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GENERAL NOTES

- 1. Bring friends and relatives to our meetings!** During the holiday season attendance at our Council Meetings dropped, which worried our Executive. Members are asked to come themselves and to bring friends too – visitors are always welcome.
- 2. Source of information:** Information is from representatives' reports, except where noted.

DATES FOR YOUR DIARY

Fri. 3rd November CNWL Harrow Mental Health Service Carers' Surgery: At Mental Health Centre, Northwick Park Hospital – book an appointment by Tel: 0208 869 2320

NATIONAL NEWS

The Health Service Safety Investigations Body: Drawing on lessons from the airline industry, this new body has been set up to investigate serious safety incidents or risks to patient safety – it is independent of the NHS, and at arms length from government,.

LONDON NEWS

Energy supplies: Thames Water projects that water demand will exceed supply by 10% by 2025, rising to 21% in 2040. It is anticipated that London's growth will require infrastructure investment of around £1.3 trillion from now until 2050, complicated by the fact that 60% of London's current infrastructure assets sit in private hands. London is currently heavily reliant upon the national grid for electricity and gas, so risks are beyond the direct control of London's authorities. (*Hillingdon External Services Scrutiny Committee papers 11.10.17*)

LONDON AMBULANCE SERVICE

London Ambulance Service: The most urgent calls have come close to meeting target times and LAS has been reported by Sheffield University as the best performing Ambulance Trust against its key performance indicators.

NORTH WEST LONDON NEWS

Collaboration of NW London Clinical Commissioning Groups

Since 2013, the eight CCGs in North West London have collaborated as a group of five CCGs (Inner NW London) and three CCGs (Outer NW London), as well as coming together in a Collaboration Board at a NW London level in order to avoid unwarranted variation in the range and quality of NHS services available to people living in different boroughs.

They are now to be even closer, as noted in our October Council Minutes, proposing a Joint Committee with an independent Chairman to oversee joint commissioning, purchasing and other functions, with a shared Accountable Officer and shared Chief Financial Officer. Each CCG will continue to liaise with its own Local Authority and will fulfil its own statutory duties.

Central & North West London FT:

CNWL provides wide NHS services in S.E. England including Harrow and Hillingdon's mental health services. It also provides Hillingdon's NHS community services.

- 1. Child & Adolescent Mental Health Services (CAMHS):** In the outer London boroughs targets are failed and challenges rise due to increased demand, but there is no funding to address the increase. The Service Director monitors weekly.
- 2. Delayed Transfers of Care (DTC) target:** Some units, including Hillingdon Riverside and Harrow Northwick Park, have failed to meet this target for some time. This is related to lack of suitable accommodation in the community, but close collaboration with Social Services and care managers is having an impact on reducing DTC rates.
- 3. Emergency readmissions:** The Trust over all met this target in July although Harrow missed it for the first time in five months. Hillingdon also failed this target, due to lack of patient engagement with community services, causing deterioration and readmission.
- 4. Access to Mental Health Services:** This remains a challenge. Mental Health Adult Acute in-patient services in NW London still operate with over 100% bed occupancy, but the reduced use of out of area beds was achieved successfully in June.
- 5. Pressure Ulcers:** CNWL is participating in the NHS Improvement "Stop the Pressure Campaign", which has been a big success on trial in Hillingdon. Care homes are participating too. One has achieved 122 days with no pressure ulcers and five achieved 100 days. Teams will receive awards for "100 days pressure-ulcer free".

