



HILLINGDON
LONDON



External Services Select Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Nick Denys (Vice-Chairman)
Councillor Simon Arnold
Councillor Teji Barnes
Councillor Kuldeep Lakhmana
Councillor Ali Milani
Councillor June Nelson
Councillor Devi Radia

Date: TUESDAY, 10 JULY 2018

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE

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

Published: Monday, 2 July 2018

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This Agenda is available online at:
<http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CId=118&Year=0>

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Terms of Reference

1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. 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.

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 - 13 June 2018 1 - 4

5 Health Updates 5 - 54

6 Work Programme 55 - 62

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

13 June 2018

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



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	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p>LBH Officers Present: Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
4.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
5.	<p>MINUTES OF THE MEETING ON 14 MARCH 2018 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 March 2018 be agreed as a correct record.</p>
6.	<p>MINUTES OF THE MEETING ON 10 MAY 2018 (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 10 May 2018 be agreed as a correct record.</p>
7.	<p>THE ROLE OF POLICY OVERVIEW AND SELECT COMMITTEES (<i>Agenda Item 6</i>)</p> <p>The Chairman welcomed those present to the meeting. He advised that the External Services Select Committee held statutory scrutiny responsibilities in relation to health as well as crime and disorder. In addition to these responsibilities, the Committee's terms of reference enabled Members on the Committee to scrutinise and review the work of local public bodies and utility companies whose actions affected residents of the Borough. As well as giving Members the opportunity to scrutinise non-Council services, meetings often provided a forum for external organisations to speak to each other.</p> <p>With regard to health scrutiny, the Trusts operating in the Borough attended External Services Select Committee meetings at least twice each year. At these meetings, the Trusts provided Members with updates on the services that they provided. Healthwatch Hillingdon also attended these meetings to offer a patient perspective on the services provided. It was agreed that, whilst each Member of the Committee would be able to question any of the Trusts on any aspect of their organisation during meetings, each Councillor would have responsibility for drilling down on issues faced by a specific Trust as follows:</p> <ul style="list-style-type: none"> • Central and North West London NHS Foundation Trust (CNWL): Councillor Denys • Hillingdon Clinical Commissioning Group (HCCG): Councillors Lakhmana and

Rani

- London Ambulance Service NHS Trust (LAS): Councillor Barnes
- Royal Brompton and Harefield NHS Foundation Trust (RBH): Councillor Nelson
- The Hillingdon Hospitals NHS Foundation Trust (THH): Councillors Arnold and Milani

Once the relevant agenda had been published, Members were asked to try to identify up to five questions from the reports (or other research that they had undertaken) in relation to their allocated Trust and submit them to the Democratic Services Manager by the day before the meeting. It was noted that the THH Chief Executive would be moving to St Bart's later this year and there would therefore be a management restructure. This might be something that Members would want to ask about at the next health related meeting on 10 July 2018.

As the Select Committee's meetings tended to be busy, it would only undertake single meeting reviews within its scheduled meetings, such as a bi-annual review of child sexual exploitation. However, Members would be able to set up Select Panels to undertake longer and more in-depth task and finish reviews on its behalf. Previous issues that had been scrutinised in this way had included community sentencing and policing and mental health issues. Some of the recommendations made to Cabinet had included the escalation of concerns to Government and other bodies.

RESOLVED: That the report and discussion be noted.

8. **WORK PROGRAMME** (*Agenda Item 7*)

Due to the Select Committee's close ties to Hillingdon's Health and Wellbeing Board, it was suggested that Councillor Philip Corthorne (the Board's Chairman) be invited to attend a future Select Committee meeting to give an overview of the Board and its responsibilities.

It was agreed that the Democratic Services Manager would forward Members a link to a webpage where they could access all of the reviews that had been undertaken by Hillingdon's Policy Overview and Scrutiny Committees (POSCs) since 2003/3004. She would also upload a range of reports previously considered by the Committee to the Google Drive so that Members were able to see the type of information that they were likely to receive at future meetings.

The Committee would be looking at crime and disorder at its meeting on 6 September 2018. As well as receiving a performance update on the Safer Hillingdon Partnership, it was agreed that this meeting should focus on the new policing arrangements (Basic Command Unit) where Chief Superintendent Paul Martin now had command of the boroughs of Hillingdon, Ealing and Hounslow. Members were keen to ensure that local residents were still receiving a good police service and to establish what impact the new structure had had on policing and mental health. It was noted that Councillor Ian Edwards would be asked to join the Committee in its questioning and consideration was given to inviting Councillor Douglas Mills, Cabinet Member for Community, Commerce and Regeneration, to attend the meeting and give his perspective on the new arrangements.

With regard to possible Select Panel review topics, the following were suggested:

- Knife crime – there had been some recent stabbings at Brunel University;
- The effectiveness of cancer screening and diagnostics – screening was commissioned by Public Health England (PHE) and NHS England (NHSE);

diagnostics was commissioned by Hillingdon Clinical Commissioning Group (HCCG). It was suggested that screening had not been as active as it should be and that direct access to diagnostics tests needed to be addressed.

- Child friendly police facilities – it was noted that the Northwood Police Station was closing down. This facility housed the only child-friendly interview suite in the Borough. Although there were proposals to build a new facility, Members would need reassurance that there would not be a time lag between the closure of one and the opening of the other as well as assurances that the facility would remain within the Borough.
- It was noted that consideration would be given to a future review of Child and Adolescent Mental Health Services (CAMHS) in Hillingdon.

RESOLVED: That:

- 1. Councillor Corthorne be invited to attend a future Select Committee meeting to give an overview of the Health and Wellbeing Board;**
- 2. the Democratic Services Manager provide Members with a link to all previous POSC reviews;**
- 3. the Democratic Services Manager share previous Committee reports with Members on the Google Drive;**
- 4. Chief Superintendent Paul Martin and Councillor Ian Edwards be invited to attend the meeting on 6 September 2018; and**
- 5. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 7.05 pm.

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.

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EXTERNAL SERVICES SELECT COMMITTEE - HEALTH UPDATES

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Healthwatch Hillingdon: Extending GP Opening Hours Appendix B – Healthwatch Hillingdon: Mental Health, Wellbeing and Life Skills Programme
Ward	n/a

HEADLINES

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

RECOMMENDATIONS:

That the External Services Select Committee notes the presentations.

SUPPORTING INFORMATION

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It 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, inpatients, day surgery, and outpatient clinics. Some services are also provided 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 which comprises a two-storey building and the existing Princess Christian Unit. These buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

Care Connection Teams (CCT)

The Hillingdon Health Care Partnership (HHCP) comprises The Hillingdon Hospitals NHS Foundation Trust; Central North West London NHS Foundation Trust (CNWL); H4All, a partnership of voluntary sector health care providers; and Hillingdon's GP Federation, which brings together all of Hillingdon's GPs.

HHCP brings hospital services, GPs and community care together in Care Connection Teams (CCTs), designed to help prevent emergency admissions to hospital among older residents,

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many of whom have complex medical conditions. It also prioritises the identification of older people who might be at risk of an emergency hospital admission, and makes treatment in their own home the norm.

After a home visit from a Guided Care Nurse, which includes a top-to-toe medical examination and review of the patient's medication, a care plan is drawn up in consultation with family and carers, and given to the patient with guidance on how to use it. For example, it might include information about symptoms, so the patient can call the team for advice such as when to start medication if their situation has changed. This helps to take pressure off GPs, reassures the patient that support is always available and, because they are known to the team and their treatment is regularly discussed, stops them having to endlessly describe their varying medical problems. The whole system is designed to head off an admission to hospital through the use of early intervention.

The Brunel Partners Academic Centre for Health Sciences

The Brunel Partners Academic Centre for Health Sciences was officially launched at Brunel's Uxbridge campus in November 2017. The establishment of the Centre is a pioneering new partnership between The Trust, Central and North West London (CNWL) NHS Foundation Trust and Brunel University London. The new Centre, jointly funded by the three partners, aims to revolutionise the way health and social care is delivered to meet the changing needs of society - moving away from delivering in a supply model, to where customers see it designed around them, and can exercise their own choice. The Centre will bring about this transformation in Hillingdon by providing the perfect setting for research and developing new methods of healthcare delivery across allied health, nursing, social care and medicine.

The Centre's work will focus on five distinct areas:

- research and innovation
- educating the workforce
- outcomes-based care
- quality improvement
- digital health.

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. Its catchment area covers a range of vibrant and diverse communities, with over 100 first languages spoken, containing areas of great affluence as well as areas of much deprivation.

CNWL services in Hillingdon cover a broad range of both mental health and physical health community services as follows:

- Mental health - Services are available for people at every stage in their life, for children and young people, working age adults and older people. These mental health services are grouped into the following categories:
 - Acute mental health services - These services provide assessment and treatment for adults with severe mental illness. This may mean a person needs care as an

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inpatient in hospital or intensive support through a home treatment team in the community.

- Mental health assessment and brief treatment services - These services work closely with GPs and other primary care services to provide short-term treatments for people with mild to moderate mental health needs, such as for depression or anxiety.
- Child and adolescent mental health services (CAMHS) - CAMHS services are mostly provided in the community, but CNWL also has a specialist inpatient service for 8-13 year olds. Family therapy plays an important role in CAMHS care. The Trust also provides perinatal services to new mothers experiencing mental health problems.
- Community mental health teams - work with patients to develop recovery goals and offer continuity of care. They will assess the needs of the patient to make sure the treatment provided is personalised and will offer more intensive care when people need it most and help patients to work towards greater independence in managing health and wellbeing.
- Community recovery services for mental health - These treatments help people to continue living independently whilst promoting recovery from the outset. This may be through early intervention for people experiencing their first episode of psychosis; through a community recovery team for people who require ongoing support; or through day services.
- Older people's mental health and healthy ageing services - These services provide assessment and treatment of mental illness that is usually associated with older age. Services also support people with young onset dementia and provide joint mental and physical healthcare for people who are more physically frail or with complex physical illnesses.
- Perinatal mental health services - These services provide psychological and psychiatric care for women in childbearing from conception to 12 months post-natally.
- Psychological medicine services - These services support people who are receiving treatment at general hospitals who also need support with their mental health. These liaison services provide assessment for people who present in A&E and also on wards in general hospitals.
- Mental health rehabilitation services - Mental health rehabilitation services provide long-term care for people with ongoing mental health needs in both community and inpatient settings. They provide intensive therapeutic treatments to help people develop their full potential and improve their quality of life.
- Single Point of Access Service - The SPA offers mental health triage for routine, urgent and emergency referrals, information and advice 24 hours a day, 7 days a week, and 365 days per year.
- Addictions and substance misuse - CNWL is a leading provider of addiction and substance misuse treatment and recovery services based in London. The Trust provides high quality community and inpatient addiction treatment options, including treatment for dependence on alcohol and a range of drugs (heroin, cocaine, stimulants, cannabis, benzodiazepines, 'Club Drugs', etc).
- Sexual health and HIV – CNWL offers free, confidential, sexual and HIV services in London and Surrey. These services include STI testing and treatment (GUM), contraception, HIV and viral hepatitis testing, treatment and care.

- Community health services - provide treatment and support for people with physical healthcare problems in a community setting. Services treat people in their own homes, or close to home, where they will be more comfortable and can continue to live independently. The Trust aims, where possible, to avoid admission into hospital and enable quicker recovery periods. The range of community services includes:
 - Care Connection Teams (CCTs)
 - Community independence service
 - Chronic fatigue service
 - Community health services for children and families
 - Community dental services
 - Community nursing services
 - Disability support services
 - Foot care (podiatry) services
 - Neurological and community rehabilitation, and falls prevention services
 - Palliative care services
 - Therapies

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Royal Brompton and Harefield NHS Foundation Trust (RBH) 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
- Harefield Hospital near Uxbridge

The Trust is a partnership of these two specialist heart and lung hospitals which are known throughout the world for their expertise, standard of care and research success. They only provide treatment for people with heart and lung disease and carry out some of the most complicated surgery, and offer some of the most sophisticated treatment that is available anywhere in the world

Specialist trusts treat patients with rare and complex conditions in a specific area of health. Their clinical teams are skilled in the development and early adoption of new therapies and techniques, and many of the patients they care for cannot be treated in general hospitals.

