



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Ian Edwards (Vice-Chairman)
Councillor Teji Barnes
Councillor Mohinder Birah
Councillor Tony Burles
Councillor Brian Crowe
Councillor Phoday Jarjussey
Councillor Michael White

Date: TUESDAY, 14 NOVEMBER
2017

Time: 6.00 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Published: Monday, 6 November 2017

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4 Minutes of the previous meeting - 11 October 2017 1 - 8

5 Health Updates 9 - 24

6 Work Programme 2017/2018 25 - 30

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

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 Veno 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

	<p>dependency between this funding and the capacity of these organisations to develop the Wellbeing Service.</p> <p>Concern was expressed that the initial intention of the BCF was to bring funding 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.

EXTERNAL SERVICES SCRUTINY COMMITTEE - HEALTH UPDATES

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Hillingdon Clinical Commissioning Group Update

REASON FOR ITEM

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

Members are able to question the witnesses and make recommendations to address issues arising from discussions at the meeting. Members may also request further information from witnesses.

INFORMATION

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals NHS Foundation Trust (THH) provides services from both Hillingdon Hospital and Mount Vernon Hospital. THH delivers high quality healthcare to the residents of the London Borough of Hillingdon and, increasingly, to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people. Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency department, inpatients, day surgery and outpatient clinics.

THH provides some services at the Mount Vernon Hospital, in co-operation with the East & North Hertfordshire NHS Trust. Mount Vernon Hospital has a modern Diagnostic and Treatment Centre and new buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

Earlier in the year, a pioneering new partnership between Brunel University London, THH and Central and North West London NHS Foundation Trust (CNWL) was announced which aims to revolutionise the way health and social care is delivered in the community. Brunel and the two NHS Trusts will work together to launch the new Brunel Partners Academic Centre for Health Sciences – providing the perfect setting for researching and developing new methods of healthcare delivery, while training future generations of healthcare professionals who will be ready to succeed in the changing landscape.

Focusing on allied health, nursing, social care and medicine, the centre will support ambitious plans to educate the current and future health and care workforce, supporting the delivery of radically transformed integrated physical and mental health and care provision.

In a joint statement, THH Chief Executive, Shane DeGaris, and CNWL Chief Executive, Claire Murdoch, said, “We are delighted to be embarking on this exciting new venture with Brunel University London. The centre will be at the cutting edge of healthcare thinking and provide a golden opportunity to shape the way health services are designed and delivered in the future. This will benefit not only the health and wellbeing of local people but the wider health community.”

Healthcare delivery is expected to change considerably in the future, with developments in digital health technologies and other transformational approaches to health and care delivery. The Academic Centre brings together the expertise and ambition to develop improved outcomes in care delivery at both pace and scale. Other innovations in disciplines such as healthy ageing and biomedical engineering will be central to improving patient outcomes.

Funded by the three partners, Brunel Partners Academic Centre for Health Sciences will be officially launched later in the year, while recruitment of a Centre Director will begin shortly.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff to provide more than 300 different health services across 150 sites and in many other community settings. CNWL services in Hillingdon cover a broad range of both mental health and physical health community services as follows:

- a) Mental health - Adult mental health both inpatient services and community based services, older adult mental health services including inpatient services, community based provision and specialist memory service, psychiatric liaison services with in-reach to Hillingdon Hospital A&E and wards, IAPT, mental health rehabilitation, addiction services, (drugs and alcohol), and child and adolescent mental health services (CAMHS).
- b) Community physical health - including Rapid Response service to prevent unnecessary hospital admission, both adult and paediatric speech and language therapy, specialist community dentistry, home-based children’s nursing service, adult district nursing, specialist community paediatricians as part of the Child Development services, school nursing service, specialist wound care services, adult home-on and rehabilitation services, wheelchair service, health visiting, Hillingdon Centre For Independent Living (HCIL), Looked After Children specialist team, community based palliative care team, inpatient intermediate care ward (Hawthorn Intermediate Care Unit), podiatry and musculo-skeletal (MSK) physiotherapy services.

CNWL services are delivered in a variety of settings; predominantly in patient’s homes but also in hospital settings, GP practices, health centres, schools and children’s centres. Approximately 1,000 CNWL staff work across the London Borough of Hillingdon with around 600 of these living in the Borough.

