

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

11 October 2017

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Ian Edwards (Vice-Chairman, in the Chair), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Phoday Jarjussey and Michael White</p> <p>Also Present: Dr Prabhjot (Bobby) Basra, Regional Partnership Director London, Openreach (British Telecommunications plc) Kevin Byrne, Head of Health Integration and Voluntary Sector Partnerships Gary Collier, Health and Social Care Integration Manager Paul Mooney, Affinity Water Danielle Royce, Lead Customer Relations Manager - South, Scottish & Southern Electricity Networks (SSE) Dr Veno Suri, Assistant Vice Chair, Hillingdon Local Medical Committee (LMC) Joan Veysey, Deputy Chief Operating Officer</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 1</p>
24.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies had been received from Councillor John Riley.</p>
25.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Brian Crowe declared a non-pecuniary interest in Agenda Item 6, as his property had been flooded, and remained in the room during the consideration thereof.</p> <p>Councillor Brian Crowe declared a pecuniary interest in Agenda Item 6, as he held SSE shares, and remained in the room during the consideration thereof.</p> <p>Councillor Ian Edwards declared a non-pecuniary interest in Agenda Item 7, as he was the Chairman of H4All, and remained in the room during the consideration thereof.</p>
26.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business would be considered in public.</p>
27.	<p>POPULATION GROWTH PLANNING BY UTILITY COMPANIES (<i>Agenda Item 6</i>)</p> <p>The Chairman noted that there had recently been a significant amount of building development undertaken across the Borough. It was anticipated that this, coupled with the increasing use of electric vehicles and the development of autonomous vehicles,</p>

would provide utility companies with significant infrastructure challenges.

Affinity Water

Mr Paul Mooney, Stakeholder Manager at Affinity Water, advised that the organisation had planned a significant amount of work over the next year. This work was focussed around, but not limited to, distribution mains renewals (burst rate and customer impact), trunk main mitigation (security of supply and customer impact) and DG2 (the number of properties at risk of experiencing water pressure below the standard set by Ofwat).

There were currently 5 mains renewals schemes for Hillingdon in the design or feasibility study stage. It was anticipated that these schemes would be delivered in April 2018. As Affinity was aware that its work could be intrusive, effort was made to cause as little disruption as possible, that residents maintained access to their properties and that the work took up as few parking spaces as possible.

Affinity's work in the Borough was coordinated with Wayne Greenshield and his team in the Council's Traffic Management Section. Wayne's team provided a great conduit to bring the utility companies together and raise issues for their attention. Mr Mooney was confident that Affinity's relationship with the Council and with the Environment Agency was very strong.

Affinity Water submitted work programmes to the Traffic Management Section on a quarterly basis so that opportunities to work with other providers could be identified. However, consideration also needed to be given to safety issues and the restriction that providers work on a limited length of road at one time. In practice, what would usually happen would be for the different services to follow on from each other. Although this approach was not always effective, there were some really good examples of this working well on major roads.

It was noted that new plastic pipes provided better flow and better water quality which meant that they could be smaller but more effective/efficient and therefore often be inserted into existing pipes to reduce disruption (slip line). Where pipes needed to be upgraded, or where a new supply was being installed, new pipes would need to be laid. Although the debris from the old pipes was left in the ground, the physical size of the new main would depend on displacement caused by pipes bursting or directional drill as this could lift the surface and/or damage other services.

When there was a failure on a trunk main, interruptions could be experienced by up to 2,000 customers. To mitigate the effect of burst mains, valves were installed to reduce the main lengths. In addition, the number of network connections were being increased to secure a better supply of water to an area when a failure occurred.

Affinity Water held a register for DG2 improvements which included those customers that were on the borderline of service failure. There were currently 10 locations being investigated which included Long Lane and work was underway along the 500m stretch of Long Lane that joined Uxbridge Road to increase the water availability for customers in the area.

With regard to new building developments, Mr Mooney advised that developers provided Affinity Water with specific details of properties being developed so that demand could be assessed. If reinforcement mains were required, the developer would pay a contribution towards the cost. Alternatively, it might be possible to boost the supply in a particular zone or put in pressure reduction measures. Although new supplies could not be installed on a speculative basis to cater for the growing demand, Members were assured that human resources and capital were available to invest in

the necessary upgrades when they were required. Mr Mooney agreed to provide Democratic Services with contact details of the team that would be able to share a heat map of the Borough to show areas of high activity.

Members were advised that Affinity Water was in the process of renewing two existing water mains in Uxbridge. So far, approximately 1km of main had been laid. This work had progressed as far as Belmont Road and Windsor Street but had now been put on hold until the new year so as not to interfere with the French market and the increased Christmas footfall in the town centre. Although further work was needed in Bakers Yard and Windsor Street, these roads would need to be closed to enable the work to be completed. In the meantime, work in Bennetts Yard was expected to be completed in November 2017 and residents in the vicinity were being kept updated to ensure that they continued to have access.