Specialist trusts are at the forefront of innovation in healthcare and are often responsible for breakthroughs in treatments, which are then adopted by the whole healthcare system. Clinical staff at specialist hospitals are experts in their chosen field and often relocate to specialist centres to further develop their skills. UK specialist trusts welcome clinical specialists from around the globe.

Among their many achievements, experts at RBH:

- pioneered intricate heart surgery for newborn infants born with a congenital heart disease
- performed the first successful heart and lung transplant in Britain
- implanted the first coronary stent
- achieved a world first by implanting a Tendyne transcatheter mitral valve system to treat a leaking mitral heart valve.

Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients.

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The opportunity to influence the course of modern medicine by developing new treatments is a prospect that attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care. Many medical advances made at the Trust have been 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. The Trust's main partner is the National Heart and Lung Institute at Imperial College, London. Additional research projects are run with other hospitals and universities in the UK and abroad.

RBH is the leading UK provider of respiratory care and is the national leader in the specialist areas of paediatric cardiorespiratory care, congenital heart disease and cystic fibrosis. In 2016, the Trust cared for around 200,000 patients in its outpatient clinics and supervised around 40,000 inpatient stays. It is one of the country's largest centres for the treatment of congenital heart disease, treating both children and adults and its clinical teams treat more than 10,000 patients with these diseases each year (many receive care from their first few days of life through to adulthood).

The RBH heart attack centre at Harefield has pioneered the use of primary angioplasty for the treatment of heart attacks and has one of the fastest treatment times in the country at only 27 minutes, compared to the national average of 42, a crucial factor in patients' survival. The on-site fetal cardiology service enables clinicians to begin caring for babies while still in the womb; some are scanned and diagnosed at just 12 weeks, when the heart measures just over a millimetre.

Harefield Hospital has more than 1,300 staff, five operating theatres and four catheter laboratories. It has 168 beds, including beds for:

- cardiac and thoracic surgery
- cardiology
- day case unit
- adult intensive care
- the transplant unit.

The hospital is a major centre for the treatment of:

- lung cancer
- chest cancer and oesophageal cancers
- other chest surgery.

The hospital is one of the largest and most experienced centres in the world for heart and lung transplants and has jointly pioneered work in the development of 'artificial hearts' (also known as left ventricular assist devices or LVADs).

RNH's dedicated heart attack centre deals with heart attack emergencies from outer north-west London, providing primary angioplasty in its specialist catheter laboratories. It is thought that the Trust's arrival-to-treatment time of 27 minutes is one of the fastest in Europe, where speed of treatment has been shown to be crucial to survival in these cases.

In the Care Quality Commission inspection report published on 10 January 2017, Harefield Hospital received an overall rating of Good.

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

HCCG 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

HCCG covers the same geographical area as the London Borough of Hillingdon and comprises all 46 GP practices across the Borough of Hillingdon. As members of the HCCG, they guide the organisation and make sure the CCG is getting the most from the money it is allocated from the Government.

As a GP-led organisation, HCCG is in the unique position of being able to draw upon the first-hand experience of our patients who use the health services that it commissions. Taking into account their experiences, and talking to them about how best to meet their healthcare needs, HCCG can then commission the services that best meet their needs.

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles. Hillingdon's population for 2011 was estimated at 273,900 (13th largest in London), an increase of 2.93% over midyear estimates for 2010. Hillingdon has a significantly higher population of young people (aged 5-19) compared with England and London. The population of older age groups (50+) is also larger than London but smaller than England. Both groups are expected to increase ahead of average population growth rates.

HCCG's vision is for a high performing, good quality and cost effective acute and community based health system for local residents, in an environment that delivers quality care, supports clinicians and is satisfying for all staff and members. To help the Trust achieve this vision, it has three key strategic programmes in place:

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- the reconfiguration of hospital services through ‘Shaping a healthier future’;
- out of hospital strategy; and
- financial recovery and savings programme.

The success of these programmes will be measured through a range of services outside of acute hospitals including expanded primary and community care which will lead to a reduction in acute activity and spend, and better integrated hospital and community care, including social care. Working closely with providers, the local authority and community and voluntary sector groups is essential in for HCCG to achieve this.

In North West London (NWL), the CCGs are working together across the NHS to improve healthcare services for the two million residents who live in the area. By working together, the CCGs can ensure that residents have better access to care, around the clock. Whether that means being able to get appointments with a GP quickly and conveniently; making sure more specialist doctors are available, no matter what day of the week it is; that their mental health is considered at the same time as their physical health, with a single, coordinated approach by health and voluntary sector organisations; and that when a resident needs longer term care from different people, it is joined up and they don’t need to keep repeating their story.

NWL CCGs are also making sure the public helps shape care, involving them from an early stage in the design of services, and listening to their feedback along the way. Through this joint approach, NWL CCGs will improve people’s health and wellbeing, giving them a better quality of life.

Sustainability and Transformation Plan

The NHS Five Year Forward view set out a national requirement for all local health and care systems to be integrated by 2020 in 2015. In December 2015, it was announced that local areas would need to deliver this vision through sub-regional Sustainability and Transformation Plans (STPs). The NHS North West London Collaboration of Clinical Commissioning Groups (CCGs) decided to form a sub-regional plan for eight CCGs and corresponding local authorities: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster.

In NWL, there is currently significant pressure on the whole system. Both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources. Over the next five years, the growth in volume and complexity of activity will outstrip funding increases. But this challenge also gives partners an opportunity. It is recognised that services are not joined up and don’t treat people holistically, that there is duplication and gaps and that there are inefficiencies that mean patients often have poor experiences, making them feel that their time is not necessarily valued. NWL is focused on helping to get people well, but does not spend enough time preventing them from becoming ill in the first place.

The NWL STP is the CCG plan for North West Londoners to be well and live well. It gives the partners the opportunity to deliver better and more integrated health and social care and seek to address the three identified gaps over a five year period:

- The health and wellbeing gap – by preventing people from getting ill where possible and supporting people to stay healthy.

- The care and quality gap – by ensuring the delivery of consistently high-quality and person centred care.
- The £1.3 billion funding and efficiency gap – making sure services are structured and delivered as effectively and efficiently as possible.

The NHS and all eight local authorities across NWL are working together to deliver a better health and care system. Although there will be points of disagreement between different stakeholders, there is a general consensus that these points of disagreement will not stop the different parties from working together to improve the health and wellbeing of our residents.

In NWL, a working partnership between the NHS and the relevant local authorities has been the approach for a while. The NWL CCGs are proud of their record of working together with all of the councils in NWL and the wider NHS and community and voluntary sector to deliver new and improved integrated services.

As part of the STP's development, a governance structure has been established to oversee the delivery of the plan over the next four years, maintaining the links with local health and wellbeing boards. This includes a Joint Health and Care Transformation Group that acts as the system leadership group and oversees the delivery of the STP. Group representation comes from system leaders across NWL, including council, NHS and lay partners. Meetings take place on a monthly basis.

HCCG works closely with the London Borough of Hillingdon on health and social care issues. This close relationship with the Council is more important than ever as we deliver the Better Care Fund (BCF), which is a single pooled budget to support health and social care services to work more closely together in local areas.

The London Ambulance Service NHS Trust (LAS)

The LAS is the busiest emergency ambulance service in the UK and provides healthcare that is free to patients at the time they receive it. It is also the only London-wide NHS trust. The LAS has around 5,000 staff who work across a wide range of roles based in 70 ambulance stations and serve more than eight million people who live and work in the London area. The service operates over an area of approximately 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the south.

The LAS' main role is to respond to emergency 999 calls, providing medical care to patients across the capital, 24 hours a day, 365 days a year. Other services offered include providing pre-arranged patient transport and finding hospital beds. Working with the police and the fire service, the LAS is prepared for dealing with large-scale or major incidents in the capital.

As the mobile arm of the health service in London, the LAS' main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. The majority of patients, however, do not have serious or life-threatening conditions and they don't need to be sent an ambulance on blue lights and sirens. Often they can receive more appropriate care somewhere other than at hospital.

As an emergency service in the capital, the LAS needs to be prepared to deal with large-scale incidents. The biggest challenges the Trust has faced have been the London bombings in July 2005, the Westminster and London Bridge terror attacks in 2017 and the tragic fire at Grenfell Tower in 2017.

The LAS was assessed by the Care Quality Commission (CQC) in June 2015 when the Trust was given an overall rating of 'inadequate'. After being given a rating of 'Requires improvement' in a report published in June 2017, in May 2018 the LAS was rated as 'Good' overall and the care it provides was again rated as 'Outstanding'.

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 social care services such as doctors, dentists, hospitals and mental health 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.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally-led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

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 Care Quality Commission (CQC) makes sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate, high-quality care and encourages care services to improve. 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.

The CQC:

- registers care providers.
- monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and publishes what it finds, including performance ratings to help people choose care.
- sets out what good and outstanding care looks like and makes sure services meet fundamental standards below which care must never fall. Where the CQC finds poor care, it will use its powers to take action.
- takes action to protect people who use services.
- speaks with its independent voice, publishing its views on major quality issues in health and social care.

Throughout its work, the CQC protects the rights of vulnerable people, including those restricted under the Mental Health Act. It also listens to and acts on residents' experiences, involves the public and people who receive care and work with other organisations and public groups.

Activities regulated by the CQC include:

- Treatment, care and support provided by hospitals, GPs dentists, ambulances and mental health services.
- Treatment, care and support services for adults in care homes and in people's own homes (both personal and nursing care).
- Services for people whose rights are restricted under the Mental Health Act.

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 (HCCG)
- The London Ambulance Service NHS Trust (LAS)
- Healthwatch Hillingdon
- Hillingdon Local Medical Committee (LMC)

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Extending GP Opening Hours

- the Hillingdon public's view

March 2018

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Have Your Say on Extended GP Opening Hours

Did you know that patients registered with a GP practice in the borough of Hillingdon can now see a GP or nurse during weekday evenings and at weekends?

We want to hear your views on a seven day GP service!



Have your say by completing our survey...



Online: healthwatchhillingdon.org.uk



01895 272997 to request a paper copy

healthwatch
Hillingdon



Who we are

Healthwatch Hillingdon is a health and social care watchdog. We are here to help our residents get the best out of their health and care services; and give them a voice to influence and challenge how health and care services are provided throughout Hillingdon.

Healthwatch Hillingdon has very strong operational relationships with the local NHS, Council and Voluntary Sector organisations. We are an independent partner and a valued “critical friend” within health and social care.

Membership of the Hillingdon Health and Wellbeing Board and Hillingdon Clinical Commissioning Group Governing Body enables us to have considerable strategic input into the shaping of local commissioning and the delivery of services.

As a local partner, we are kept well-informed, can challenge and seek assurances on behalf of our residents, ensure that the lived experience of patients and the public are clearly heard, and are influencing decisions and improving health and social care in Hillingdon.

Our reports and recommendations

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.

Commissioners and providers must have regard for our views, reports and any recommendations made and respond in writing to explain what actions they will take, or why they have decided not to act.ⁱ

Healthwatch have a duty to publish reports they share with commissioners and providers, and their responses, in public.

Our reports and recommendations are also shared with:

- Hillingdon Health and Wellbeing Board
- Hillingdon External Services Scrutiny Committee
- Healthwatch England
- The Care Quality Commission

ⁱ Section 221 [3A] and Section 224 of The Local Government and Public Involvement in Health Act 2007 and implemented by “The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013.” (28 March 2013)



GENERAL PRACTICE FORWARD VIEW

Support to strengthen and redesign general practice, including delivering extended access in primary care.

Public satisfaction with general practice remains high, but increasingly, we are seeing patients reporting more difficulty in accessing services. We know that many practices report that they would like to offer better access, but that they are experiencing increasing pressure and are having difficulties in offering their patients timely appointments. This is frustrating for practice staff, and for patients alike.

NHS England will provide additional funding, on top of current primary medical care allocations - to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

NHS England April 2016



In April 2016, NHS England published their plans to strengthen and redesign the services provided by our GP surgeries. Part of these plans looked to increase the number of appointments available for patients and provide access to GP services 8am - 8pm, seven days per week.