Child & Adolescent Mental Health Services (CAMHS)

Following the Anna Freud National Centre for Children and Families (AFNCCF) seminar on 18 July 2017 (involving key stakeholders such as parents and young people), a set of

recommendations for a comprehensive care pathway for children's mental health in Hillingdon has been produced. The key priority areas identified by AFNCCF were:

1. Thriving: Prevention and mental health promotion
2. Advice and Support
3. Getting help in mainstream settings
4. Getting help in targeted and specialist settings

The identified action areas have been prioritised into key actions which will help to implement a model of care for CAMHS following key principles of the Thrive Model of Care:

1. Actions required to deliver a comprehensive care pathway
2. Development of a Hillingdon Single Point of Access (SPA)
3. Programme of Support within Schools - Mental Health Coordinators (MHeNo)
4. Early Intervention and Peer Support - Clinical Peer Support Lead
5. Hillingdon Specific Website

The aim of the comprehensive care pathway is to ensure mental health services and support is accessible to all children, young people and their families within Hillingdon. It is proposed that the pathway will be made up of a range of providers from the voluntary and statutory sector. The pathway takes an asset based approach, ensuring accessible information and support is available at all levels, i.e., public health, early intervention, early identification, prevention and intervention.

It is a stepped model of care ensuring children and young people can access the pathway at any stage dependant on their mental health needs with the primary focus being that children, young people and their families are supported at the universal level within their communities.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK, and among the largest in Europe. The Trust works from two sites: Royal Brompton Hospital in Chelsea, West London; and Harefield Hospital near Uxbridge.

RBH is a partnership of two specialist hospitals which are known throughout the world for their expertise, standard of care and research success. As a specialist Trust, it only provides treatment for people with heart and lung disease. This means that its doctors, nurses and other healthcare staff are experts in their chosen field, and many move to the RBH hospitals from throughout the UK, Europe and beyond, so they can develop their particular skills even further. The Trust carries out some of the most complicated surgery, offers some of the most sophisticated treatment that is available anywhere in the world and treats patients from all over the UK and around the globe.

The organisation has a worldwide reputation for heart and lung research. It works on numerous research projects that bring benefits to patients in the form of new, more effective and efficient treatments for heart and lung disease. The Trust is also responsible for medical advances taken up across the NHS and beyond. Each year, between 500 and 600 papers by researchers associated with the Trust are published in peer-reviewed scientific journals, such as *The Lancet* and *New England Journal of Medicine*.

In February 2017, NHS England (NHSE) launched a consultation to review the provision of paediatric congenital heart disease services in England. The proposals included the withdrawal of these services from the Royal Brompton Hospital. The consultation ended on 17 July 2017.

NHS Hillingdon Clinical Commissioning Group (HCCG)

The proposal for new clinical commissioning groups was first made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS' as part of the Government's long-term vision for the future of the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning services was devolved to local groups of clinicians. The role of CCGs is set out in the Health and Social Care Act 2012 and specifies that CCGs will:

- Put patients at the heart of everything the NHS does
- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

The CCG has a governing body which meets in public each month and the agendas and papers for these meetings can be found on the CCG website. The governing body is made up of GPs from the Hillingdon area and at least one registered nurse and one secondary care specialist doctor. It is responsible for planning, designing and buying/commissioning local health services for Hillingdon residents including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

The organisation covers the same geographical area as the London Borough of Hillingdon and is made up of all 48 GP practices in the Borough. It works with patients and health and social care partners (e.g., local hospitals, local authorities and local community groups) to ensure services meet local needs.

Better Care Fund (BCF)

The CCG is working with the Council and key voluntary and community sector organisations to provide more services that cover both health and social care. Government funding has been made available through the Better Care Fund to support specific services that are provided to patients using health and social care, in the first instances, targeted at services for the over 65s. For 2017-2019, the focus has been narrowed further to reduce Delayed Transfer of Care (DTC).

Accountable Care Partnership (ACP)

In June 2016, the Hillingdon vision for accountable care was that, by 1 April 2017, Hillingdon would have a formally constituted ACP Joint Alliance, comprising four partners (H4All, the Hillingdon GP Network, CNWL and THH) ready to receive an outcome based capitated contract from the CCG for delivering integrated care for people over 65 years. The aim was to develop this Alliance to become an organisation that could deliver Hillingdon health and care services for agreed populations through a fully capitated budget.