A water main had burst a couple of times in Parkwood. As such, a flood alleviation scheme had been put in place to renew that section of the pipe. A start date had not yet been scheduled but it was expected to be completed as soon as possible.

Mr Mooney advised that it was impossible to predict how many pumping stations would be needed in the future. However, he assured Members that Affinity Water used the most efficient pumps available and that mobile emergency generators were available for power outages as a short term solution.

It was noted that work had been undertaken by Affinity Water over the summer in South Ruislip. General feedback from residents had been positive in terms of the organisation of the works and the frequency and content of communications from the company. The area had also been reinstated to a high standard after the works had been completed. However, some residents had complained that noisy work had started at 8am one Sunday. Mr Mooney advised that, although noisy work should never start until 10am on a Sunday (unless it was an emergency), staff did sometimes have to undertake quieter reinstatement or preparatory work.

Concern was expressed that Mr Mooney had mentioned that a mains renewal scheme had been scheduled for High Street Cowley in 2018 as the road was currently being resurfaced. Mr Mooney advised that, although this renewal scheme was currently in the design phase, roads with Section 58 restrictions prevented statutory undertakers from digging up the road for a period of between three and five years after the road had been resurfaced or reconstructed, unless the work was an emergency or was needed to provide a new customer service. If this was the case, the work would be put on hold.

British Telecom (BT)

Dr Bobby Basra, Regional Partnership Director London at BT, advised that BT had spent c£43m with Hillingdon based companies in 2015/2016. BTs gross value-added (GVA) in Hillingdon was £87m and businesses in the Borough turned over £161m per annum as a result of BTs full economic impact. The organisation had a large number of people that lived and worked in the Borough, supporting approximately 920 FTE positions.

In September 2015, BT announced plans that would see coverage increase to 95% of premises in London. Although the remaining 5% was not commercially viable, residents and businesses in areas that were not covered within the commercial plan were able to register interest for the Community Fibre Partnership scheme. This scheme helped people in an area that wasn't covered in an existing fibre upgrade plan to find a solution to bring fibre to their area. Joint funding arrangements were needed where Openreach covered some costs in line with its commercial model and the

community had the option to self fund the remaining gap. Residents and businesses could check availability of broadband in their area via the Openreach website (<https://www.homeandwork.openreach.co.uk/fibre-broadband/superfast-fibre.aspx>) and would be able to identify which Internet Service Providers (ISPs) offered fibre service in the area.

According to www.thinkbroadband.com, an independent website, fibre broadband coverage in London showed 96.2% and Hillingdon 97.4%. Those cabinets that had been fibre enabled would usually have a large round sticker on them stating "Fibre broadband is here", so that the local community was aware. Openreach's responsibility went as far as the cabinets and the service providers were responsible for getting the service from the cabinets to the customer properties.

There were four Telephone Exchanges in Hillingdon and it was noted that the Borough boundaries did not align with the Telephone Exchange boundaries. As such, there would be some Hillingdon residents that were served by cabinets located in another council area and vice versa.

In September 2017, c2,000 homes had been part of an upgrade of the commercial scheme. Where cabinets has been upgraded to fibre, Openreach had notified the ISPs who would have been expected to then advise their customers accordingly (this was not within the control of Openreach).

Dr Basra advised that there had been some challenges in deploying fibre broadband in London, such as planning permission and wayleaves, and there was room for improvement with boroughs encouraging a consistent approach to streetworks across London.

With regard to population growth planning, Dr Basra advised that Openreach had committed to deploy FTTP, free of charge to all new housing developments comprising 30 or more homes registered from November 2016. This means that at least nine out of ten new build homes could have access to FTTP if property developers registered their scheme and contract with Openreach. Dr Basra had actively sought information about upcoming developments from the Council website and from journal articles. The Chairman expressed concern that this was not the most effective way of working and that consideration would need to be given to how this information flow could be improved. Dr Basra believed that any improvements to the information flow would be helpful.

Furthermore, if there were areas of major regeneration proposed in the Borough (such as retail parks, large commercial and residential developments), it would be best to work with Openreach at the early stages of the work.

Dr Basra advised that if Members had any questions about 5G (or any other issue relating to BT), these should be forwarded on to her for her to provide a response.

Scottish and Southern Electricity Networks (SSE)

Ms Danielle Royce, Lead Customer Relations Manager - South at SSE, advised that the organisation had two distribution networks (one in Scotland and one in the South), covering 128,000km. SSE used a regional delivery model whereby Thames Valley served Hillingdon and a depot was located in Hayes. £23½m had been invested in the Thames Valley region to ensure continued supply and £6m had been invested in the Yiewsley substation to replace circuits and add backfeeds. It was not anticipated that there would be any further major projects in the Borough in the near future.