In October 2017 a new service was started in Hillingdon which made it possible for GP practices in Hillingdon to offer patients 'extended hours appointments' every weekday evening - from 6:30pm to 8pm, and at weekends between 8am and 8pm, Saturday and Sunday.

The service provides additional GP and nurse appointments which are bookable through the patient's own GP practice and are available at three hubs located in Uxbridge (at Central Uxbridge Surgery), Pinner (at Eastcote Health Centre) and Hayes (at Hesa Centre).

The Healthwatch Hillingdon 'GP Access Project' looked to gather the views of residents registered with a Hillingdon GP. We wanted to find out the public's opinion on being able to see a GP outside of the traditional Monday to Friday opening hours, and how they would like to access the 'extended hours appointments'.









The 'GP Access Project'

Scope

To gather intelligence on people's views of accessing general practice, encompassing the proposed extension to GPs surgeries core opening hours, and to collate the data gathered to produce an evidenced based report. This report would aim to shape, reform, and improve access to GP practices in Hillingdon in accordance with the needs of and wishes expressed by local people.

Survey Aims

-  To determine from local residents their preferences for accessing GP Services during the current core working hours of GP practices. (i.e. 8am to 6:30pm Mon-Fri)
-  To determine from local residents their preferences for accessing GP Services outside of the current core working hours of GP practices. (i.e. 6:30pm-8pm Mon - Fri and 8am - 8pm Sat -Sun)
-  To determine the type of methods patients would prefer when consulting with a GP. (i.e. telephone consultations, face-to-face with GP, video conferencing)
-  To determine if patients have a preference for the location of their appointment and the professionals that treat them. (i.e. different GP at alternative location, senior nurse instead of GP.)
-  To determine how local residents want to book appointments and if there is anything else we should be considering when it comes to 'extended hours' appointments.
-  We also wanted to hear from local residents their experience of attending the current 'extended hour's service' if applicable.

Target Sample

To ensure we received an accurate picture of the views of the public, which was representative of the individuals who either live in the borough, or are registered with a Hillingdon GP Practice, the sample size was set at **600**.

At the close of the survey on 12th January 2018, we had received a total of **1023** responses.



Methodology

The project was carried out by the Healthwatch Outreach and Volunteer Officer, and a Project Lead, with the help of a volunteer for a couple of specific events.

To gather the public's views, we created a structured survey for the project. The questionnaire would not only provide the project with evidence on what Hillingdon residents would require in terms of access from the GPs in the future, but also a view of their experience of the current 'extended hours service' at the Hillingdon Hubs.

Residents were given the option to provide details for further contact, or to complete the surveys anonymously. The only mandatory input required was for the first 4 digits of their postcode so that we could monitor variations across the borough and the 3 hub locations.

The survey was published on 16th November and ran for 9 weeks. We shared it electronically with 'partner' organisations, the voluntary sector and community groups. They promoted it to their staff, advertised on websites and included information in their newsletters to maximise exposure.

To ensure that we had wide ranging coverage in the borough, survey events were arranged at various locations with varying demographic groupings:

- 7 Hillingdon Libraries
- Children's Centres
- Uxbridge Leisure Centre
- Uxbridge College
- Hillingdon Fire Station
- Older Peoples Assembly
- Mount Vernon Hospital
- Barnhill School - Hayes
- Somali Women's groups
- Public Houses
- Yeading Community Grp
- Borough Churches
- Hayes Retail Park Shops
- Uxbridge Pavilion Shops
- Uxbridge Pavilion stall
- Hayes Community Mosque

The survey was made available online through social media channels e.g. Twitter, Instagram, Facebook and the Healthwatch Hillingdon website.

We had a particular focus to ensure that we would engage with 'hard to reach' groups such as: People with a sensory, physical or learning disability, working adults, carers, students, young people under the age of 25, and individuals with mental health conditions.

Acknowledgements

Healthwatch Hillingdon would like to thank all the organisations who helped us to promote the survey to their staff, patients and the wider public; and those who gave us permission to deliver our outreach events on their premises.

We would also express a special thank you to all the people who took the time to complete our survey and give us their views on the 'extended hours service'.



Executive Summary of Our Findings

Accessing the Service

Most residents agree that ‘extended opening hours’ for GP services should be available to all patients registered with a GP practice in Hillingdon.

It should be noted that some people do believe that in the case of routine appointments, priority should be given to those that are in full time work or who cannot attend during normal working hours. A minority thought that appointments should also be made available for those not registered with a Hillingdon GP such as people visiting relatives in the borough.

People also thought the facility should be for emergency appointments only, as this would alleviate the pressure on A&E. Other people thought that any ‘out of hours’ service would assist A&E as often patients present to A&E with non-emergency conditions.

“I have an elderly father who has many conditions, sometimes I don't know if it's an emergency or not, but tend to go to A&E with him if I'm uncertain. This would be much better than waiting for hours with him in A&E, I didn't know anything about these appointments”

The overwhelming response from residents is that they would use the service on a weekday between 6.30pm to 8.30pm, for both routine and or emergency appointments. Especially those in full time work. Mondays and Wednesdays are the most popular days, with Monday especially being stated as the day for addressing the post weekend concerns and ailments.

There was a similar picture for accessing ‘extended hours services’ at the weekend, with a large majority of residents saying they would use the service. Most people preferred the 8am -12pm slot on Saturday morning, with interest reducing over the weekend to only a third of people indicating they would use the service between 4pm and 8pm on a Sunday. Again, people said the service would be good for those who worked, but some respondents were concerned about GPs being overstretched and not having a ‘work/home balanced lifestyle’. Many people do not understand how this service would be resourced and fear that their GPs will end up working every day of the week.

Compared to late evening and weekend appointments, respondents’ desire for ‘extended hours appointments’ dropped markedly when asked to consider early morning appointments. 322 people said they were not sure or would not want a 7am - 8.30 appointment.



“I don't especially need early morning appointments but would be happy to have an early morning appointment if it meant I did not have to wait 3 weeks for an appointment.”

30% simply said it was just ‘too early’ and others sited traffic, work commitments and getting children to school as barriers to attending.

However, 697 people did say they would attend early morning appointments if needed, with a fairly even split over day of the week preference.

Looking to future access to the service



Nearly 1000 respondents expressed an overwhelming preference in wanting to see a GP in their ‘extended hours appointment’. 632 of these said they would also like to access other professionals. 551 a nurse, 413 a healthcare assistant and 273 a pharmacist. 338 respondents said that they would only want to see a GP and no other resource.



When asked about how they would like to access the appointment, there was again an overwhelming desire from the public to have a ‘face to face’ appointment. In fact, of the 949 respondents 516 stated that they would only consider seeing a GP in an ‘extended hours’ facility if it was face to face. 424 respondents did think that in some circumstances they would be happy with a telephone appointment, but only a fifth of respondents said they would be willing to have a video consultation.



It is anticipated that when people need to see a GP that they would rather not travel too far. This was very evident amongst the under 18s, who stated they would prefer to travel under a mile to see a GP. However, respondents showed that although 1-2 miles was the most popular distance, they were happy to travel up to five miles to access a GP, especially those of working age.



Most respondents said that they would prefer the future ‘extended hours services’ to be provided from the current 3 hubs in Uxbridge, Pinner and Hayes. Respondents definitely did not want the service reduced by providing only one hub in the north and one in the south of the borough, as only 16% opting for this choice.



When asked how residents would like to book ‘extended hours appointments’ for weekdays, 814 respondents stated that they would prefer to contact their own GP surgery to book either a routine or an emergency appointment and over half of respondents said they would like online booking.





For 'extended hours appointments' on a Saturday and Sunday again the favourite choice of the public would be to book through their GP surgery in advance of the weekend, or through their GP surgery on a Friday.

Some residents express a preference to book directly into a hub and online booking was also favoured by nearly half of respondents. An analysis of this online preference showed that this was not specific to any age bracket as there was an even spread across the age ranges, for people requesting this facility.

Experience of current 'extended hours services'

Only 110 of the 1023 respondents actually had any experience of attending an 'extended hours appointment'. It was very apparent from our engagement activity that there was very little public awareness of the 'extended hours appointments'. Patients who had contacted their surgery since October 2017 had not been made aware of them, or seen them advertised in their GP Practice. Residents were disappointed, and some were angry that they had been made to wait for an urgent appointment when 'extended hours appointments' could have been offered to them. Some respondents even mentioned a radio publicity campaign they had heard during the Christmas period promoting 'extended hours appointments' on the bank holidays. They told us they didn't even associate these with Hillingdon as they thought, **"we don't have 'extended hours appointments' here."**

Just over half of the patients who had attended an 'extended hours appointment' had been to the Hesa Centre; around a third to Uxbridge and the remainder to Eastcote. The large majority of these had seen a GP, with only 10 people telling us they had an appointment with a nurse.

Overall the public's experience of the service was very positive, with 80 patients rating it as excellent or very good. One Mum highly recommended the service, telling us it was **"better than my own GP - good at providing service - and better quality of service. It changed my son's life."**

There were 2 main reasons for the negative feedback we received that both related to the Hesa Centre. 5 patients expressed frustration that even though they had an allotted time they'd had to wait for long periods of time before seeing the GP. 4 stated they could not be referred to Hillingdon Hospital by the GP and that they had to go back to their own GP on the Monday. **"It would be helpful if the doctor you saw could refer you to the hospital rather than sending you back to your own GP."**

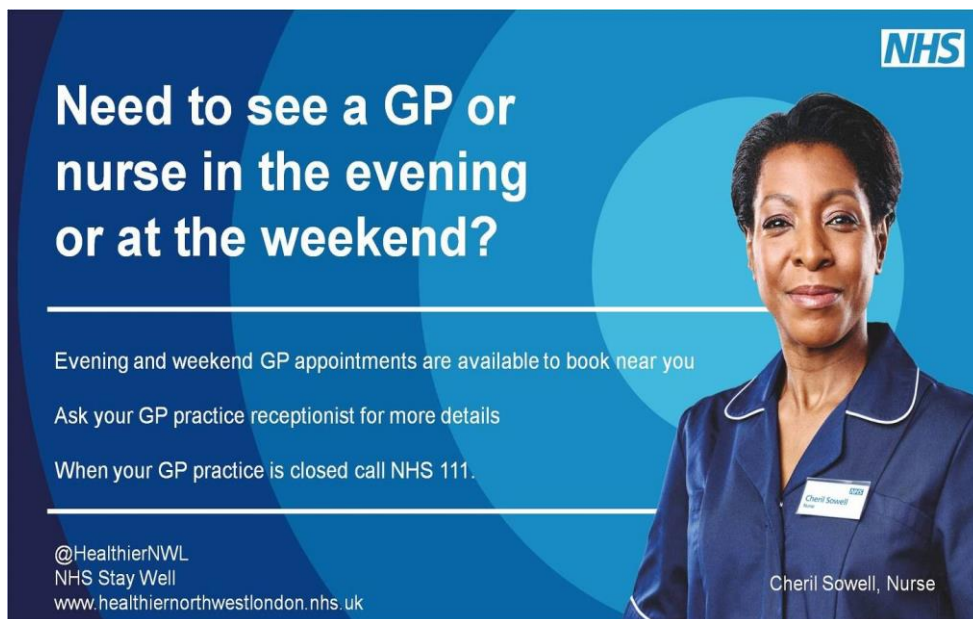


Recommendations



Our engagement with the public clearly shows that they welcome the new 'extended hours service' and would have no hesitation in using the service when they need to see a GP or nurse.

One of the disappointing aspects for Healthwatch Hillingdon is that patients are clearly unaware of the new service. Given that Hillingdon's Urgent Care Centre and A&E departments are under extreme pressure and the residents have expressed a keen interest to attend these appointment, Healthwatch Hillingdon feel it is essential that residents who are registered with a Hillingdon GP know that the 'extended hours appointments' are available and how they can book them.



