



HILLINGDON  
LONDON

# External Services Scrutiny Committee

## Fifth Report to Cabinet

September 2007

### Members of the Committee:

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Cllr Shirley Harper-O'Neill

Cllr Phoday Jarjussey

Cllr Allan Kauffman

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INVESTOR IN PEOPLE

# External Services Scrutiny Committee: Fifth Report to Cabinet

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# Chairman's Foreword

It gives me great pleasure to present this fifth report from the External Services Scrutiny Committee to Cabinet. This report summarises the main issues from our first two meetings of the 2007/8 Council year and presents our work for the year ahead.

The Committee is charged with examining issues of concern to local residents, and given the importance of health services to people's quality of life we used our first meeting of the year to question the Chief Executives of Hillingdon Primary Care Trust (PCT) and Hillingdon Hospital. We were pleased to hear that the financial position of the PCT is improving, but we will continue to monitor the position closely.



We also examined the revised proposals for a redeveloped Hillingdon Hospital. The need for a new hospital is clear: the temporary wards still in use were not fit for purpose when I trained there as a nurse 42 years ago! However, I am clear that any redevelopment must be affordable and not burden future generations with unmanageable repayments.

The innovation of the new Committee structure at Hillingdon is that we are the External Services Scrutiny Committee and not simply the Health Scrutiny Committee. I am therefore committed to ensuring that the Committee scrutinises the wide range of non-Hillingdon Council organisations providing services to Hillingdon residents and not just the NHS. Having scrutinised Safer Neighbourhoods Teams (SNTs) and the London Ambulance Service in our first year, we used our July 2007 meeting to scrutinise the London Fire Brigade. We have some interesting meetings ahead, including a review of Brunel University's relationship with the local community at which we will hear from the University's Pro-Vice Chancellor and President of the Union of Students.

Finally, I would like to take this opportunity to thank Cllr Eddie Lavery for his contribution to the Committee last year, and welcome his replacement Cllr Allan Kauffman. As ever, I would also like to thank all those who attended our meetings as witnesses, and the Council's officers who support our work.

A handwritten signature in black ink, appearing to read 'Mary O'Connor', written in a cursive style.

**Cllr Mary O'Connor**

# Summary of Recommendations

1. That Cabinet notes the latest delay in agreeing the redevelopment of Hillingdon Hospital and uses its community leadership role to impress on local NHS bodies the importance of these organisations working together to ensure that proposals are practical and affordable so that they are able to proceed.
2. That Cabinet notes that following an extensive consultation the PCT decided to close Northwood & Pinner Community Hospital. We ask Cabinet to ensure the Council is fully involved in discussions surrounding future health and social care provision on the site.
3. That Cabinet invites the LSP to review the membership of the LSP Executive and consider whether membership should be revised to provide a place for the Hillingdon Fire Commander.
4. That Cabinet ask officers to ensure *Hillingdon People* is used to promote the work of partners to deliver improved public services to Hillingdon residents, in particular the LAA targets. We ask officers to ensure partners are aware of any opportunity available to them to use *Hillingdon People*.
5. That Cabinet (i) joins the Committee in endorsing the dedication of the volunteers who enable the Junior Citizen programme to run in Hillingdon, (ii) investigates whether the Council could help provide accommodation for Junior Citizen in future years, and (iii) investigates whether the Council could become involved in delivering the initiative.

# Introduction

1. This is the fifth report from the External Services Scrutiny Committee to Cabinet. It seeks to update Cabinet on the work undertaken by the Committee and the planned work for the remainder of the 2007/8 Council year. The report highlights the Committee's main findings in relation to its scrutiny of Hillingdon Hospital, Hillingdon Primary Care Trust, and the London Fire Brigade.
2. This report presents evidence taken from the following witnesses:

|                            |                   |  |
|----------------------------|-------------------|--|
| 19 <sup>th</sup> June 2007 | David McVittie    | Chief Executive, Hillingdon Hospital                 |
|                            | Dr Susan La Brooy | Medical Director, Hillingdon Hospital                |
|                            | Prof Yi-Mien Koh  | Chief Executive, Hillingdon PCT                      |
|                            | Barbara Wood      | Estates Director, Hillingdon PCT                     |
| 18 <sup>th</sup> July 2007 | Kevin Heymer      | Hillingdon Borough Commander,<br>London Fire Brigade |