SSE had invested in fault finding techniques such as thermal imaging cameras to improve the accuracy of any digs. It had also recognised the challenge of increasing demand and had therefore been looking at increased generation and the desire to store and generate electricity. However, SSE could not invest speculatively and, as such, was looking at innovative ways to increase the flexibility of the services whilst also working with other operators to develop system operations rather than network operations. For example, the six year, £30m New Thames Valley Vision (NTVV) project sought to improve the industry's understanding of future electricity usage and help with the transition to a low carbon economy.

Other innovative technologies that were being investigated and/or invested in by SSE included:

- Looking at early adopters and clustering;
- Energy storage management units;
- Cold thermal storage;
- Active network management; and
- Load shedding.

With regard to the increasing use of electric vehicles, SSE was unable to anticipate where the demand would come from. It was noted that £2.2bn had been identified as part of a national research paper in relation to the potential impact across the whole of the UL on the low voltage system. This was not specific to the SSE network area and this money had not been set aside by SSE.

In terms of age, Hillingdon's infrastructure was relatively new in comparison to other areas. However, there were still pockets of older network across the Borough which were monitored to ensure that the minimum need was met. Where it wasn't met, SSE looked to upgrade that section of the network. The company could also provide additional backfeeds to balance the load when appropriate. Improvements had also been made with the type of material used, insulation, jointing and the conductivity of the wire. Performance was monitored on a risk basis and alternatives were explored before consideration was given to digging up a road.

It was noted that SSE would facilitate requests from developers who had to undertake due diligence in good time else risk costs escalating. Dr Basra endorsed this but noted that, although it was the developers' responsibility to advise the utility companies, they tended to do what was more profitable for them.

RESOLVED: That:

- 1. Mr Mooney provide Democratic Services with contact details of the team that would be able to share a heat map of the Borough to show areas of high activity;**
- 2. consideration be given to the flow of information to BT regarding new development;**
- 3. Members forward any questions for BT (about 5G or any other issue) to Democratic Services who would forward them on to Dr Basra for a response; and**
- 4. the presentations be noted.**

28. 2017/2019 BETTER CARE FUND PLAN (Agenda Item 7)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report set out the successes and challenges of the 2016/2017 Better Care Fund (BCF) Plan as well as presenting the 2017-2019 BCF Plan which had been submitted and was expected to be approved (or approved with conditions). Once approved, it was anticipated that the 2017-2019 Plan would be considered by Cabinet

in November 2017.

Successes from 2016/2017 included:

- Joint working across services - this had reduced the number of hospital admissions at a time when A&E attendance was increasing (activity levels had remained the same as for 2015/2016);
- H4All Wellbeing Service - positive results had been gained in preventing the escalation of the needs of older people with long term conditions;
- Hospital discharge - as patient choice was a significant contributory factor to Delayed Transfer of Care (DTC), a booklet had been produced to help support these patients and their families. Training had also been provided for staff in relation to DTC. Funding had also been secured for a consultant geriatrician and nine Patient Flow Coordinators had been recruited to improve the discharge process; and
- Carers' hub contract - this was provided by Hillingdon Carers' Partnership and led by Hillingdon Carers. This project had been successful in attracting new resources to the Borough which was then reinvested to support carers in Hillingdon.

It was noted that targets for five of the six national metrics had been missed in 2016/2017. The Committee was advised that this could give a misleading picture, for example, although the emergency admissions target had been missed, the level of activity had remained at the same level as the previous period within the context of increasing numbers of older people living with more complex conditions. It was also noted that some targets had been imposed on Hillingdon by the NHSE, e.g., emergency admissions and the effectiveness of Reablement. The Committee was informed that a contributory factor in the rise in DTCs had been underreporting in 2015/16. Much work had since been done to provide a consistent understanding of the definition of a DTC across partner organisations. Although this had been particularly successful in respect of Hillingdon Hospital, there was still some work in progress on the verification process with other partners. Turnover of staff was one reason why this continued to be an issue.

Hillingdon, like many areas, had also faced market issues such as the availability of appropriate care home places. Mr Collier noted that 2016/2017 had been anticipated as being a challenging year to deliver as the first year of the plan (2015/2016) had included work that had already been agreed. 2016/2017 was therefore more of a positional year that provided a foundation for the 2017-2019 Plan.