Hillingdon's ACP is known as Hillingdon Health and Care Partners (HHCP). HHCP moved to the testing stage in September 2017 following an assurance process which was approved by the HCCG Governing Board in May 2017 and an alliance agreement was approved by each constituent ACP member board in May 2017. This agreement enables HHCP to formalise a joint commitment to test out new collaborative working arrangements which deliver agreed outcomes for the care of people aged 65 and over, and to deliver the requirements of the ACP testing phase. Consideration is now being given to whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability.

Sustainability and Transformation Plan (STP)

STPs are five year plans covering all aspects of NHS spending in England from October 2016 to March 2021. 44 areas were identified as the geographical 'footprints' on which the plans were based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). The scope of STPs is broad and covers: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. The key priorities needed for each local area to meet these challenges and deliver financial balance for the NHS had to be identified and the plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services. This new approach is being called 'place-based planning'. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services to patients - for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

Primary Care Commissioning

From 1 April 2017, NWL CCGs took on delegated Primary Care Commissioning from NHS England. It is anticipated that there will be a direct positive impact on patient services with benefits that include:

- a greater autonomy from NHSE with a much clearer remit and mandate to support and develop primary care that CCGs did not previously have;
- CCGs being able to invest in primary care through formal mechanisms that are available through fully delegated co-commissioning;
- a team that knows the local practices and knows local issues, and can provide support with local sensitivity.
- A local team that supports practices, is responsive to needs and has local knowledge, resourced to provide help and advice to practices, to be available for crisis support and day-to-day assistance.

NHSE Online Consultation Fund

Recent years have seen rapid development of a number of online consultation systems for patients to connect with their general practice. Using a mobile app or online portal, patients can tell the practice about their query or problem, and receive a reply, prescription, call back or other

kind of appointment. They can also access information about symptoms and treatment, supporting greater use of self care.

As well as improving the service for patients, evidence to date indicates that online consultation systems can free up time for GPs to spend more time leading complex care for those who need it. Whilst the focus here is on primary care the connection with urgent and out of hours GP services is an important consideration. The ultimate ambition is that we create an integrated digital experience that supports patients to access appropriate services based on their needs.

NHSE has allocated £45 million over three years to support the implementation of online consultation systems by practices. Funding will be allocated by NHSE regional teams to CCGs on a weighted capitation basis, once a plan for delivery by the CCG has been signed off by NHS England. This is a one-off transformation fund being provided and overseen as part of the General Practice Forward View, and does not constitute a commitment to ongoing funding after the three year period.







The fund is to be used towards the costs of providing patients with the facility to conduct a clinical consultation with their GP practice online. Where locally agreed, it may also link with urgent and out of hours services. The CCG will purchase licences on behalf of their practices for a hosted service on a per-patient basis. The funding may be used towards the cost of services or software for online systems and to support the introduction of the new way of working, for example, through backfill of staff time, engagement with patients or provision of project management support.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK, providing healthcare that is free to patients at the time they receive it. The Trust works closely with hospitals and other healthcare professionals, as well as with the other emergency services and is the only NHS Trust that covers the whole of London. It is also central to the emergency response to major and terrorist threats in the capital.







The 999 service LAS provides to Londoners is purchased by Clinical Commissioning Groups and its performance is monitored by NHS England but, ultimately, LAS is responsible to the Department of Health. LAS has over 5,000 staff, based at ambulance stations and support offices across London and its accident and emergency service is split into three operational areas: west, east and south. Each of these areas is managed by an assistant director of operations, and each ambulance station complex has its own ambulance operations manager.

The Care Quality Commission (CQC) inspected the LAS in June 2015 and rated the Trust as Inadequate:

Overall rating for this trust	Inadequate	
Are services at this trust safe?	Inadequate	
Are services at this trust effective?	Requires improvement	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Inadequate	

PART I – MEMBERS, PUBLIC AND PRESS

Following much improvement work, the CQC reinspected the LAS in February 2017 and rated the Trust as Requires improvement:

Overall rating for this trust	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Good	
Are services at this trust caring?	Outstanding	
Are services at this trust responsive?	Good	
Are services at this trust well-led?	Requires improvement	

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and care services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

From April 2013, Healthwatch Hillingdon replaced the Hillingdon Local Involvement Network (LiNK) and became the new local champion for health and social care services. It aims to give residents a stronger voice to influence how these services are provided. Healthwatch Hillingdon is an independent organisation that is able to employ its own staff and volunteers.