# Hillingdon Hospital Redevelopment

3. Our second report highlighted that the redevelopment of Hillingdon Hospital has been subject to repeated delays. This has largely been due to the financial problems within the NHS, and the need for regional and national NHS organisations to be satisfied that the scheme is both affordable and appropriate in the context of the proposed shift to greater community-based care.
4. The need for redevelopment is beyond question: the current buildings are not 'fit for purpose'. We heard that the majority of the medical accommodation – almost 40% of the general acute beds – is provided in temporary prefabricated wards that were installed in the 1940s. The wards in the tower block are narrower than current standards, and many of the aluminium window frames are damaged meaning that they cannot be opened or closed properly. Staff at the Hospital clearly work hard to maintain a high quality patient environment, but are hampered by the quality of the buildings at the Hospital. For example, we heard that the lack of single rooms increases the risk of cross infections.

## **The redevelopment proposals**

5. The proposed redevelopment would create a dramatically improved environment for treating Hillingdon residents. All patients will stay in single rooms with en-suite facilities and window areas that are equivalent to 50% of the internal wall space. Where possible, rooms normally occupied by staff and/or patients for more than an hour will have an external outlook that is 'harmonious, quiet and landscaped'.
6. Several measures are proposed to reduce hospital acquired infections. 'Back of house' services, such as laundry and waste, will be separated from clinical activity and use different corridors to those used by patients and staff. In addition, there will also be separate walkways for clean and dirty traffic wherever possible to help reduce the risk of infection. The business case proposes at least one hand basin in each bedroom with automatic taps for hand washing.
7. Many Hillingdon Councillors and residents are aware of the access problems at Hillingdon Hospital – particularly the queues to find a parking space. We were therefore pleased to hear that the proposed redevelopment seeks to address this issue and aims to simplify access to the site by reducing the number of points of access and entry. There will be a one-way system for all traffic, on-site access for local buses, and a drop off/pick up point for taxis opposite the main entrance. It is also proposed to increase the number of parking spaces from 1040 to 1142, which will include an increased number of disabled parking spaces. The Trust is proposing to maintain at least 1040 spaces during the redevelopment.
8. We were pleased to hear that the Council is helping the Hospital address parking problems at the current site, in particular through the installation of new pay and display parking spaces in some local roads. We understand that the Council is currently

considering whether to extend the number of pay and display spaces in certain roads and is consulting with local residents on this.