Members queried what action had been taken to improve DTCs since it was raised in 2014/2015. Ms Joan Veysey, Deputy Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), advised that the focus had been on ensuring that the hospital was a safe place to be after a patient was medically well whereas consideration was now given to what value was added to a patient being in that setting. There was an assumption that there were too many hospital beds and that many patients did not need to be in hospital. As such, work had been undertaken over the last two years to develop out of hospital services to support patients in home settings. Although the DTC processes had not been in place at that time, the work had built up the support capacity that would be needed in the community once these processes were in place. Work on the processes was now underway.

Mr Collier was asked by the Committee to provide benchmarking information where available so that Members could see how Hillingdon performed in 2016/17 in comparison with London and England.

Dr Venio Suri, Assistant Vice Chair of the Hillingdon Local Medical Committee, agreed that there was a need for community services to be in place to prevent DTOCs and that integrated care was one way of moving this forward. Although the services had not been available 10 years ago, Dr Suri was now able to offer his patients an increasing range of out of hospital services. He noted that there needed to be a balance between delayed transfers of care and patient choice.

The integration of health and social care had been reflected in the North West London Sustainability and Transformation Plan (STP) as a mechanism for assisting in delivering a sustainable health and care system. The Hillingdon aspect of this could be seen in the Health and Wellbeing Strategy (HWS) approved for consultation by the Hillingdon Health and Wellbeing Board in September 2017.

Regarding the targets for 2017/2018 and 2018/2019, the Committee was informed that, whilst the Board noted the targets set by NHS England for the 2017/2018 BCF Plan, it reserved the right to consider the deliverability of any external targets for 2018/2019 prior to them being agreed.

Key developments included in the 2017-2019 Plan included a joint market management and development approach which would be a step-change for Hillingdon. As part of this, the Council and HCCG would be developing an all age joint brokerage service to, amongst other things, arrange homecare packages and short and long term nursing home placements. This approach also included the commissioning of integrated end of life care at home provision in 2017/2018.

The report stated that the investment requirements for the integrated hospital discharge scheme had increased from £16.013k in 2017/2018 to £32.062k in 2017/2018. Although it was recognised that some of this budget would be used to prevent admissions, concern was expressed that funding for DTOC was not necessarily increasing despite the increased importance placed on it. Mr Collier stated that effort was made to ensure that the schemes included in the BCF Plan were focussed but also advised that a large proportion of the funding was already allocated towards existing contracts that supported the associated schemes. An intention of integrated working was to look at ways of upstreaming resources to prevent admissions occurring in the first place and/or facilitating discharge before a DTOC occurred. He noted that the integrated hospital discharge scheme was about prevention of admission as well as supporting discharge. Services were working differently now, with more collaboration between teams and services to forge a single pathway for service users.

Members were surprised that the Early Intervention and Prevention Scheme mentioned in the report did not include diabetes. Ms Veysey noted that, although not mentioned in the report, H4All had extended the wellbeing service to more than 700 diabetic patients.

Of the £877k allocated to the wellbeing service (H4All) in 2017/2018, the Council had contributed £543k. Mr Collier advised that this amount constituted the core grant for four of the constituent organisations of H4All. Mr Kevin Byrne, the Council's Head of Health Integration and Voluntary Sector Partnerships, advised that there was no intention to change the funding arrangements for the four organisations included within H4All that were funded by the Council. However, there would be recognition of the dependency between this funding and the capacity of these organisations to develop the Wellbeing Service.

Concern was expressed that the initial intention of the BCF was to bring funding

	<p>together to afford change but that little flexibility had been realised as much of the funding had to be used for fixed costs. However, Members appreciated the hard work and time involved in putting the BCF Plan in place.</p> <p>RESOLVED: That the presentation be noted.</p>
29.	<p>MINUTES OF THE MEETING ON 6 SEPTEMBER 2017 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 6 September 2017 be agreed as a correct record.</p>
30.	<p>MINUTES OF THE MEETING ON 14 SEPTEMBER 2017 (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 September 2017 be agreed as a correct record.</p>
31.	<p>WORK PROGRAMME 2017/2018 (<i>Agenda Item 8</i>)</p> <p>The Chairman read out a statement from Councillor Riley regarding the input from the Committee into the Council's response to the MOPAC consultation on its Public Access and Engagement Strategy.</p> <p>It was noted that the meeting on 11 January 2018 would look at the provision of GP services in the Heathrow Villages area. The Committee agreed that a resident representative be invited to attend the meeting to gain their perspective of the issues that residents in the area were facing. In addition, invitations would be extended to NHS Property Services, Hillingdon Clinical Commissioning Group and Hillingdon Local Medical Committee.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. a Heathrow Villages resident representative be invited to attend the meeting on 11 January 2018 as a witness; and 2. the Work Programme be agreed.
	<p>The meeting, which commenced at 6.00 pm, closed at 8.12 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.