Healthwatch aims to listen to what people say and use this information to help shape health and social care services. It will help residents to share their views about local health and social care services and build a picture of where services are doing well and where they can be improved. It will use this information to work for improvements in local services. Healthwatch Hillingdon will also provide residents with information about local health and care services including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Healthwatch Hillingdon produces evidence based reports for commissioners and providers, to inform them of the views and experiences of people who use health and social care services in the London Borough of Hillingdon. The most recent reports produced include:

- Expecting the Perfect Start - A report on maternity care in Hillingdon (March 2017); and
- Safely 'home' to the right care - The experiences of Older People being discharged from Hillingdon Hospital and the onward care they received in the community (February 2017).

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They

are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased, and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Care Quality Commission (CQC)

The role of the Care Quality Commission (CQC) is to make sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage these organisations to make improvements. The CQC does this by inspecting services and publishing the results on its website to help individuals make better decisions about the care they receive.

Inspecting all health and social care services in England is not the only role the CQC undertakes. To make sure people receive safe and effective care, the CQC also takes enforcement action, registers services and works with other organisations. The CQC believes that everyone deserves to receive care that is safe, effective, compassionate and high-quality. For this to happen, the CQC inspects hospitals, care homes, GPs, dental and general practices and other care services all over England.

A CQC consultation was started in December 2016 regarding *CQC's next phase of regulation: New models of care, assessment frameworks, registering services for people with a learning disability and/or autism, and changes to our regulation of NHS trusts*. In June 2017, the CQC undertook a second consultation regarding: *Our next phase of regulation - A more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care*. It is anticipated that a third round of consultation will take place in 2017/2018 which will include specific proposals for how the CQC will regulate and rate independent healthcare services starting during 2018/2019. In developing these proposals, the CQC will take account of the decisions it has made about the next phase approach for NHS trusts as well as the feedback received from independent healthcare providers and stakeholders to the first consultation.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RBH)
- Hillingdon Clinical Commissioning Group (CCG)
- The London Ambulance Service NHS Trust (LAS)
- Healthwatch Hillingdon
- Hillingdon Local Medical Committee (LMC)
- Care Quality Commission (CQC)

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HILLINGDON CCG UPDATE

Joint Health and Wellbeing Strategy

The Health and Wellbeing Board agreed the publication of the draft Joint Health and Wellbeing Strategy at its September meeting. Officers from the CCG and local authority have worked collaboratively to produce a strategy that aligns a range of current programmes and priorities across Hillingdon across health and social care under five 'Delivery Areas.'

1. **Prevention** of disease and ill-health through tackling risk factors, early detection, early intervention and proactive case management in primary care. We will work with parents and carers of babies, and children and young people, in order to give the next generation the best start in life with strong public health and social care engagement and support.
2. We will ensure healthcare services are delivered consistently by incentivising the integration of care services to improve the management of **long term conditions**. We will also address variation in health outcomes, particularly when it comes to caring for people with cancer, cardiovascular disease, respiratory disease, diabetes and dementia. We will reduce early deaths from circulatory diseases (heart disease and stroke) through early detection and prevention; and through improving quality and safety of treatment services.
3. We will achieve better experience and greater choice for **older people** in our communities. We will ensure care is coordinated between social, primary, community and acute care services to manage multiple conditions and frailty. We will reduce isolation and loneliness, especially for people suffering from multiple conditions and for their carers.
4. We will improve outcomes and opportunities to live well in Hillingdon for children and adults with **mental ill health needs and learning disability**.
5. We will ensure we have safe, high quality, **sustainable services**, seven days a week.

At the same time we are developing a system-wide outcomes framework that will tell us specifically how we are progressing against the priorities described above such as 'increasing the rates of adults taking part in physical activity to England average' and 'increasing the rates of cancers diagnosed at stages 1 and 2'.

The plan is currently out to consultation and available on the council website with the intention to bring a report of the consultation findings to the December board along with a refined outcomes framework.

Better Care Fund

The CCG and local authority submitted our Better Care Fund Plan to NHS England in September and have been advised that it has been approved with no conditions.

The plan covers 2017/18 and 2018/19 and focusses on joint initiatives that support the delivery of our older people's programmes (aligned with area 3 of the Joint Health and Wellbeing Strategy). These are:

- **Developing the Accountable Care Partnership (ACP)** and the Council giving full consideration to its involvement
- **Developing a single point of access for older people** - Bringing services together into a single service with a single point of access has proved successful for Carers in Hillingdon.
- **An integrated approach to supporting Carers** - Implementing NHSE's integrated approach to assessing Carer health and wellbeing. The plan looks at identifying 'hidden' and 'young'

Carers and the provision of support and break opportunities. It also covers the development of self-help options such as self-assessment and improving support to Carers of people admitted to hospital.

