Closing word: next steps and third report

51. In our third report we hope to report back on the latest developments at Hillingdon PCT and also the outcomes of our meeting on community safety with the Metropolitan Police.

Following a Council motion passed in June 2006 we will be using our April 2007 meeting to review the work of the Council and partners to promote community cohesion.

52. Our work programme is full for 2006/7 (attached below). However, we want to maintain our momentum into the next Council year. To this end, we have organised a briefing by the Acting Chief Executive on the Local Strategic Partnership and Local Area Agreement which is open to all Councillors. We expect that this will stimulate ideas for how the Committee can work with external partners to 'add value' for Hillingdon residents.

Work Programme 2006/7

Meeting Date	Agenda Item
<p>20th June 2006</p> <p>Theme:</p> <p>Work Programme Planning</p>	<p>Overview of new structures, the Committee's terms of reference and relationship with the Social Services, Health & Housing POC</p> <hr/> <p>Agree work programme and identify topics for review</p> <hr/> <p>Matters arising from 2005/6:</p> <ul style="list-style-type: none"> • Hillingdon PCT's financial position, including: NHS response to O&S review into deficit • Single Strategic Health Authority for London
<p>20th July 2006</p> <p>Themes:</p> <p>Burns & Plastics at Mount Vernon</p> <p>Hillingdon PCT's Recovery Plan</p>	<p>Scrutiny and consultation over the proposal to transfer burns and plastics in-patient activity from Mount Vernon to the Royal Free in Hampstead</p> <p>Detailed scrutiny of the PCT's revised recovery plan</p>
<p>26th September 2006</p> <p>Theme:</p> <p>Voluntary Sector</p>	<p>Challenges facing health & social care voluntary sector groups in Hillingdon – including the impact of the PCT's financial recovery plan</p>
<p>5th October 2006</p> <p>Theme:</p> <p>Mental Health Services</p>	<p>Overview of mental health services in Hillingdon and Central & North West London Mental Health Trust foundation trust application</p>
<p>20th October 2006</p> <p>Theme:</p> <p>External Scrutiny Conference</p>	<p>Conference – <i>'Improving local services: the role of external scrutiny'</i></p>

<p>21st November 2006 5pm</p> <p>Theme:</p> <p>NHS Scrutiny</p>	<p>Performance updates and update on significant issues:</p> <ul style="list-style-type: none"> • Hillingdon PCT (inc financial position & Practice-Based Commissioning) • Hillingdon Hospital (inc redevelopment) • London Ambulance Service
<p>30th January 2007 6pm</p> <p>Theme:</p> <p>Safer Neighbourhood Teams</p>	<p>Roll out of Safer Neighbourhood Teams – aims and objectives; challenges and issues</p>
<p>6th March 2007 5pm</p>	<p>Member development session – facilitated by Centre for Public Scrutiny</p>
<p>13th March 2007 6pm</p> <p>Theme:</p> <p>Healthcare Commission Annual Health Check</p>	<p>Annual Health Check Declarations:</p> <ul style="list-style-type: none"> • Hillingdon PCT • Hillingdon Hospital • Royal Brompton & Harefield • Central & North West London Mental Health Trust
<p>24th April 2007 6pm</p> <p>Theme:</p> <p>Community Cohesion</p>	<p>Review of community cohesion and the work undertaken by the Council and partners on this issue (see Council motion passed on 29th June 2006).</p>