The evidence we have gathered has suggested that the majority of the promotion for the new service has been centralised through Healthier North West London - the Collaboration of the 8 Clinical Commissioning Groups in North West London. In general, the public in Hillingdon do not consider themselves to be in North West London. They do not associate the @HealthierNWL 'brand' with Hillingdon and therefore do not recognise the promotional posters, or the social media posts to be applicable to them.



We strongly believe that promotion of the new service should be local, and like many of our residents we are frustrated that GP practices have not been openly promoting the ‘extended hours appointments’ to patients.

Healthwatch Hillingdon would therefore make a number of recommendations to the NHS Hillingdon Clinical Commissioning Group about the promotion of the ‘extended hours service’:

1. Healthwatch Hillingdon fully understand the benefits of centralising promotion through HealthierNWL, but the materials produced should have a clear NHS Hillingdon CCG branding with a local flavour. Otherwise all benefits will be immediately lost as our public will ignore them.
2. Healthwatch Hillingdon did receive promotional materials to display for the new service, but we were very surprised to note during our engagement that they had not been distributed wider, especially to key areas such as the Urgent Care Centre and The Hillingdon Hospital.

We would therefore recommend that promotional materials are distributed to all public facing sites e.g. hospitals, pharmacies, clinics, libraries, children’s centres, leisure centres, and that this distribution is planned and prioritised.

3. Healthwatch Hillingdon have questioned why patients have told us that, they did not know about the new service, they had not seen any information in their GP Practice about the service, or that they had not been told about it by the practice staff. During further investigation we heard from some practice staff that this is because they want to make sure the additional appointments are used for those patients in the most need.

We fully understand that there are limited appointments available in the ‘extended hours’ hubs and agree that GP appointments should be used appropriately. However, we would expect practices to put processes and mechanisms in place to actively promote the ‘extended hours service’ and ensure all patients can access these appointments. Especially with an advertising campaign which offers appointments to all and over 90% of working age residents saying that would like to attend the appointments.

Also, unless triaged by a GP, patients should not be put in a position where they feel they have to disclose information to reception staff about their condition, just to get an appointment.

We would recommend that The NHS Hillingdon CCG, as commissioner, and the Hillingdon Primary Care Confederation, as contract holders, inform all GP practices of this responsibility and that any future contract for the ‘extended hours service’ outlines this as a contract requirement.





Opening Hours

When we asked the public about their preference to accessing an ‘extended hours appointment’ during weekdays, the evening appointments were more popular than those in early morning. For the weekend although the 3 timeslots on each day were welcomed by residents, there was a marked difference in the reduced popularity for the 4pm - 8pm sessions on both Saturday and Sunday.

4. Healthwatch Hillingdon would recommend that for weekdays no changes are made to the current ‘extended hours service’.

We would also recommend that to maximise resource and reduce patients failing to attend their appointment, that the delivery times for the weekend service be reviewed. We would suggest that the **same number of appointments** are offered, but these are scheduled between the hours of 8am and 4pm on a Saturday, and on a Sunday, between 10am to 4pm to align with the public's expectation.



Location; Booking and Referrals

There are several other important points from the public feedback that Healthwatch Hillingdon feel would shape future ‘extended hours services’ to meet the needs of our residents. We would recommend the following be seriously considered:

5. Residents overwhelmingly said that they wanted to access the ‘extended hours service’ in the 3 current hubs. This is because they are spread out across the borough, in distinct geographical areas, which makes them easier to access and within the travel distances most residents found acceptable. If the location of the ‘extended hours services’ hubs is likely to change in the future, we recommend the service be delivered from a minimum of 3 hubs, similarly located across the borough.
6. The first choice of residents for booking ‘extended hours appointments’ during the weekday for 6:30pm to 8pm and at the weekends is through their own GP surgeries. However, 53% of respondents would like to be able to book their ‘extended hours appointment’ online. Healthwatch Hillingdon would recommend that online booking is developed for the ‘extended hours appointments’ to enable patients to access the appointments at all 3 hubs. Especially for those patients who would use the service over a



weekend, instead of going to the hospital, but do not as they cannot contact their own practice.

7. A number of patients felt that the service was not efficient, because the ‘extended hours’ GPs could not make hospital referrals and the patient had to make contact with their own GP practice. Healthwatch Hillingdon understand that this may have already been changed, but we recommend that this be looked into to ensure referrals are being made effectively.



Public Engagement

Healthwatch Hillingdon hold a strong belief that services work best when they are designed around the needs and experiences of the people who use them. One of the main reasons Healthwatch Hillingdon carried out this engagement was because we felt that a new service had been put into place without public participation. Hillingdon residents had not been asked whether it was a service they wanted, or whether they would use it. They had not been involved at any stage in helping to develop this new service. Despite continued promises by the NHS to co-produce services with patients, Healthwatch Hillingdon considered it another occasion when this had not happened.

NHS England say the public want GP ‘extended hours services’, 8am to 8pm on the weekend, but it should not be presumed that this is what the Hillingdon public want. Our engagement has shown once again that if you involve the public in the design of new services they can be delivered more efficiently. In this case it is unlikely, following a public engagement exercise, that the new service would be being delivered on a Saturday or Sunday afternoon when the Hillingdon public tell us they are unlikely to use it during those times.

8. Healthwatch Hillingdon would strongly recommend, that in the future patients and the public in Hillingdon are involved in a meaningful way in designing and shaping new services.

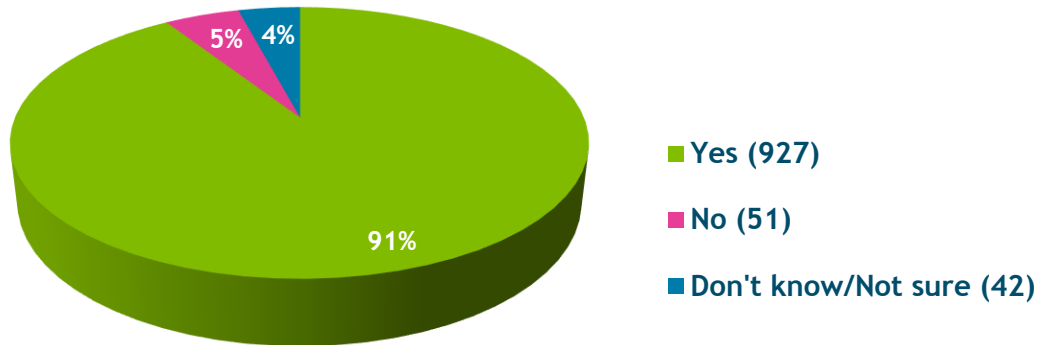
“Effective participation comes from our mindset and culture. It moves beyond process and embraces people, carers and patients in the design, delivery and assessment of care. It should be a natural part of the way we work”ⁱⁱ

ⁱⁱ Taken from the document ‘Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England’
<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>



Evidence

Consider the following statement: 'Extended opening hours' for GP services should be available to all patients registered with a GP practice in the borough of Hillingdon

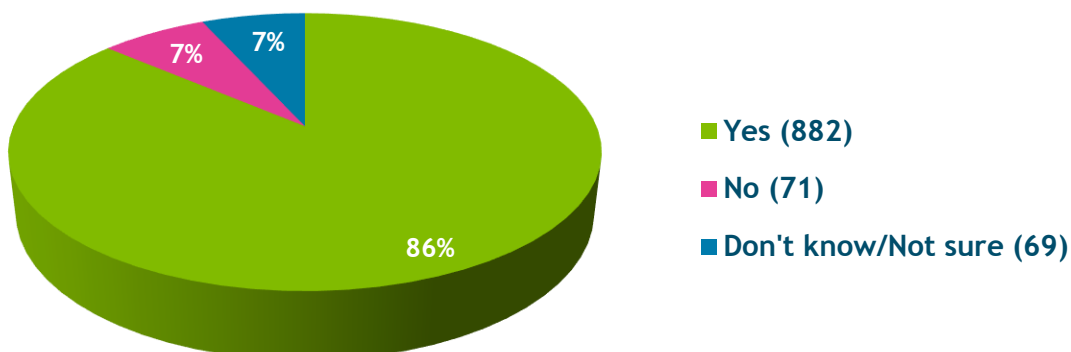


91% (927) of respondents agreed with the statement 'Extended opening hours' for GP services should be available to all patients registered with a GP practice in the borough of Hillingdon'.

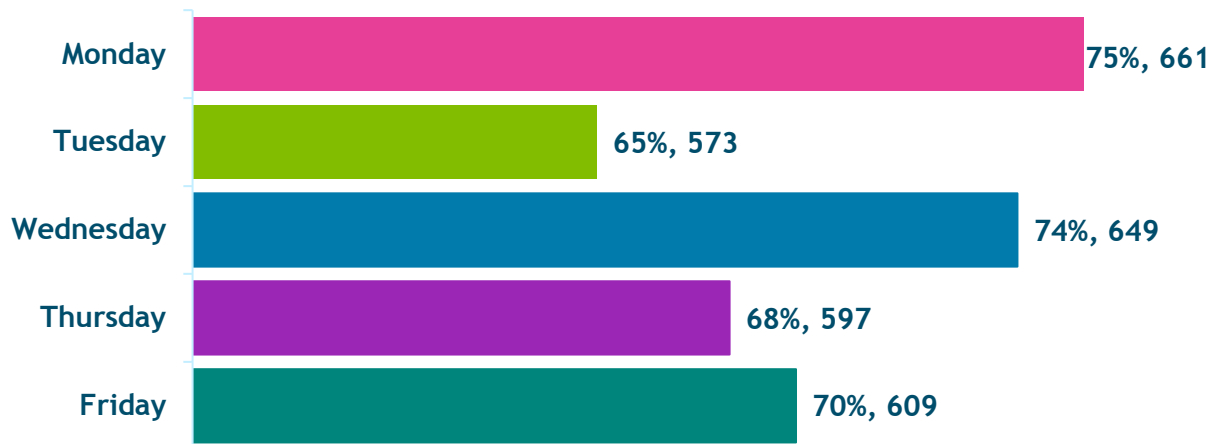
The 9% (93) of respondents who did not agree with this statement thought 'extended hours' services should be prioritised for working people who cannot attend during normal service hours. Some also thought that there should not be 'extended hours' as they were concerned for GPs having to work longer hours, or feared the NHS cannot afford to extend services.

People also thought the facility should be for emergency appointments only, as this would alleviate the pressure on A&E. Other people thought that any 'out of hours' service would assist A&E as often patients present to A&E with non-emergency conditions.

Would you use the extended hours GP service between 6.30pm and 8pm in the evening, during the week? And if so which weekdays are you most likely to use the service?

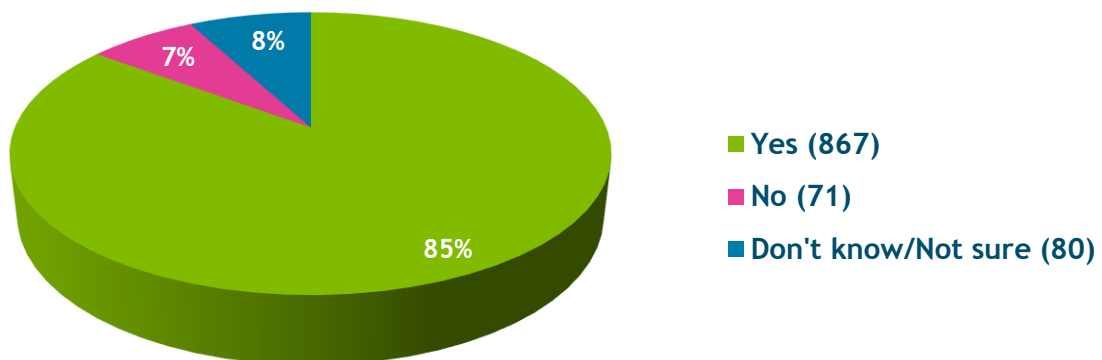


86% (882) of respondents said they would like to access a GP between 6:30pm and 8:00pm. Of the 14% (71) that said they would not use this service or were not sure if they would, most again felt that as they were retired, or not working they could go within normal hours and these appointments should be utilised by those who worked. A few said they would be putting young children to bed at this time.