### **Affordability**

9. As highlighted earlier, the Hospital Trust has been working on redevelopment proposals for some time. Indeed, the old Health & Social Care Overview & Scrutiny Committee examined an earlier Outline Business Case (OBC) in March 2005. However, these proposals were not able to proceed as Government and regional NHS officials sought to ensure that all hospital redevelopment proposals are affordable and in line with future policy.
10. In particular, we heard that both the PCT and Government are seeking to move a large proportion of care out from the hospital environment and into the community. This forms a key part of the PCT's financial recovery programme and is a central aim of the review recently undertaken for the London Strategic Health Authority by Professor Sir Ara Darzi. We heard the PCT believes that at least 60% of current out-patient activity could be removed from the hospital out-patients department, with a wide range of care delivered in new 'polyclinics'. It is proposed that these new facilities would include a range of services including access to GPs, community services, outpatient services, minor procedures, healthy living classes, and urgent care diagnostics such as pathology tests and x-rays. Simultaneously, the Darzi review is proposing to centralise major emergency surgery in a fewer number of London hospitals, which could also impact on the level of activity at Hillingdon Hospital.
11. If implemented, these proposals would have a significant impact on the size of hospital that is required for Hillingdon. We are clear on the need for an improved environment to care for Hillingdon residents, and believe the current site is not fit for purpose. However, we are equally clear that any redevelopment must be affordable. As the Hospital Trust Chief Executive himself said, it must not be a 'white elephant' that bankrupts the Trust and local health economy.
12. We were therefore pleased to hear that the Hospital Trust has revised its proposals since the earlier Outline Business Case (OBC) in 2005; the original OBC proposed 498 beds and the current OBC proposes 355. Given the uncertainty about the future nature of healthcare and the extent to which the Darzi proposals will be implemented, it was good to hear that the redevelopment proposals allow for flexibility in how the building could be used. This flexibility will enable maternity services or even a polyclinic to be housed in the new facilities if activity is moved from the hospital to the community. We are clear in our belief that a reduction in beds at the hospital can only take place if alternative community-based facilities are operational.
13. Given the recent problems with the local health economy, it was reassuring to hear that the Trust strongly believes the redevelopment is affordable. The Hospital's Chief Executive told us that he believes the redevelopment will cost a maximum of £13.4m a year and that this will be met through additional income and £5.5m of operational

efficiencies. David McVittie told us that he believes this is realistic given that the Trust is currently recording efficiencies of £3-4m a year in the existing poor facilities.

14. The redevelopment can only proceed if it has the full support of the PCT, and we questioned the PCT on this. We heard that the PCT are supporting the redevelopment providing the Hospital works closely with the PCT to map future hospital activity and the Hospital Trust is flexible in relation to future use of the redeveloped hospital.
15. The Strategic Health Authority must now approve the Outline Business Case. This was due to be considered in June, but was not. We wrote to the Chair of the Strategic Health Authority (SHA) seeking reassurance on this issue. In his reply he told us that the SHA is aware of the urgency of the situation but has been unable to fix a firm date for discussion of the proposals by the SHA. He promised to keep us informed.

**Recommendation:**

**That Cabinet notes the latest delay in agreeing the redevelopment of Hillingdon Hospital and uses its community leadership role to impress on local NHS bodies the importance of these organisations working together to ensure that proposals are practical and affordable so that they are able to proceed.**



# Hillingdon PCT

## Northwood & Pinner Community Hospital

16. As we highlighted in our second report, a pressing issue for the PCT has been the future of Northwood & Pinner Community Hospital. In February 2007 the PCT launched a three-month public consultation on the future of the Hospital. This involved sending 50,000 questionnaires to local residents. We heard that following the consultation, the PCT decided in June to permanently close Northwood & Pinner Community Hospital. However, a clear theme in the consultation response was the importance of retaining the site for providing health and social care services to residents of the north of the Borough.
17. We heard that the PCT is not yet sure on how the site will be used, and this will form part of the work being undertaken by the PCT and Hospital to produce a healthcare strategy for Hillingdon. Witnesses told us that part of the site could potentially be used for social care, sheltered housing, or a 'polyclinic' and we hope the Council will be fully involved in discussions around the future of the site.

### **Recommendation:**

**That Cabinet notes that following an extensive consultation the PCT decided to close Northwood & Pinner Community Hospital. We ask Cabinet to ensure the Council is fully involved in discussions surrounding future health and social care provision on the site.**

## Hillingdon PCT's financial position

18. Professor Yi-Mien Koh, previously Interim Chief Executive, has now been appointed as the PCT's Chief Executive on a permanent basis. She told us that her primary task is to ensure the financial recovery of the PCT, and that she believes she will not remain in her post if she fails to deliver this.
19. We heard that the PCT has a detailed recovery plan and has processes in place that it believes will ensure this plan is delivered. For example, the PCT's Executive Directors must explain to the fortnightly Core Recovery Team and monthly Board meetings any slippage on delivering the savings targets. The PCT's current forecast is for financial breakeven by the end of the 2007/8 financial year, however the PCT is currently falling £0.9m behind its recovery target. We will continue to maintain a close watch on the position and hope that we will be able to report the PCT's success in delivering this target.