- **Getting hospital discharge right** - The plan is proposing to bring together the various services involved in facilitating discharge from hospital into the community, e.g. Homesafe, Rapid Response, Reablement, the Night Sitting Service and Prevention of Admission/Readmission to Hospital Service (PATH) into a single, integrated hospital discharge service delivered by a lead provider within the ACP.
- **Exploring use of Disabled Facilities Grant flexibilities** - Developing a business case to use flexibilities to address anticipated needs and support hospital discharge, e.g. home/garden clearance, home deep cleaning, home fumigation, furniture removals to set up micro-environment, etc;
- **Joint market management and development approach** – This includes:
 - Development of all age, joint brokerage arrangements for homecare, short and long-term nursing home placements and Direct Payments and Personal Health Budgets as a pilot;
 - Commissioning of integrated homecare provision in 2017/18;
 - Commissioning of integrated palliative care at home provision in 2017/18;
 - Development of an integrated commissioning model for nursing home placements from 2019/20;
 - Supporting care homes - This links to the Improving health in care homes programme but also includes converting spot purchase arrangements into block contracts to guarantee capacity.
- **Closer alignment between Adult Social Care and Care Connection Teams** - Allocating social care staff to Care Connection Teams supporting extra care schemes.
- **Development of specialist Dementia Resource Centre (DRC)** - Maximising benefits from purpose-built DRC at Grassy Meadow Court extra care scheme.

As the work progresses we will be submitting quarterly reports against the four national metrics; reducing non-elective admissions for the over 65s, reducing permanent placements in care homes and acute bed days lost to delayed transfers of care as well as ensuring the effectiveness of reablement services.

Urgent Treatment Centre Procurement

The CCG is redesigning our Urgent and Emergency Care services into an integrated system. Within Hillingdon and NW London, the vision is to create an urgent and emergency care system that is capable of delivering equitable access to the right care first time for the majority of patients through a networked model with services provided along robust pathways 24/7. This will allow people requiring urgent care to be seen or redirected to the most appropriate service more often closer to home, improving satisfaction and reducing confusion, while reducing pressure on our accident and emergency departments. For those with more serious needs we must ensure access to high quality care in appropriate facilities with the right expertise.

The current Urgent Care Centre contract ends on 31st March 2018 which provides an opportunity for the CCG to commission a service that ensures we meet the new NHSE 'Urgent Treatment Centre' specification.

NHSE have produced a set of principles and standards to address the current variation in urgent care provision and provide a more consistent service offering to patients attempting to access urgent care. Our current service meets the majority of the requirements however key changes will include:

- § Ability to pre book “urgent” appointments into the UTC via NHS 111, LAS and General Practice where clinically appropriate
- § Booking direct appointments from the UTC into general practice where appropriate
- § Ability to access and use the “Directory of Services” (DoS) to support effective onward signposting to alternative services
- § Providing a ‘patient education’ function for long term behavioural change – i.e. provide adequate information on appropriate local services.
- § IT interoperability with wider integrated urgent care services

We have incorporated feedback from our engagement process into the specification for the service and the bid evaluation process is now underway with the outcome to be announced in December following evaluation and moderation panels.

Primary care strategy

Hillingdon primary care commissioning board has approved the Hillingdon Primary Care Strategy. The main challenges addressed through the strategy are:

- local demographics and long-term conditions
- workforce
- infrastructure
- policy and strategic drivers including GP forward view and the Strategic Commissioning Framework for London
- level 3 commissioning

The strategy articulates a set of objectives whose implementation would meet these challenges and deliver the primary care elements of the STP and Joint Health and Wellbeing Strategy.

These are:

- Prevent ill-health working with partners and engaging patients in the management of their own health
- Manage patients with complex conditions in a co-ordinated and integrated way
- Support access to general practice by increasing capacity, managing demand and drawing from technological approaches
- Supporting general practice resilience and improving efficiency, especially by promoting collaborative working and economies of scale

In order to deliver these objectives a range of investment has been made available via the GP Forward View, Health Education England, and thanks to level 3 delegation, control on primary medical services funding allocations that provide headroom for investment.