Of the 86% (822) of respondents who said they would like to access a GP between 6:30pm and 8:00pm, Monday and Wednesday were the most popular days selected. With Monday being a popular day because of the weekend practice closures. Tuesday and Thursday were the least popular choices, but with the minimum being 65% these figures clearly recognise the public's appetite for late evening appointments.

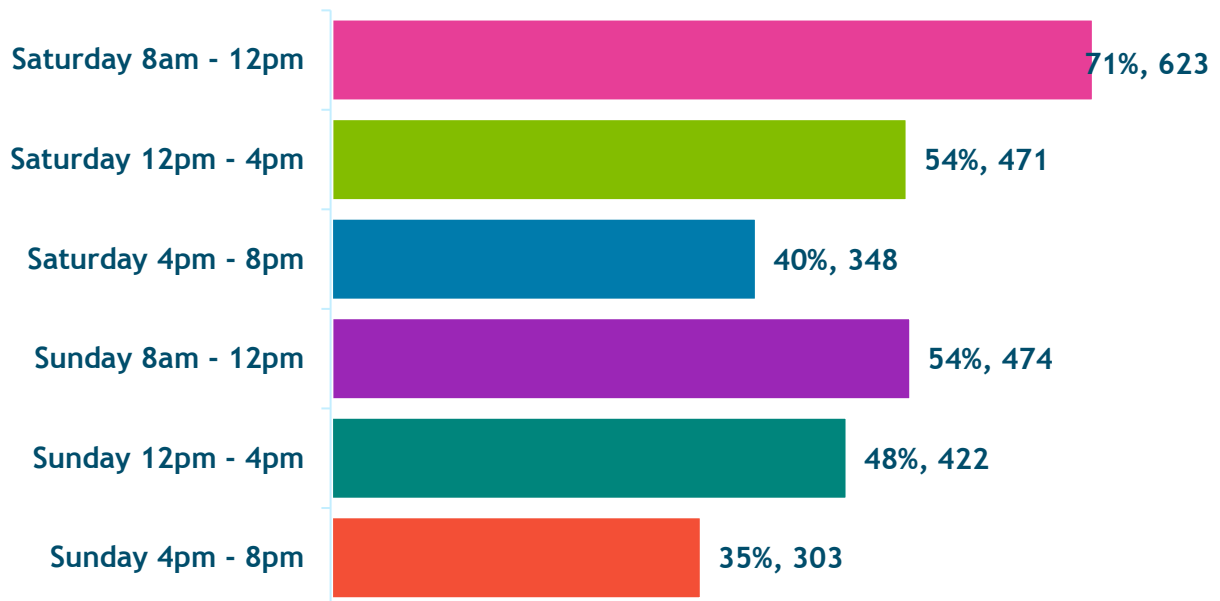
Would you use an extended hours GP service over the weekend (Saturday and Sunday)? And if so what times are you most likely to use the service?



85% (867) of respondents said they would use the service at the weekends. Of the 15% (151) who said they would not or were not sure, most felt they would only need a GP in an emergency, and if an emergency arose they would go to A&E.



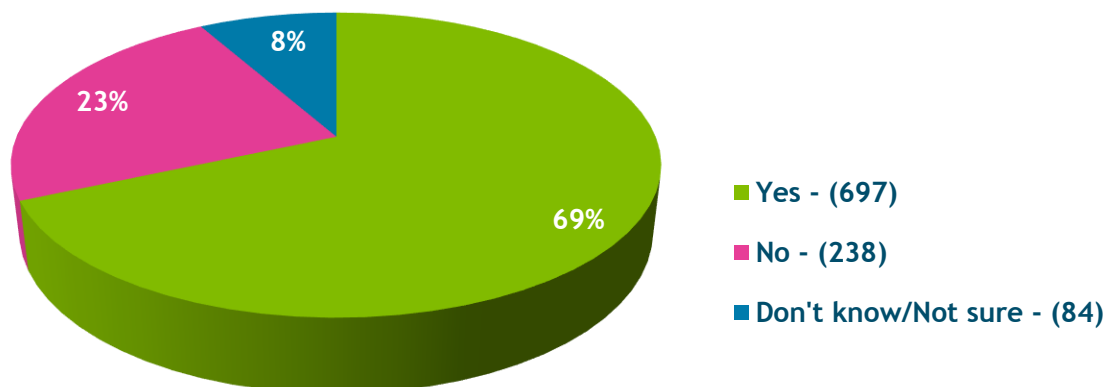
Many also expressed concern for GPs having to work weekends when they already have a heavy workload.



Of the 85% (867) respondents who said they would like to access a GP at a weekend, most, 71% (623), preferred a Saturday morning between 8am and 12pm, or a Sunday morning at the same time. The least popular times were the 4pm till 8pm slots with Sunday being the least popular.

Again, people said the service would be good for those who worked, but some respondents were concerned about GPs being overstretched and not having a 'work/home balanced lifestyle'. Many people do not understand how this service would be resourced and fear that their GPs will end up working every day of the week.

Would you use an extended hours GP service if it was available between 7am and 8.30 in the morning during the week? And if so which weekday mornings are you most likely to use the service?



In comparison with evening and weekend appointments the early morning appointments were less popular with 69% (697) stating they would use this service. However, 31% (322) said they either would not use it, or were not sure they would use it due to it being too early in the morning. The elderly, students, working people and parents of children found this time inconvenient as it interfered with morning routines.

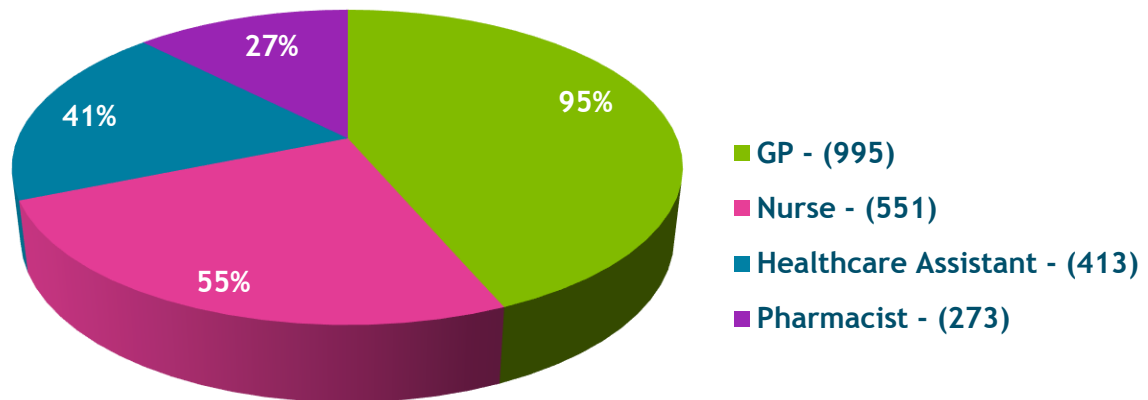


Of the 69% (697) respondents who said they would like to access a GP in the morning before 8.30am, most said they would be prepared to attend on any week day, with slightly more, 80% (573), favouring a Monday. This was again mainly due to the weekend closure of GP practices.



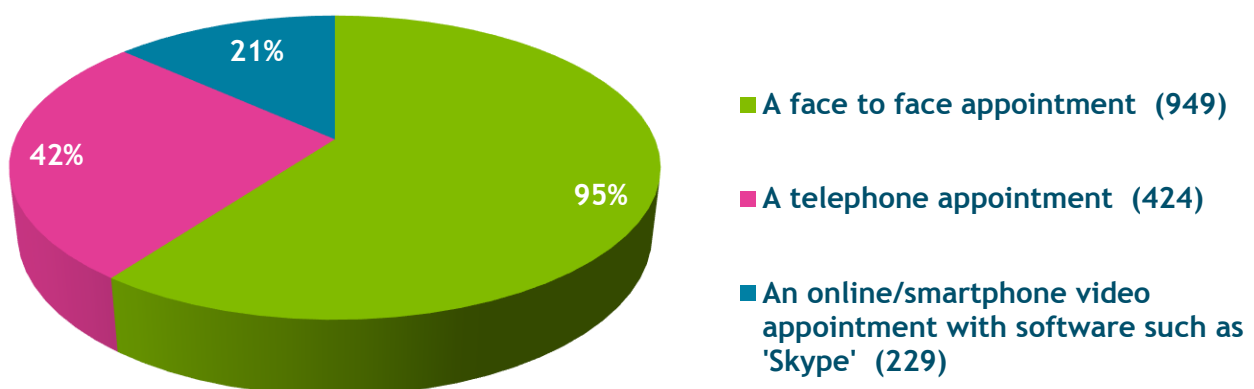
Thinking about the future...

What services would you like to be able to access during the 'extended hours' periods?



95% (995) of respondents expressed an overwhelming preference in wanting to see a GP in their 'extended hours' appointment. 64% (632) said they would also like to access other professionals. 55% (551) a nurse, 41% (413) a healthcare assistant and 27% (273) a pharmacist. 34% (338) said they wanted to see a GP only. 1.5% (15) said they would only want to access a general practice nurse, and 1% (9) said they would only want to access a pharmacist.

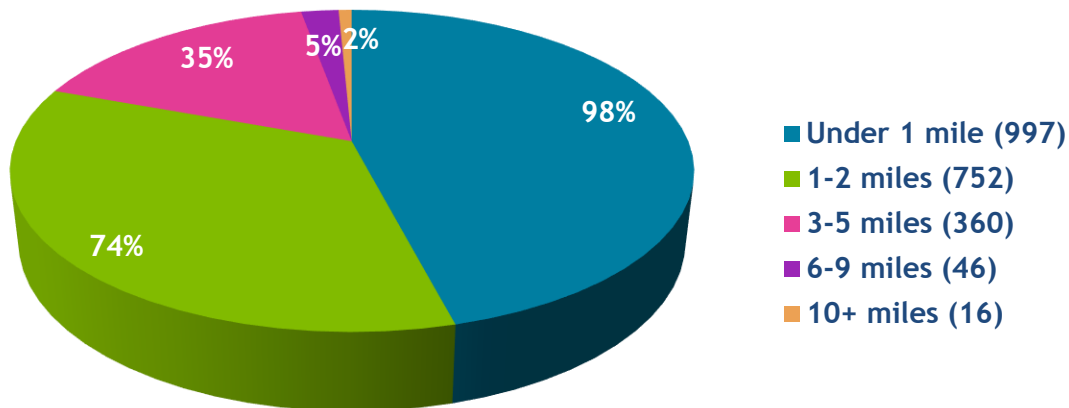
What type of appointment would you like to have during the 'extended hours' periods?



95% (949) of respondents said they would prefer a face to face appointment, with 54% (516) stating that they would only consider seeing a GP in an 'extended hours' facility if it was a face to face consultation. 42% (424) of respondents did think that in some circumstances they would be happy with a telephone appointment.

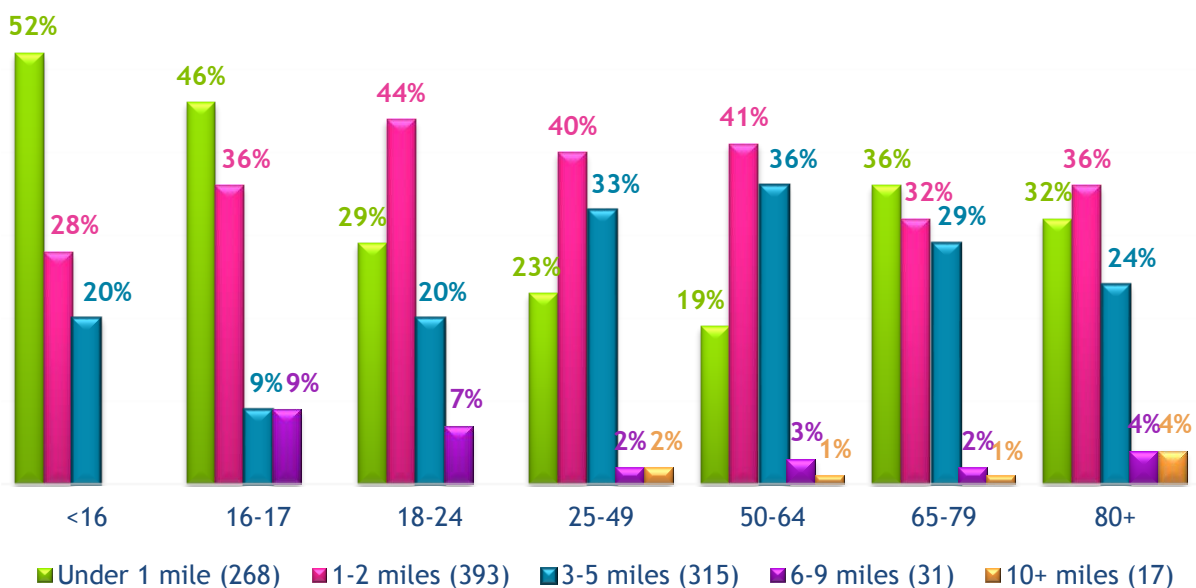
It is interesting to note that only 21% (229) of respondents said they would be willing to have a video consultation, and overwhelmingly 186 of these were between the ages of 25 and 64.