# London Fire Brigade

20. We were delighted that Kevin Heymer, Hillingdon Borough Commander for the London Fire Brigade (LFB), accepted the Committee's invitation to attend our July meeting. The purpose of this was threefold: to introduce us to the work of the LFB in Hillingdon; to review the work of the LFB to deliver key partnership targets such as the Local Area Agreement (LAA); and to identify whether there are any areas in which the Council could reasonably offer additional support to the LFB.

## **The Fire Service in Hillingdon**

21. There are four fire stations in Hillingdon, but we heard that resources from throughout London are used to respond to incidents in Hillingdon when necessary: over 40% of emergency calls in Hillingdon are resolved using resources from other stations. We were pleased to hear that, on average, the first fire engine will arrive to an emergency call in Hillingdon in six minutes and 39 seconds.
22. The Fire Brigade deal with approximately 5,200 calls in Hillingdon each year. We heard that this is not particularly high: some individual inner London fire stations will deal with this volume of calls alone. Of these 5,200 calls, 1,200 are fires and over 3,000 are false alarms. The remainder are road traffic accidents and other special services such as flooding.
23. It was highly reassuring to hear that there has been a decline in the number of primary fires<sup>1</sup> from 824 in 2001/2 to 537 in 2005/6. However, there has been a slight increase in the number of fires between 2005/6 and 2006/7 and we hope that the LFB will closely monitor this to ensure that the slight increase is just a 'blip' in the general downward pattern.
24. Particularly pleasing is the dramatic decline in the number of vehicle fires. The number of deliberate vehicle fires has fallen from 304 in 2001/2 to 163 in 2006/7 and the number of fires in derelict vehicles has fallen from 370 in 2001/2 to 48 in 2006/7. We congratulate the work of the Council and partners for their work to reduce the opportunities for setting abandoned cars alight, such as improved arrangements that enable quick removal of abandoned cars.
25. It was interesting to see maps demonstrating a strong correlation between the distribution of fires and other crimes across Hillingdon. In particular, we heard that the main area for crime related fires is in the south west of the Borough on the border between Heathrow Villages and West Drayton wards. We were pleased to hear the Fire Commander's view that the Safer Neighbourhoods (SNT) initiative has been a big help in reducing the number of fires. In particular, we heard that SNTs generate referrals for the LFB to fit free smoke alarms, for example through talks to Neighbourhood Watch

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<sup>1</sup> A primary fire is a more serious fire that occurs in property, non-derelict vehicles, and/or involves casualties, and/or involves five or more fire appliances

and other community groups. This is yet another example of the positive outcomes delivered by the SNTs working with partners and the community.

26. We again heard that hosting the world's busiest international airport impacts on local public service providers, for the largest number of fires in Hillingdon is in Heathrow Villages ward. We heard that with 60,000 people working at the airport, this is equivalent to a town the size of Peterborough. We note with concern that over 70 million people pass through the airport each year, and given that this is due to rise to 100 million by 2012 the impact on local services is also likely to increase.