A set of practical priorities emerge from the analysis of the challenges for the CCG to focus on, these areas are to:

- Manage and develop provider landscape: supporting the development of GP confederation and general practice resilience
- Commission outcome based contracts at appropriate levels: this includes developing new models of care, addressing variation and commissioning up-scale out of hospital care from general practice collaborative structures
- Commission proactive and co-ordinated care, especially for people with LTCs, multimorbidities and complex needs: this focuses on case finding, collaborative care planning, and self-management; it also promotes a transformational approach to the care of people with more than one condition.
- Enable better, appropriate access to general practice
- Focus on recruitment, retention, and develop additional capacity and broader skill mix to meet growth in demand: this also means embedding the roles and functions that are being created in general practice to support self-help, improve patient access and release clinicians time.
- Commission preventative care programmes focused on local needs, integrated with partners

Each area is subject to a delivery plan, which will drive the efforts of the CCG and partners and provide the basis for monitoring progress.

The strategy suggests a direction of travel for general practice that is based on at-scale collaboration and service integration led by general practices themselves via their own Confederation.

This will also help Hillingdon move closer to accountable care, where general practice can play a leading role in creating a more efficient and effective system of care without unnecessary barriers, and focused on improving patient experience and outcomes.

The strategy will continue to evolve as the landscape of general practice changes and we are committed to further work with other primary care professionals to include areas such as pharmacy in the future development of this document.

Financial position

Overall at Month 05, the CCG is reporting it is on target against its YTD in-year surplus of £0.2m and forecasting achievement of its £0.5m planned in-year surplus by year end (Slide 7).

Risk to delivery of the planned surplus is significant with a substantial amount of savings profiled for the last 6 months of the year.

The main areas of cost pressure are acute contracts (£1.2m overspend FOT) and Continuing Care (£2.1m FOT). The latter is mainly due to significant cost pressures within Learning Disabilities, Children's Complex Placements, Elderly Frail, PPSD and MH 117s.

Prescribing Wisely

The Prescribing Wisely (previously 'Choosing Wisely') initiative went live on October 30th following assurance of additional work requested relating to the equalities impact assessment. Information is available in GP practices, online and at pharmacies. There will be ongoing work to evaluate the impact of the initiative.

Collaborative Working

NWL CCGs are currently reviewing collaborative working arrangements to ensure we maximise our ability to take a strategic and transformational approach to commissioning. At a series of additional governing body meetings held in September all 8 CCGs agreed to move to the appointment of a single accountable officer and a single chief financial officer across the sector. Agreement was also reached to develop further thinking on the form and function of a joint committee to make decisions on areas where a collaborative approach would provide greater commissioning leverage such as acute contracting. Work on revisions to the management structure to support the single AO and CFO roles is also underway. It is anticipated that the outputs from this work will come to Governing Bodies in December/January in preparation for membership votes at the start of 2018.

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Agenda Item 6

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2017/2018

Contact Officer: Nikki O'Halloran
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Appendix A: Work Programme 2017/2018

REASON FOR ITEM

To enable the Committee to track the progress of its work in 2017/2018 and forward plan its work for the current municipal year.

OPTIONS OPEN TO THE COMMITTEE

Members may add, delete or amend future items included on the Work Programme. The Committee may also make suggestions about future issues for consideration at its meetings.

INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
Wednesday 14 June 2017, 6pm	CR6
Tuesday 11 July 2017, 6pm	CR6
Wednesday 6 September 2017, 6pm	CR5
Thursday 14 September 2017, 6pm	CR6
Wednesday 11 October 2017, 6pm	CR6
Tuesday 14 November 2017, 6pm	CR5
Thursday 11 January 2018, 6pm	CR6
Tuesday 13 February 2018, 6pm	CR6
Wednesday 14 March 2018, 6pm	CR6

2. It has previously been agreed by Members that consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A.

Scrutiny Reviews

3. Members have been asked to suggest possible future review topics for consideration by the External Services Scrutiny Committee during this municipal year. It was proposed that the Committee identify one/two topics it would like to scrutinise as single meeting reviews during 2017/2018:
 - a) At the meeting on 11 July 2017, it was agreed that a single meeting review be undertaken on 11 January 2018 to look at the provision of GP services in Heathrow Villages.

BACKGROUND DOCUMENTS

None.