Royal Brompton & Harefield NHS FT:

- 1. New Respiratory Wing and Imaging Centre at Royal Brompton Hospital:** Planning permission has been agreed by the Royal Borough of Kensington and Chelsea, which must be approved by the Greater London Authority for the affordable housing provisions it contains, and by Transport for London – there would then be a six weeks' window for initiation of Judicial Review if necessary. There are plans to market Chelsea Farmers Market during the current fiscal year to implement construction of the Imaging Centre, expected to cost around £30m.
- 2. NHS England's proposal to end the Trust's Congenital Heart Services:** The Trust submitted a robust defence of its current service configuration with Chelsea and Westminster NHS FT, including its proposals to work collaboratively with Guy's and St Thomas' NHS FT as part of long term redevelopment plans. The outcome from NHS England is not expected until late autumn or Christmas 2017.
- 3. Private Practice at Harefield Hospital:** Additional private beds are opening at Harefield Hospital which are expected to generate additional income.
- 4. Finance:** At the end of August 2017 the Trust had a year to date deficit of £16.4m, £3.5m better than plan. The Harefield Heart division generated £0.7m (8.4%) and year to date £5.2m, slightly ahead of plan.

HARROW NEWS

Harrow Clinical Commissioning Group

Harrow Talking Therapies: The move to 12 Station Road Harrow went smoothly last month. A formal opening is expected later.

North West London Healthcare NHS Trust

- 1. Finance Report:** The year to end of August deficit was £30.6m, £0.8m behind plan, due to not hitting the A&E 4 hours performance target linked to additional funds. Cost Improvement delivery was £13.7m, £0.1m behind plan, and capital expenditure £3.1 m, £5.8 m behind plan.
- 2. A&E 4 Hour Standard:** In August 88.0% was achieved, below the 90% target because of high demand - on average 846 attenders per day at Northwick Park and Ealing hospitals, an increase of 19% compared to July, with bed-days increased by 25.3%.

3. **Cancer Pathways:** In July time between GP referral and treatment improved, with some treatments starting within a month, but there was underperformance in Urology, Gynaecology and lower Gastro-Intestinal; an improvement plan is in place.

HILLINGDON NEWS

The Hillingdon Hospitals NHS FT

1. **Finance:** At the end of August the Trust was behind plan. If it continued to spend at the current rate it would end the year with a deficit of £18.9m. Development of an activities work-plan took longer than expected and savings have been disappointing. However, following review, the Trust now forecasts a deficit of £13.5m at year's end in March 2018.
2. **Winter Plan:** The Plan covers the period 1st November to 8th April, with lessons learned from last year's experience including areas of concern – discharge planning, delayed transfers of care, A&E outlying, activity modelling, ambulance handovers, spot purchasing beds and pathways for patients with mental health problems.
3. **Effective discharge:** New discharge pathways include Discharge to Assess which has been established supported by Home Safe, re-ablement and rapid response pathways.
4. **Response to Surges in Demand:** Plans have been developed for creating additional inpatient capacity in extremis and for extending ambulatory care to increase admission avoidance. Plans for extending external service's support have also been developed.

Hillingdon Clinical Commissioning Group

1. **Hillingdon Better Care Fund:** The focus of current plans continues to be people aged over 65 years, integration of health and social care, and joint working of the NHS and Hillingdon Borough Council. Six schemes are planned:
 - a. Early intervention and prevention
 - b. Support for carers
 - c. Better end of life care
 - d. Integration of hospital discharge
 - e. Better care management and development
 - f. Living with dementia.
2. **Finance:** At end of July 2017 the CCG was on target to achieve its planned £0.5m surplus at end of March 2018 but some risks lie ahead.
3. **A&Es:** For several months the CCG has failed its waiting time targets overall, but it has had some success in reducing the number of visits by its frequent attenders.

SOUTH WEST HERTFORDSHIRE

West Herts Hospitals NHS Trust

From the Trust's website

1. **Ambulance services:** The East of England Ambulance Service NHS Trust became the new caretaker provider of non-emergency patient transport in Hertfordshire, Bedfordshire and Luton after the previous provider, Private Ambulance Service, closed down. During the transitional period, priority for transport went to patients discharged from hospital or attending appointments for cancer treatment or dialysis. Patients with other outpatient appointments were contacted to arrange alternative arrangements.
2. **Water supply at Watford General Hospital:** Routine maintenance by Affinity Water caused loss of supply on 4th October. The Trust apologised to all those inconvenienced.