### **Partnership working by the London Fire Brigade: the LAA and LSP**

27. The LFB is a key partner for the Council, and was the lead authority for delivering a Public Service Agreement (PSA) stretch target for reducing the number of non-accidental fires. We heard that this target was met, and the Government paid £0.5 million of reward money to the Council. However, we understand that this reward money was not shared with the Council's partners and this caused some unease with partners.
28. The Local Area Agreement (LAA) has replaced the PSA. The LAA contains a series of targets for the Council and its partners to deliver for the benefit of Hillingdon residents. Like the PSA, there are a selection of 'stretch' targets for which central Government will pay reward money if these are met. There are 13 stretch targets and one of these involves increasing domestic fire safety by reducing the number of accidental household fires and the number of deliberate primary fires. The Government will pay £667,000 in reward money if this target is met, and we welcome the fact that 80% of this will be passed to the LFB.
29. The Local Strategic Partnership (LSP) brings together the key public, private and voluntary sector organisations providing services to Hillingdon residents. The LSP Executive coordinates the work of the LSP theme groups, monitors progress of the LAA, identifies strategic priorities for the Borough, and lobbies on behalf of the Borough where necessary.
30. However, we heard that although the London Fire Brigade is part of the wider LSP, it is not represented on the LSP Executive. Given that the Fire Commander told us that a position on the LSP Executive would facilitate improved partnership working, we ask whether membership of the Executive could be reviewed to enable Fire Brigade representation. We suggest that this is particularly beneficial given that the LFB are a lead agency for delivering an LAA target and that the Fire Brigade is an excellent 'brand'. As such the organisation may be more successful at engaging with certain groups, such as young people, than other organisations. The current Hillingdon Fire Commander told us that he was vice-chair of Camden's LSP when he was Fire Commander for that Borough.
31. Communication and awareness raising are central to promoting fire safety: a reduction in the number of house fires relies on people understanding how to reduce to risk to themselves. Furthermore, members of the public need to be aware that the Fire Brigade

offers home fire safety visits and installs free smoke alarms. The Council's *Hillingdon People* publication is delivered to homes across the Borough and has a large readership. We understand that the publication does not have unlimited space, and should primarily be used to promote the Council's messages. However, given the importance of partnership working, and that reward money will be paid by Central Government, we hope that some space in *Hillingdon People* can be used to help deliver LAA targets.

**Recommendation:**

**That Cabinet invites the LSP to review the membership of the LSP Executive and consider whether membership should be revised to provide a place for the Hillingdon Fire Commander.**

**Recommendation:**

**That Cabinet ask officers to ensure *Hillingdon People* is used to promote the work of partners to deliver improved public services to Hillingdon residents, in particular the LAA targets. We ask officers to ensure partners are aware of any opportunity available to them to use *Hillingdon People*.**

### **Junior Citizen**

32. The LFB in Hillingdon is central to the 'Junior Citizen' initiative that has run in Hillingdon for a number of years. The initiative, originally organised by the Metropolitan Police, aims to teach young people safety skills and has a series of scenarios including how to be safe and responsible near railways, on the internet, near water, and on building sites. The initiative ran for two weeks in March 2006 and was visited by 1500 Hillingdon Year 9 pupils. Although it was extended to three weeks in March 2007 and saw 2500 pupils, it was still not able to meet all of the demand from Hillingdon schools.
33. A wide range of organisations including Transport for London and the electricity board are involved, but the project relies heavily on the hard work of dedicated volunteers. Junior Citizen operates in many other areas across the Country, and local authorities often play an important role, particularly through their Trading Standards and community safety roles. However we heard that Hillingdon Council offers little in the way of formal support to the project.
34. In March 2007 Junior Citizen was delivered from marquees erected at Hillingdon fire station, and the Brigade's administrative staff were able to play a key role in organising and running the initiative. However, the poor weather this spring seriously affected the delivery of the project and Kevin Heymer said that the project can no longer be housed in marquees.
35. Kevin Heymer said he had investigated the possibility of hiring portakabins for the period of the project and that this would cost approximately £10,000. He said that the LFB

could not afford this, and there is no obvious source of funding. We note that the Government has paid 'pump-priming' money to help deliver the fire safety target, but this has not been passed onto the LFB. We are fully aware of the constraints on the Council's resources. However, we ask that all options for funding the project be explored, for the scheme clearly has a significant impact on Hillingdon's young people.