How far would you be willing to travel to get an 'extended hours' appointment?



As might be expected when respondents are anticipating needing to see a GP they would rather not travel that far. 95% (976) of respondents would like an appointment within a mile radius. However, only 26% (268) respondents said they would only travel up to a mile, and with 74% (752) of respondents willing to go 1-2 miles and 35% (360) 3-5 miles, people are happy to travel to get to an extended hours appointment.

We carried out an analysis by age range to get a better understanding of distance preferences. This showed that it is the under 18's who have a greater preference for staying local as do to a lesser extent the over 65's. It is the working age adults between the ages of 18 and 64 that are more likely to travel if required.



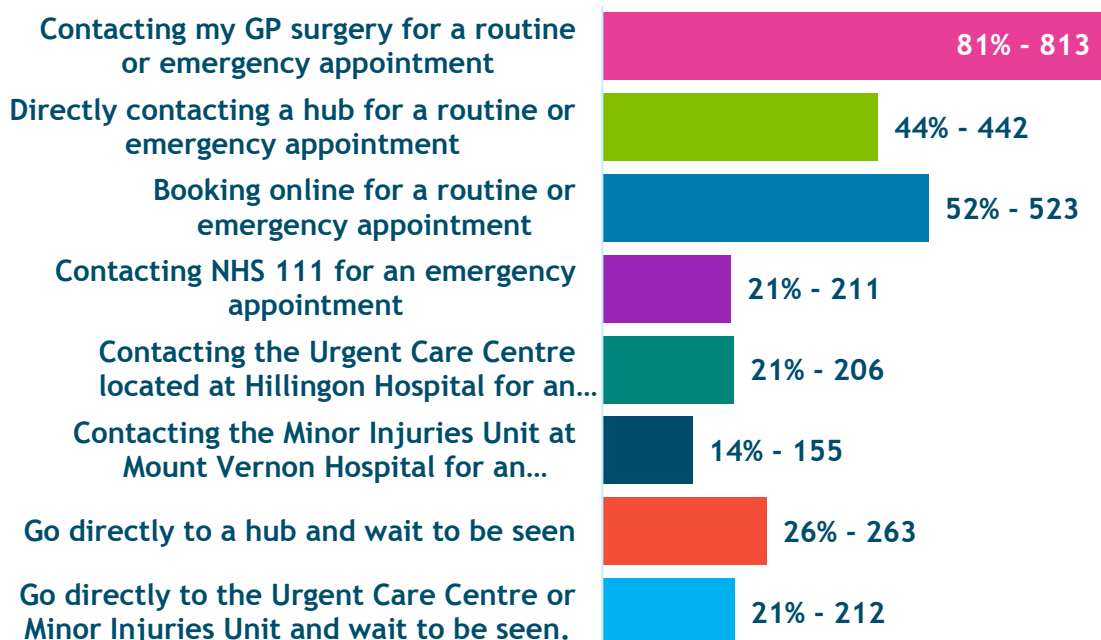
What location options would you use in the future to access the 'extended hours' appointments?

In answer to the question of 'extended hours' location options, most respondents, 81% (798) said that they would prefer the current 3 'extended hour's service options in Uxbridge, Pinner and Hayes. The least popular option was to reduce the location of the hubs to 2, with only 16% opting for this choice.



How would you like to book 'extended hours' appointments?

When asked how they would like to book 'extended hours' appointments for weekdays 6:30pm till 8pm, most respondents 81% (813) stated that they would prefer to contact their own GP surgery to book a routine, or emergency appointment. 52% (523) said they would also like to be able to book online, with 44% (442) wanting the option to contact the hub directly to book.

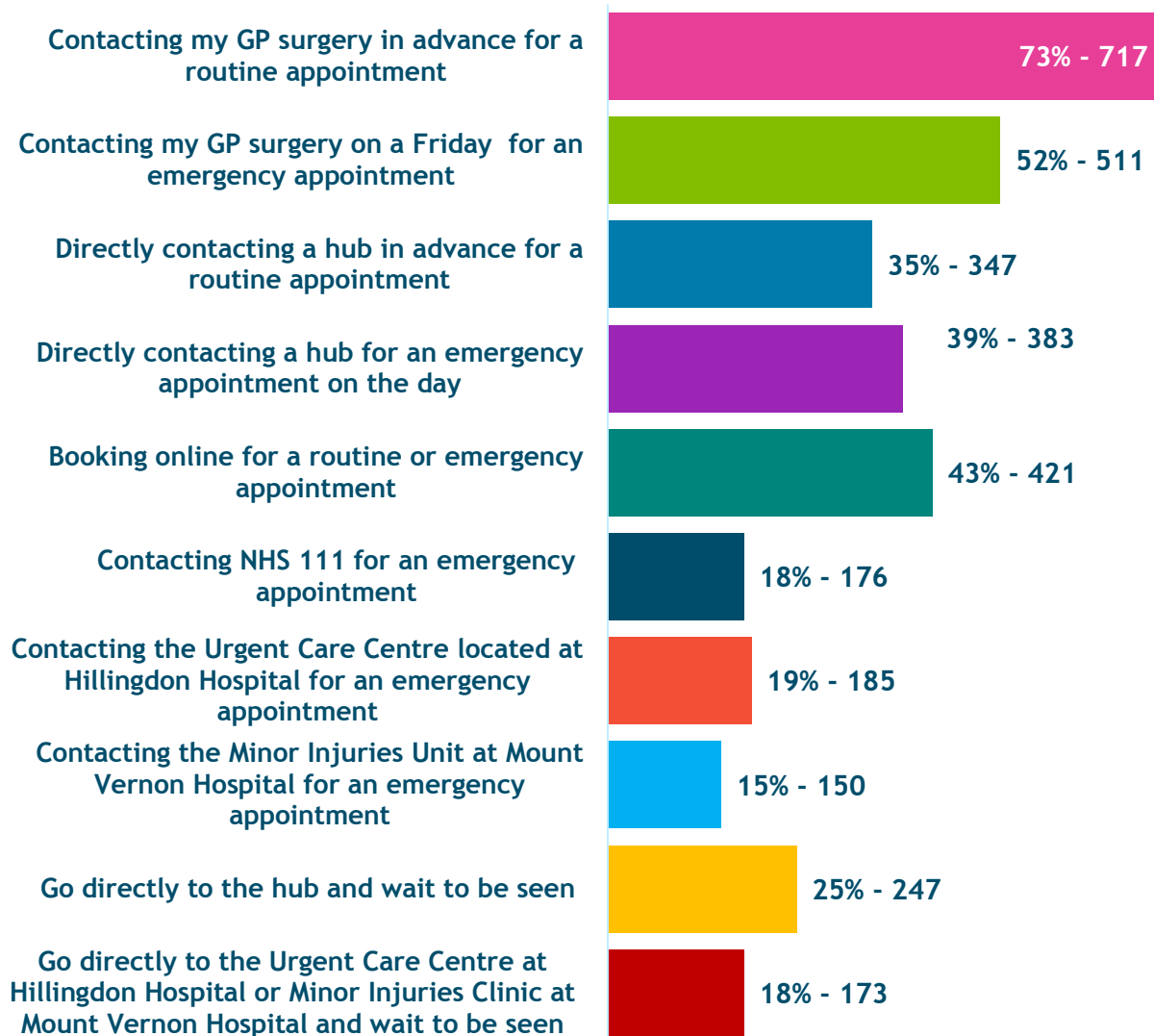


When asked about booking appointments for 'extended hours' on a Saturday and Sunday the favourite choice was through the GP surgery, with 73% (717)



respondents saying they would like to book in advance for a routine appointment and 52% (511) on the Friday for an emergency appointment.

Online booking 43% (421) and booking directly into the hubs for both routine 35% (347) and emergency 39% (383) were also popular in comparison to some of the other methods.



It is worth noting that for both evening and weekend ‘extended hours appointments’ there is little appetite from the public to just go and wait to be seen at either the hubs, the urgent care centre, or the minor injuries unit. Respondents would much rather be able to see a GP in the community. An analysis of the respondents who stated a preference for online booking was undertaken which showed that this option was selected uniformly and not by any specific age bracket.



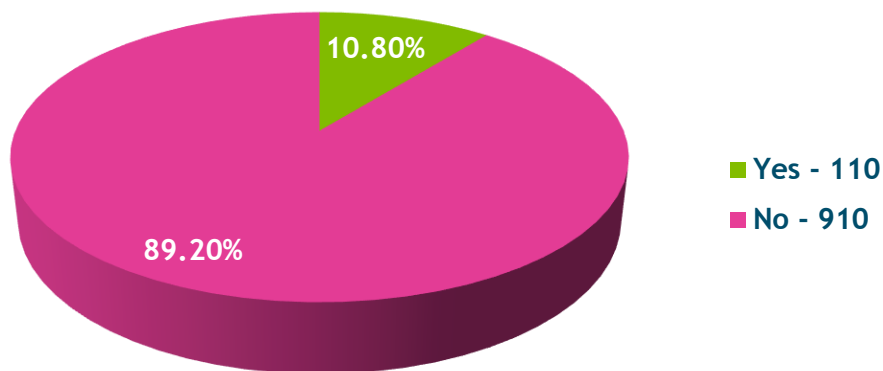
Is there anything else which you think is important for us to consider in terms of extending hours for GP Practices in your area?

- When choosing which locations for 'extended hours' hubs, accessibility, car parking, and public transport must be considered.
- Generally the quickest appointment available and in any 'extended hours' hub may override distance considerations - so offer the quickest appointment wherever as a choice.
- Older people need to be given better support and be able to talk to someone who speaks good English. The staff must be properly trained to communicate meaningfully with older people. They must be trained in proper, traditional ways of introducing themselves and gaining patient confidence.
- There needs to be better promotion of services covered, and a guide of where people should go for what ailment (i.e. pharmacy, GP or A&E).
- All GP surgeries should have the ability to take online bookings for 'extended hours' hubs.
- All 'extended hours' duty GPs should have to access complex patient notes to ensure full assessment of the patient.
- All GP practices should have these extended opening hours not just three hubs
- People in the south of the borough would not feel safe going to the HESA centre during hours of darkness because of its location so they must be offered all 'extended hours' appointments, not just their nearest hub.
- It's great having access to the 'extended hours' GPs but if you then have to drive miles for a pharmacy it's not joined up. Can they not have popular prescription medicines on site?
- When calling surgeries it is often very difficult to get through due to lack of lines at surgery and not enough staff available to take calls. Could a mobile texting service be available?
- Home appointments are desperately needed for Dementia patients and the infirm elderly in general who cannot get to a surgery.
- For minor ailment advice or enquiries where an appt is unnecessary an email service would save GPs and other staff time, would also save journey time and parking costs.
- There needs to be plenty of publicity if it is to go ahead.



