

## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

21 February 2024



Meeting held at Committee Room 5 - Civic Centre

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Adam Bennett, Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)</p> <p><b>Also Present:</b> Dr Sagar Dhanani, Lead on the Board of the Confederation Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
49.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
50.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
51.	<p><b>MINUTES OF THE MEETING HELD ON 23 JANUARY 2024</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 23 January 2024 be agreed as a correct record.</p>
52.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
53.	<p><b>HEALTH SERVICE PROVISION IN HILLINGDON'S RURAL AREAS</b> (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting. The Borough, whilst primarily urban, had areas with a more rural aspect in the north and south. To the north, Harefield felt very much like a village and, to the south, whilst the Heathrow Villages had a countryside feel, they were greatly impacted by the presence of Heathrow Airport.</p> <p>Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners (HHCP), advised that the Heathrow Villages provided a perfect example of the issues faced by rural communities, especially with regard to the challenges residents faced in</p>

accessing health services. Of the five Heathrow Villages (Cranford Cross, Harlington, Harmondsworth, Longford and Sipson), only Harlington had a GP practice and pharmacy in situ, although all of the villages were covered by GP practices located in other areas.

It was suggested that the work undertaken by the integrated neighbourhoods, a model that aimed to develop local solutions for big health challenges, would be critical to tackling these challenges. The preferred model was to implement local neighbourhoods and find local solutions to tackle deep rooted health inequalities. The model involved breaking the health service down into smaller parts that could work with the local communities and engage with residents. Mr Spencer advised that he had recently been involved in engagement activity with residents from the Heathrow Villages to identify what mattered to them and planned to meet with these residents again. It would be important to take services to where the residents were and not the other way around.

Mr Spencer and a number of colleagues had met with residents in Heathrow Villages around 6/7 months ago and had been asked to provide a mobile solution that went around the villages offering health services such as vaccinations and talking therapy services. A wellbeing bus had been launched on 3 October 2023 as a twelve week pilot. The wellbeing bus had faced a number of challenges in that it was not appropriate for clinical activity and its open plan layout meant that mental health issues could not be discussed in private, its availability varied from the agreed timings, and attendance was limited on some days. Most residents using the services of the wellbeing bus were over the age of 65, which suggested that younger, more mobile residents were getting their support from other parts of the community. Attendance had been higher when vaccinations had been offered on the wellbeing bus.

Members were advised that residents had been asked to provide feedback – 136 responses had been received. Of the 34% that said that they could not access the services that they needed, the majority had been from Harlington which already had a GP surgery and pharmacy in situ, so it was unclear what services these respondents felt they needed.

With regard to feedback, the highest response rates had been received from residents in Harlington, Sipson and Harmondsworth. It was noted that GP appointments, blood pressure checks, dental services and general support and signposting to the right services were seen as the main areas of deficit and that the North West London Integrated Care Board (NWL ICB) was responsible for the provision of these services.

Mr Spencer and his colleagues would be meeting residents again on 26 February 2024 to discuss the evaluation that had been put **together (this would subsequently be shared with the Committee)** and to determine the lessons learnt and the next steps. The evaluation included comparisons between the prevalence of conditions such as asthma, anxiety, obesity, common mental health conditions and hypertension in the Heathrow Villages against the rest of Hillingdon.

It was noted that the integrated neighbourhood would be rolled out and a series of events would be run in the Heathrow Villages in the autumn of 2024 to provide local residents with vaccinations. Consideration was also being given to introducing community champions to work with local communities to develop service offers around their needs. Regular outreach GP provision was also being developed and investigations were underway to identify how pharmacies could extend their services to

bridge any gaps. Further needs might be identified by residents.

Dr Sagar Dhanani advised that a number of roadshows had been undertaken across the Borough to undertake health checks, etc. At the request of residents to hold a roadshow in the Heathrow Villages, one had taken place at the church in Harmondsworth to provide health promotion information on cervical screening, falls and bereavement and to undertake things like blood pressure checks. The event had been successful for those who had attended, but there had been challenges in finding a suitable venue and attracting a large number of attendees. Consideration would need to be given to the possibility of adjusting the timing of future events, looking at transportation routes to address inter-village transport issues and better communication and publicity.

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that HH had gathered a lot of information about residents' experiences with health matters. She advised that, with regard to the rural areas, residents had reported a lack of primary care services in the Heathrow Villages, with the closest GP practice and pharmacies being in West Drayton, Harlington or at Heathrow Airport. These locations were not deemed to be within a reasonable walking distance for many residents, particularly those in Harmondsworth. For residents without their own transport, accessing a GP or pharmacist in Harlington or Hayes could mean a long bus journey, sometimes with two bus changes. The residents felt that there had been a lack of investment in the area, which was likely due to the ongoing issue of the third runway. They felt forgotten by services and in need of a more permanent solution to improve access.

In Harefield there was one GP practice that covered the Harefield ward. Under the NHS Choice Framework, patients had the right to choose their GP practice. However, this could be problematic for the residents in Harefield, especially where there had been a dispute between the GP and the patient that couldn't be resolved. The patient might be left feeling as if there was nowhere else for them to go. For example, if you were a resident in Uxbridge, you would have a choice of two or three local GPs. This was not the case in Harefield as the public transport infrastructure made it very challenging for some Harefield residents to access another surgery in the north of the Borough. The issues with regards to travelling to access primary care had recently been exacerbated by the expansion of ULEZ, with some residents in Harefield raising concerns around the potential cost of accessing primary care due to the need to drive, especially when public transport was not a great alternative or not an option for some.