Herts Valleys Clinical Commissioning Group

From the CCG's website

The views of Hertfordshire residents about a range of proposed NHS service changes were analysed ahead of a joint meeting of Herts. Valleys CCG and East and North Herts. CCG on 12th October. The *Healthier Future - Let's Talk* public consultation asked people to give their views on whether the NHS in Hertfordshire should:

- stop or reduce funding IVF and specialist fertility treatment, apart from in exceptional circumstances
- limit the prescribing of food supplements, medicines and products that can be bought 'over the counter' for short-term or minor conditions
- restrict the prescribing of gluten-free foods
- stop NHS funding for female sterilisation procedures apart from in exceptional circumstances
- tighten up existing rules so that people must give up smoking and become a healthy weight before they have non-urgent surgery
- stop NHS funding for vasectomy (Herts Valleys CCG only), apart from in exceptional circumstances

These proposals were put forward to make the best use of limited funding.

GENERAL HEALTH NEWS

Schizophrenia is far worse than just hallucinations and delusions

(Summarised from Harrow Rethink Support Group's publication "What's new" October 2017)

Schizophrenia is a misunderstood and often underestimated mental health illness, devastating not only patients and families but also support systems. Movies and television still confuse it with Multiple Personality Disorder. It is most often associated with paranoia, hallucinations, and delusions, positive symptoms, so named because they are experienced by Schizophrenia patients, but not by people who function normally. Another group of less obvious symptoms are pervasive and debilitating. These negative symptoms result from diminished personality characteristics existing prior to onset of illness - symptoms which snuff out capacity to perform activities of daily living, including social skills. They may be referred to as the four As of Schizophrenia, apathy, anhedonia, avolition and alogia.

Apathy affects patients throughout the Schizophrenia spectrum. It results in reduced zest for life and restricted responses in the emotional range from happiness to sadness. Typical responses to stimuli such as laughing or crying may not be within patients' capabilities.

Anhedonia is the diminished ability to experience pleasure, leading to loss of interest in activities once enjoyed; libido is reduced, as is pleasure in hobbies or close relationships. It is important for support systems to monitor these behaviour changes as Schizophrenia increases the risk of suicide in patients who previously lived affluent and successful lives.

The combination of apathy and anhedonia may present as depression, so the presence of at least one positive symptom is crucial for a Schizophrenia diagnosis. It is also important to note the distinction between sad mood and flat mood because these symptoms restrict the range of emotional output, so sadness cannot be assumed.

Avolition refers to the experience of diminished motivation, which reduces desire for goal-oriented behaviour. It can be misconstrued as a symptom of major depression as patients may be unwilling to leave their beds or homes for extended periods of time. Avolition also results in reduced interest in self-care, including poor hygiene and grooming.

Alogia refers to poverty of speech, sometimes misconstrued as low cognitive functioning or social anxiety. It causes the loss of ability to engage in small talk, or to pick up social cues, which may be mistaken for autism. It is not an inability to communicate but more an interruption in the flow of thought, challenging therapists, as it interferes with therapy.

Positive symptoms of Schizophrenia distort functionality, but negative symptoms prevent patients from obtaining or keeping jobs, engaging in social relationships, or achieving academic success, as drive and desire are no longer present. These brutal impairments leave patients isolated and with little chance of living fulfilled lives.

Antipsychotic medications are successful in treating positive symptoms and Cognitive Enhancement Therapy can combat negative symptoms, but nothing can replace support from family and friends, which increases the likelihood of treatment compliance.

Schizophrenia is among the most devastating mental health diagnoses. It is a life-long battle and creates immense impairment of functioning and reduced quality of life, but the combination of medication, progressive therapies, and community support can create opportunities for patients to move into the light where they may one day flourish.