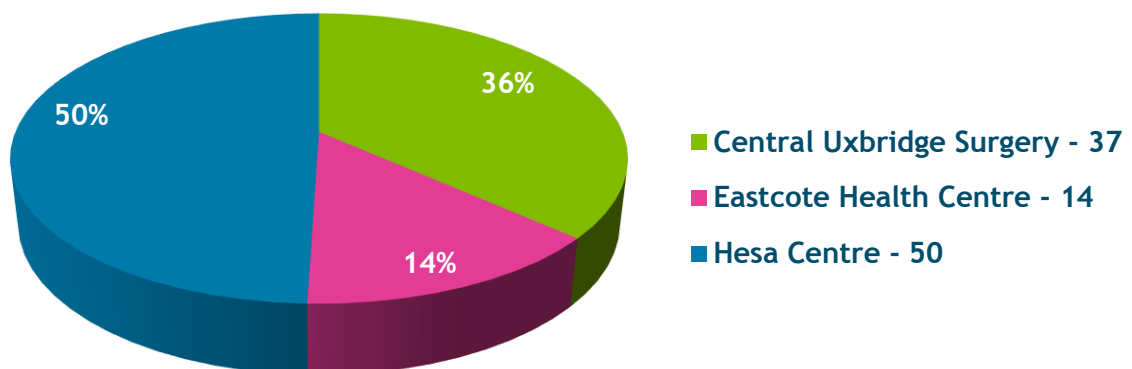
Have you used the current 'extended hours service', if so what is your experience of the service?

The majority of residents who took part in the survey were not aware that there has been an 'extended hours' service available since October 2017. Many asked where the publicity is for this service, and commented that surgeries had not offered them this service when they had needed it. Some people confused the 'walk in' centre at the Pinn Medical Centre as a hub. This centre is in Pinner, Harrow.



So it is not surprising that only 11% (110) of all respondents actually had any experience of attending an 'extended hours' appointment.

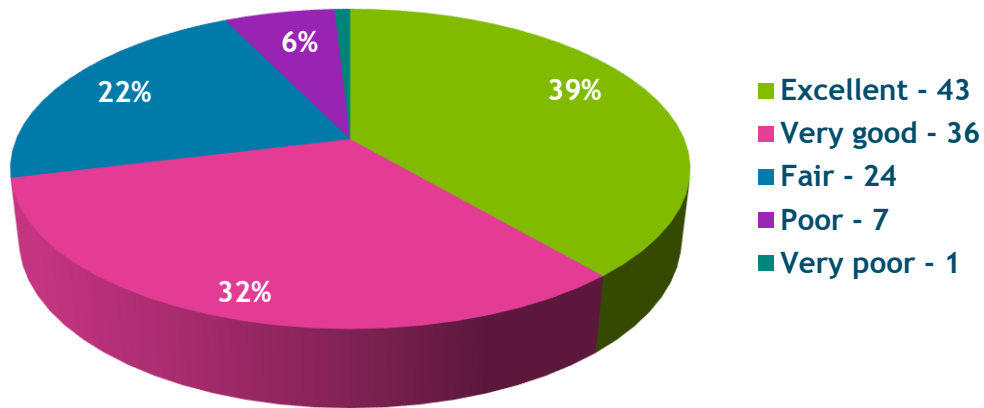
Of those that had been to an 'extended hour's appointment most 53% (50) had attended the Hesa Centre in Hayes, with 37% (37) attending Uxbridge, and 13% (14) Eastcote Centre.



Of the 110 respondents who have attended an 'extended hours' appointment, most, 91% were there to see a GP, 9% were there to see a general practice nurse.



The experience of the 110 respondents who did attend an appointment was very positive with 96% (103) rating the service fair, very good, or excellent. 39% (43) of respondents thought the service was indeed excellent.



Need to see a GP or nurse in the evening or at the weekend?

Evening and weekend GP appointments are available to book near you

Ask your GP practice receptionist for more details

When your GP practice is closed call NHS 111.

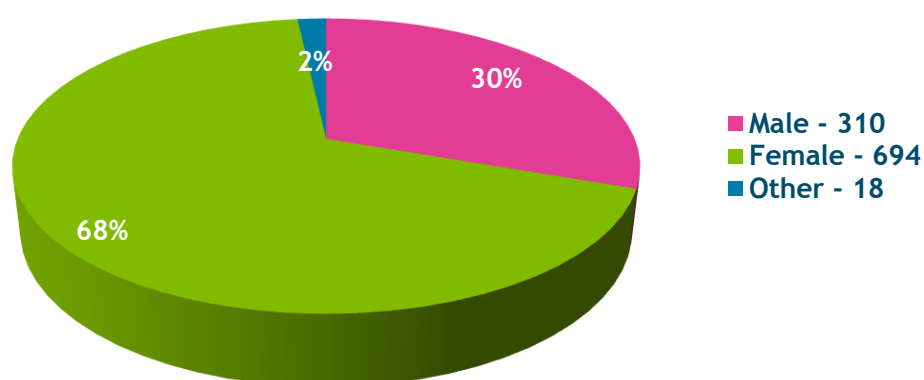
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NHS Stay Well
www.healthiernorthwestlondon.nhs.uk

Dr Jay Verma



Our Respondents

Gender



Our aim was to engage with as fully inclusive sample as possible to ensure all views were captured. To this end, locations and groups were selected to provide the opportunity to meet our objective. To ensure we canvassed parents who have a specific need for GP services, we went to Children’s centres, and Storytime toddler groups at libraries. This often gave us a biased sample in terms of female participation as we found that on the whole mothers attended these groups.

We went to hospital outpatient appointment areas: again we found that there were more females to complete our survey, as females attending appointments tended to go alone, while males attending appointments were accompanied by females.

We saw early on in the survey results that females were completing the survey more than their male counterparts. To try to address this in balance we thought of places that men were more likely to frequent. So we went to the pub. Whilst we did get some survey completions in public houses, we found men on the whole were less likely to want to engage in survey completion, hence our result.

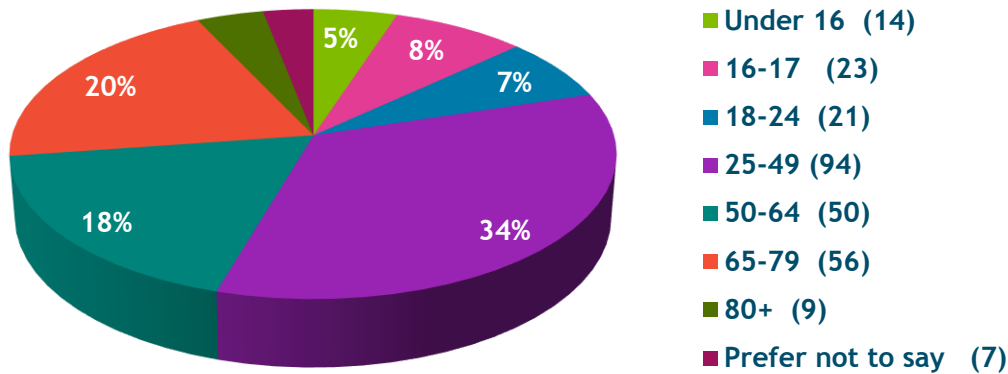
Age

The office for National Statistics Sub-national population projections estimate that in 2017 there are 309,300 people living in Hillingdon. 21.5% are under 16 year. 65.4% Hillingdon residents are of working age (16 to 64 years). 13% are aged over 65.

1013 respondents supplied their age information. Of our sample 18% were aged over 65, and 75% were aged between 17 and 64. We obtained a 4% response from those aged under 17 through attendance at Uxbridge College and Barnhill School,



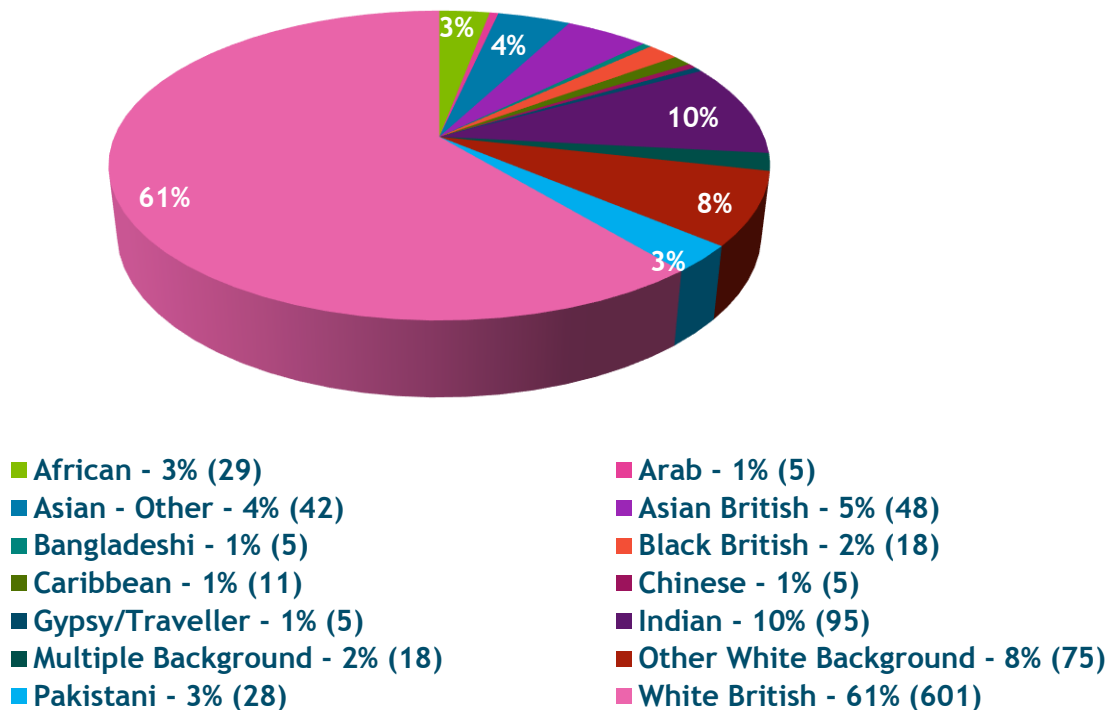
therefore our survey sample is largely in line with the breakdown of age ranges in the Hillingdon population over 16.



Ethnicity

It is clear from the Hillingdon Borough 2017 projections that the Hillingdon population is an ethnically diverse borough with 47% of residents from Black and Minority Ethnic groups.

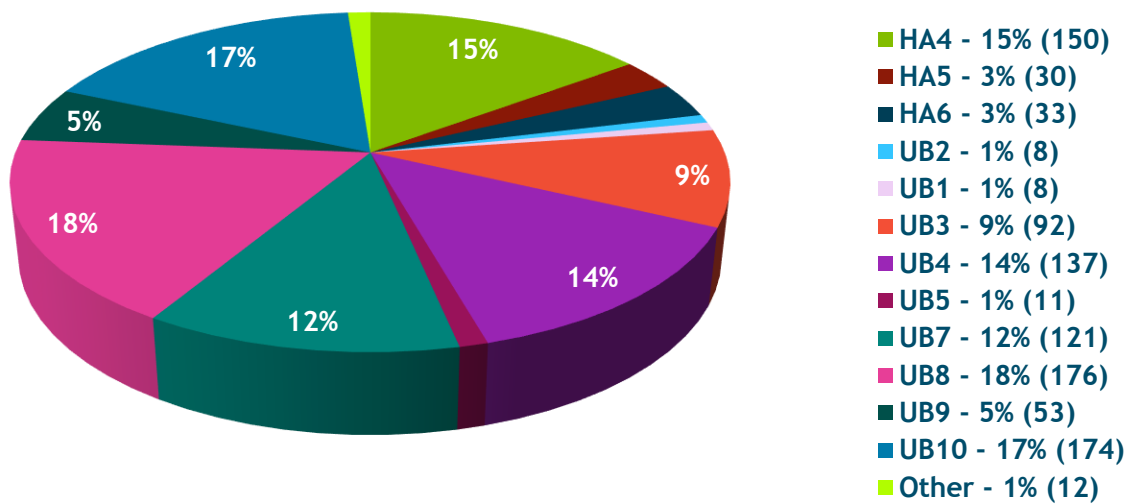
The Hillingdon GP Access Survey results show that the sample is inclusive of all ethnic groups in Hillingdon with nearly 40% of respondents from Black or Minority Ethnic Groups.