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EXTERNAL SERVICES SCRUTINY COMMITTEE
2017/2018 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
14 June 2017 <i>Report Deadline: 3pm Friday 2 June 2017</i>	Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Alcohol Related Admissions Amongst Under 18s Major Review (2017/2018): Consideration of scoping report.
11 July 2017 <i>Report Deadline: 3pm Friday 30 June 2017</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon NHS England Consultation on the Future of Congenital Heart Disease Services CQC Consultation Response
6 September 2017 <i>Report Deadline: 3pm Friday 25 August 2017</i>	NHS England - Proposals to Implement Standards for Congenital Heart Disease (CHD) Services for Children and Adults in England To provide Members with an opportunity to speak to representatives from NHS England about the proposals for children's congenital heart disease services in England.
14 September 2017 <i>Report Deadline: 3pm Monday 4 September 2017</i>	Crime & Disorder <u>MOPAC - Public Access and Engagement Strategy:</u> To review the consultation document and provide comment. <u>LAC offenders:</u> To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. Community Safety 2. Youth Offending Service 3. Corporate Parenting 4. Public Health

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Meeting Date	Agenda Item
	<p>How many LAC offend as a result of substance misuse? What proportion of young offenders are LAC? What proportion of LAC offenders go on to reoffend?</p>
<p>11 October 2017</p> <p>Report Deadline: 3pm Friday 29 September 2017</p>	<p>Update from Utility Companies on Plans to Accommodate Increasing Demand on Services To receive an update on plans to accommodate the increasing demand on services that has resulted from increased housing development in the Borough.</p> <p>2017/2019 Better Care Fund Plan To receive an update on the Better Care Fund (BCF).</p>
<p>14 November 2017</p> <p>Report Deadline: 3pm Thursday 2 November 2017</p>	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
<p>11 January 2018</p> <p>Report Deadline: 3pm Tuesday 2 January 2018</p>	<p>GP Service Provision in Heathrow Villages To scrutinise the issue of GP service provision in Heathrow Villages:</p> <ol style="list-style-type: none"> 1. Hillingdon Clinical Commissioning Group (CCG) 2. Public Health 3. Local Medical Committee 4. Healthwatch Hillingdon 5. Service Users <p>Major Review (2017/2018) - Community Sentencing: Consideration of final report from the Community Sentencing Working Group</p>
<p>13 February 2018</p> <p>Report Deadline: 3pm Thursday 1 February 2017</p>	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
<p>14 March 2018</p> <p>Report Deadline: 3pm Thursday 1 March 2018</p>	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Hospital Discharges (SSH&PH POC)
<p>Possible future single meeting or major review topics and update reports</p>	

PROPOSED MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors Edwards (Chairman), Allen, Dann, Higgins, Khatra and Palmer

Topic: Community Sentencing

Meeting	Action	Purpose / Outcome
ESSC: 14 June 2017	Agree Scoping Report	Information and analysis
Working Group: 1st Meeting - 5pm 28 June 2017	Introductory Report / Witness Session 1	Evidence and enquiry: <ul style="list-style-type: none"> • Community Rehabilitation Company • National Probation Service <ul style="list-style-type: none"> ○ How does the management split work in practice?
Working Group: 2nd Meeting - CANCELLED 5pm 20 July 2017	Witness Session 2 (Management)	Evidence and enquiry: <ul style="list-style-type: none"> • Magistrates <ul style="list-style-type: none"> ○ How many community sentences given? For what duration? ○ How many repeat offenders? ○ Magistrates' expectations of community sentences? ○ Standards expected from offenders (e.g., behaviour, attendance)? ○ Do Magistrates think community sentencing works well? How could it be improved?
Working Group: 3rd Meeting - CANCELLED 5pm 1 August 2017	Witness Session 3 (Operational)	Evidence and enquiry: <ul style="list-style-type: none"> • Community Rehabilitation Company <ul style="list-style-type: none"> ○ What community sentence work is done in LBH and how often? • Community Safety Team
Working Group: 4th Meeting - 5pm 21 September 2017	Witness Session 2	Evidence and enquiry: <ul style="list-style-type: none"> • National Probation Service • West London Local Justice Area • Community Safety Team
Working Group: 5th Meeting - TBA	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 11 January 2018	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 15 February 2018 <i>(Agenda published 7 February 2018)</i>	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.

PART I – MEMBERS, PUBLIC AND PRESS

External Services Scrutiny Committee – 14 November 2017