**Recommendation:**

**That Cabinet (i) joins the Committee in endorsing the dedication of the volunteers who enable the Junior Citizen programme to run in Hillingdon, (ii) investigates whether the Council could help provide accommodation for Junior Citizen in future years, and (iii) investigates whether the Council could become involved in delivering the initiative.**

# Closing word: the year ahead

36. We have set ourselves a challenging work programme for the 2007/8 Council year. Given the recent difficulties of the local health service we will continue to keep a close watch on the PCT's financial position. However, as the financial position improves we will also ensure that we examine other external organisations.
37. Our work programme is attached to this report, and we are holding more meetings than last year. In addition to our statutory health scrutiny role, we will also examine the work of the Police to address anti-social behaviour on local buses, the impact of Brunel University on the local community, and will return to the vital issue of community cohesion.
38. In addition, we are working closely with colleagues at the Royal Borough of Kensington and Chelsea to host a joint scrutiny meeting that will examine the Royal Brompton & Harefield NHS Trust. This is particularly timely given the recent news that Monitor have deferred the Trust's application for Foundation Trust status. We are pleased to work with other Councils to represent the interests of our residents.
39. Finally, the Committee is also participating in the joint Policy Overview & Scrutiny Working Group on obesity that is due to start work in September 2007 and we hope that our work in scrutinising the local health service will provide valuable expertise.

# Appendix: Work programme 2007/8

| Meeting Date   | Agenda Item   |
|--|---|
| <p><b>19<sup>th</sup> June 2007</b></p> <p><b>Theme:</b></p> <p><b>Hillingdon PCT</b></p>                    | <ul style="list-style-type: none"> <li>• Northwood &amp; Pinner</li> <li>• Future Management Options</li> <li>• Hillingdon Hospital Outline Business Case</li> </ul>  |
| <p><b>18<sup>th</sup> July 2007</b></p> <p><b>Theme:</b></p> <p><b>Domestic Fire Safety (LAA target)</b></p> | <p>London Fire Brigade: LAA target to reduce the number of accidental household fires and the number of deliberate primary fires</p>  |
| <p><b>13th September 2007</b></p> <p><b>Theme: Dentistry</b></p>   | <p>NHS Dental provision in Hillingdon</p>   |
| <p><b>25<sup>th</sup> September 2007</b></p>   | <p>Hillingdon Hospital Foundation Trust application</p>   |
| <p><b>9<sup>th</sup> October 2007</b></p> <p><b>Theme:</b></p> <p><b>Brunel University</b></p>               | <p>Impact of Brunel University on the local community</p>   |
| <p><b>13<sup>th</sup> November 2007</b></p> <p><b>Theme:</b></p> <p><b>GPs</b></p>                           | <ul style="list-style-type: none"> <li>• GPs in Hillingdon, in particular in relation to Practice Based Commissioning and the Urgent Care Centre at Hillingdon Hospital,</li> <li>• London Ambulance Service</li> </ul> |

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|--|--|
| <b>11<sup>th</sup> December 2007</b><br><b>Theme:</b><br><b>Community Safety</b>                       | Anti-Social Behaviour on buses (including use of new PCSOs dedicated to patrolling local buses)<br>(also to include review of SNT recommendations)   |
| <b>10<sup>th</sup> January 2008</b><br><b>Theme:</b><br><b>NHS</b>                                     | Hillingdon Hospital and PCT update   |
| <b>25<sup>th</sup> January 2008</b>  | Special joint meeting with the Royal Borough of Kensington & Chelsea to scrutinise Royal Brompton & Harefield NHS Trust  |
| <b>19<sup>th</sup> February 2008</b><br><b>Theme:</b>  | <i>Meeting theme to be confirmed</i>   |
| <b>27<sup>th</sup> March 2008</b><br><b>Theme:</b><br><b>Healthcare Commission Annual Health Check</b> | Annual Health Check Declarations: <ul style="list-style-type: none"> <li>• Hillingdon PCT</li> <li>• Hillingdon Hospital</li> <li>• Royal Brompton &amp; Harefield</li> <li>• Central &amp; North West London Mental Health Trust</li> </ul> |
| <b>22<sup>nd</sup> April 2008</b><br><b>Theme:</b><br><b>Community cohesion</b>                        | Community cohesion – to include a review of previous recommendations and also recommendations of Commission for Integration and Cohesion   |