Members suggested that NHS colleagues needed to be more proactive in thinking about the challenges that these areas faced and about what could be done to address them. It was noted that it would have been obvious that vaccinations would be a problem in the Heathrow Villages as there was no pharmacy in the area willing to give the vaccines to local residents. A more detailed plan was requested which detailed the challenges being faced in a way that they could be pinpointed and actions identified to resolve them. Mr Spencer acknowledged the need to be more proactive in making changes. He suggested that the implementation of integrated neighbourhoods, and the development of community champions to work with local communities to develop service offers around their needs, would help with this.

Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, advised that roving teams had been introduced during the pandemic to visit housebound patients. As this service had continued post pandemic and now included flu vaccination, consideration could be

given to how this could be extended to patients in rural areas. Alternatively, a church in Harefield had been used to administer flu vaccinations and something similar could be done in the Heathrow Villages. Next steps would need to be discussed with the residents.

**Members suggested that a detailed action plan be developed to address the health needs of the rural populations and that this be reported back to the Committee at a future meeting.** It would be important to identify if specific groups of people were facing specific issues and to look at the nature of any problems and the underlying evidence and data. Mr Spencer advised that residents needed to be consulted before partners came up with solutions and the resultant action plan would be developed to meet residents' needs.

Ms Taylor noted that the development of integrated neighbourhoods would provide a range of opportunities to look at the wider socio-economic needs of residents as well as their health needs. Consideration needed to be given to residents' access needs to then provide a steer as to what services needed to be delivered.

Members raised concerns about the adequacy of the services provided in the Heathrow Villages. Better communication was needed to advertise planned initiatives to residents such as the wellbeing bus and more comprehensive facilities were needed. It was suggested that direct mail was sent out to residents in a targeted area to inform them of any upcoming services and initiatives (around 1,000 leaflets had been distributed around the Heathrow Villages in relation to the wellbeing bus pilot). Residents would be asked for feedback on the effectiveness of the communication on the wellbeing bus when health partners met with them on Monday.

Dr Dhanani agreed that more proactive engagement was needed with the community and suggested that a roving pharmacy could be a potential solution to the lack of access to medicines in the Villages. He recognised that residents faced transportation and parking issues when accessing healthcare services and suggested finding a car park where a roving bus or pharmacy could accommodate people.

It was queried whether or not consideration was still being given to identifying estate in the Heathrow Villages that could be used for a GP practice. Members suggested that, as they owned a lot of land in the Villages, Heathrow Airport be contacted and asked if they would be able to provide a site for a GP practice.

Consideration was given to innovative solutions for accessing GP services such as overflow hubs. It was acknowledged that providing services in a way that made sense to patients and met their specific needs provided challenges. Dr Prasad advised that superhubs had been developed, collocating services in one place to facilitate the development of neighbourhood teams that could work across partners to deliver a range of services. She noted that the NHS had no large estate in the Villages but that work was underway with the NWL ICB on the estate strategy. There had been difficulties in setting up a same-day urgent care service, which required clinical space that was CQC approved and required investment. There were also challenges in relation to the funding of these facilities, which were not cheap to develop and maintain.

Mr Spencer advised that he had worked in rural areas so had been able to use his experience to identify best practice in relation to the provision of services. Other delivery models were being investigated to apply best practice in a local context.

	<p>Members expressed concern that NHS staff had been issued with parking tickets when out in the community undertaking house calls. It was agreed that consideration needed to be given to finding a way for these staff to be exempt from a penalty charge notice when carrying out their jobs. Thought also needed to be given to allowing residents who were visiting a portable health solution to park in restricted areas without charge or penalty.</p> <p>Members suggested that Section 106 monies be used to improve residents' access to health services in the rural areas of the Borough. Consideration could also be given to locating specific health services such as blood pressure clinics in existing spaces such as hotels, supermarkets and cinemas, and providing sponsored shuttle buses to address transport issues.</p> <p>The Committee looked forward to hearing more about the solutions that were identified and implemented at a future meeting. Further consideration might also need to be given to estates.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Mr Spencer share the wellbeing bus evaluation document with the Committee after it had been discussed with residents on 26 February 2024;</b></li> <li><b>2. Mr Spencer share the detailed action plan to address the health needs of the rural populations with the Committee; and</b></li> <li><b>3. the discussion be noted.</b></li> </ol>
54.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p><b>RESOLVED: That the Cabinet Forward Plan be noted.</b></p>
55.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme. The Cabinet Member for Health and Social Care and the Executive Director for Adult Social Care and Health had been invited to attend the Committee's next meeting on 19 March 2024. Members would also be considered a report on the Council's Autism Strategy at that meeting.</p> <p>It was noted that the April meeting had been cancelled and rescheduled for 22 May 2024.</p> <p><b>RESOLVED: That the Work Programme be agreed.</b></p>
	<p>The meeting, which commenced at 6.30 pm, closed at 7.57 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on [nohalloran@hillingdon.gov.uk](mailto:nohalloran@hillingdon.gov.uk). Circulation of these minutes is to Councillors, officers, the press and members of the public.