Disability

Out of the survey sample 22% (222) of respondents were prepared to say that they were living with a disability or long-term condition. 12% (26) of those living with a disability or long-term condition reported having a mental health condition. In terms of trying to include hard-to-reach groups such as people with sensory and physical disabilities, and mental health issues we targeted hospital waiting areas, dementia groups, elderly activity groups, and community Groups.

Postcode analysis



**Have
your
say**

**Talk
to us...**



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Healthwatch Hillingdon



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Healthwatch Hillingdon 'Mental Health, Wellbeing and Life Skills Programme'

School Monitoring and Evaluation Report - May 2018

Barnhill Community High School

Project Information

Project Name	Mental Health, Wellbeing and Life Skills Programme
Project Aim	Healthwatch Hillingdon will work with Barnhill High School to deliver a pilot, peer-to-peer Mental Health and Wellbeing project.
Project Summary	<p>Healthwatch Hillingdon worked in partnership with a group of Barnhill Community High School Year 12 pupils to deliver a pilot, peer-to-peer 'Mental Health and Wellbeing' project. The aims of the project were:</p> <ul style="list-style-type: none"> • To work with pupils to raise the school community's awareness of mental health and emotional wellbeing and increase understanding of the help and support available for young people. • To empower these pupils to develop the important life skills that help them to be emotionally resilient and mentally healthy e.g. teamwork, communication, negotiation, decision-making, problem solving, critical thinking, and self-awareness. <p>To start the school community on a journey which leads to a whole school approach to promoting children and young people's emotional health and wellbeing.</p>
Funding HCT	£2,605.00
Total project cost	£5,210.00
Project start date	November 2017
Project end date	March 2018
Project Beneficiaries	Direct - 25 Indirect - 1424
Project Beneficiaries breakdown	Wards - Botwell, Townfield and Pinkwell Ages - Young people aged 11 to 19 Ethnicities - Asian or Asian British, Black or Black British, European, Chinese or Chinese British, White, Mixed Heritage, Other.

What has been delivered to date

- 12 one-hour sessions (over 12 weeks) covering topics including awareness of mental health and stigma and discrimination, managing personal wellbeing, supporting others with their wellbeing, survey planning and delivery, data analysis, public speaking and presentation skills and campaign planning.
- Additional visits were made to the school for reasons including: to help students with data analysis, to reinforce the message of the importance of session attendance with students and to review project progress with school leads. This was in addition to the original programme delivery offer in response to the school's needs.
- More than four weeks of remote support including weekly emails to school leadership and direct beneficiary representatives during the campaign and follow up survey period to drive programme continuance.

Project Impact

- The data below shows the change in knowledge, skills and confidence of direct and indirect beneficiaries in relation to the three main planned outcomes for the project.
- Data was collected for Outcomes 1 and 2 through pre and post programme surveys with the direct beneficiary group. The difference in responses to the 'before' and 'after' surveys are due to 3 people leaving the programme after the first session and two students being unable to complete the 'after' survey due to illness.
- Outcome 3 data was collected through two surveys; one before and one after the direct beneficiaries' campaign, open to Barnhill's whole student body. Unfortunately, the data from these surveys is somewhat flawed for the following reasons:
 - ◆ Low response rate, particularly to the 'After' survey - Meaning that it is difficult to measure true impact across the whole school population; and
 - ◆ Demographic information shows that there were significant differences in the cohorts that completed the 'Before' and 'After' surveys - Meaning it is difficult to make direct comparisons in the two sets of data.
- Percentages from 'After' surveys are expressed as a factor of total 'After' responses rather than as a factor of 'Before' responses.

Output 1: 12 mental health awareness and personal development training sessions delivered to 25 Year 12 pupils (Direct Beneficiaries)

Outcome 1: An increase in the number of participants that agree that they have the knowledge and confidence to help make Barnhill Community High School a more open and supportive place.

Measure of success:	Before (21 responses*)	After (16 responses*)	Demonstrating % increase for Outcome 1 - Outcome achieved
	• 14 Agree (66.7%)	• 13 Agree (81.3%)	
	• 5 Neither/Nor	• 3 Neither/Nor	
	• 2 Disagree	• 0 Disagree	

Output 2: 12 mental health awareness and personal development training sessions delivered to 25 Year 12 students (Direct Beneficiaries).

Outcome 2: An increase in the number of participants who agree that they know how to improve and protect their own mental health.

Measure of success:	Before (21 responses*)	After (16 responses*)	Demonstrating % increase for Outcome 2 - Outcome achieved
	• 12 Agree (57.1%)	• 16 Agree (100%)	
	• 7 Neither/Nor	• 0 Neither/Nor	
	• 2 Disagree	• 0 Disagree	

Output 3: Mental Health awareness campaign delivered to the whole student body - approximately 1424 students (Indirect Beneficiaries).

Outcome 3: An increase in the number of students who agree they know where to go for mental health information and support.

Measure of success:	Before (511 responses)	After (317 responses)	Demonstrating % increase for Outcome 3 - Outcome achieved
	• 293 Agree (57.3%)	• 191 Agree (60.3%)	
	• 75 Neither/Nor	• 48 Neither/Nor	
	• 68 Disagree	• 38 Disagree	
	• 75 Don't know	• 37 Don't know	

Project Impact - Significant Achievements and Testimonials

Direct Beneficiaries

As shown in the tables above, the programme has delivered a significant impact against the planned project outcomes relating to direct beneficiaries.

Data and feedback from the pre and post programme surveys enabled us to gather not only the change in participants' knowledge, skills and confidence in relation to these outcomes, but also the change in relation to broader project aims. It also allowed us to evaluate the delivery and content of the programme.

Significant Achievements

- Students' comments demonstrate changes in increased confidence in presenting and public speaking when compared with their initial reactions about presenting to others. In fact, 43.8% of respondents highlighted delivering presentations as the best part of the programme.
- There has been an increase in the percentage of respondents who agreed to the statement "I know where to go for mental health, information and support, for myself and others". Increase from 66.7% to 100% of respondents.
- There has been an increase in the percentage of respondents who agreed to the statement "I feel confident to challenge stigma and discrimination". Increase from 66.7% to 100% of respondents.
- School feedback states that *"A particular strength of this programme is that it is student led and therefore our own students are developing their knowledge and understanding..."*
- There has been an increase in the percentage of respondents who agreed to the statement "I know what Healthwatch Hillingdon is and what the organisation does". Increase from 57% to 100% of respondents.
- Expressions of interest from pupils about volunteering with Healthwatch Hillingdon.
- Attendance at the Local Children's Safeguarding Board by a student to talk about the programme.
- School feedback states that *"On the strength of [the programme] some of the students have been selected to share this work with Governors and to sit on the borough's Health advisory panel."*

Recorded testimonials from students in response to the question "What were the best parts of the programme?":

- *"For me I would say the best part was doing the questionnaire and seeing what results came back, which were shocking as people actually opened up".*
- *"When she (the trainer) told us of her own experience, we felt more comfortable to open up".*
- *"Performing the presentation to everyone including professionals".*
- *"The trainer is one of the best characters and most supportive individuals I know. Her delivery of the programme in general".*

Recorded testimonials from students in response to the question "Please share any other feedback you have about the programme.":

- *"I think the programme should run in other schools as it has really changed the way I think about mental health and about others."*
- *"It was a lot of fun. I enjoyed working on the campaign as it also helped me develop my communication skills. Thank you for the opportunity".*
- *"I think it could really benefit other people across other schools because the programme gives so much information that can support individuals".*

Indirect Beneficiaries

As shown in the tables above, the programme has delivered an impact against the planned project outcome relating to indirect beneficiaries. However, we acknowledge that due reasons outlined above, this data is somewhat flawed.

- The 'Before' survey identified several students experiencing difficulties with their mental health and using negative coping mechanisms.
- The questions "Have you experienced any difficulties with your mental health and wellbeing?" and "You have told us that you have experienced difficulties with your mental health and wellbeing. If you would like to, please tell us about your experiences" identified students who have struggled or currently are struggling with emotional wellbeing.
- In response to the question "What do you do if you feel unhappy or stressed?", responses included:
 - ◆ Drink alcohol - 8 (1.6%)
 - ◆ Smoke - 12 (2.3%)
 - ◆ Use drugs - 12 (2.3%)
 - ◆ Hurt myself - 19 (3.7%)
 - ◆ Hurt other people - 16 (3.1%)
- The way we collected the data ensured teachers could contact respondents that were concerned about, whilst maintain their anonymity with regards to Healthwatch Hillingdon, direct beneficiaries and all other students.
- Following the programme the school has stated it will:
 - ◆ Support students that are cause for concern, including seeking help from outside agencies.
 - ◆ Implement training for staff and some younger students.
 - ◆ Train key personnel in Mental Health First Aid.

Key learning and actions

Have any problems occurred during the lifetime of our grant? If so, what have you done to address these?

- Sometimes sessions felt a bit rushed and I think this was because we were trying to fit too much into the programme. Feedback from students corroborated this.
- There was drop off from the group of direct beneficiaries. From the initial number provided by the school of 25, to 18. This was not a significant issue though because the majority of students completed the programme and some drop off is to be expected.
- Session attendance varied across the programme, but 16 out of 18 students attended 61% of sessions or more. Attendance was mostly impacted by the February/March exam period. I also wonder if the school pitching the programme as mandatory attendance, even though it was extracurricular, had a dual impact i.e. ensuring that some students attended consistently but also that others saw this as another 'school commitment'.
- Ensuring completion of the whole school surveys was the biggest challenge. We achieved good outcomes with the number of responses we received and feel that the impact could have been even greater with a higher number of responses to the first survey and an equal number of responses, from the same cohort, to the follow up survey. During analysis of data it seems that the before and after cohorts were quite different.

Action taken and to be taken moving forwards:

- We have streamlined the programme by removing some non-essential elements e.g. highly detailed information about programme planning and survey delivery. Students will still gain the same skills and experience but from a more practical view rather than through a more academic approach. This change also responds to some students' feedback that the programme could be a bit more interactive.
- As initial drop-off was not detrimental to the programme we continued delivery.
- It was not feasible to move the programme once we started so we accepted and absorbed the impact of the exam period and ultimately, the programme aims were achieved. However, moving forwards we will try to deliver in the period of September to December at future schools and if they would prefer the January to April period, we will discuss how exams will impact and ways to manage this.
- We will ask schools to carefully consider which students should become direct beneficiaries and suggest embedding the programme in PSHE or Citizenship Studies. If it is only possible to deliver the programme as an extracurricular activity we will ask them to outline what steps they will take to ensure consistent student attendance.

Have you changed any aspect of the work since the start of the grant? If so, please provide details of how and why.

- The focus and aim of the work has remained the same but it became evident that the schools are likely to require more support than initially planned. Delivering the programme as a pilot has enabled us to learn from and develop the programme. For example, we will now create an agreement with participant schools which outlines the commitment required from them for the programme. We will also run the whole school surveys without student involvement, instead led by the senior leadership team, to ensure better levels of response and to prevent delays to the rest of the programme. Direct beneficiaries will still review the data as this was

deemed to be an interesting and impactful part of the programme for Barnhill participants.

- Costs were lower than anticipated therefore Hillingdon Community Trust has generously allowed Healthwatch Hillingdon to run a 'Pilot 2" at another secondary school in the Trust area - Guru Nanak Sikh Academy. We will use the learning and feedback from the Barnhill Pilot in our planning and delivery at Guru Nanak.

Will the work continue beyond the life of our grant? If so, please indicate in what way and what funding you have secured or need to secure.

As mentioned previously, following the programme the school have stated they will:

- Support students that are cause for concern, including seeking help from outside agencies.
- Implement training for staff and some younger students.
- Train key personnel in Mental Health First Aid.

In addition, due to the project underspend we will be running a second part to the pilot at Guru Nanak Sikh Academy. We have also bid for funding from London Catalyst to extend the programme to three further schools in the borough.

Have there been any organisational or external factors, which have influenced your work? e.g. staff changes, premises, funding, changes in government policies.

The organisational and external factors that influenced the project have been outlined above, along with the steps we intend to take to address these when delivering at Guru Nanak and, hopefully, other schools in the future.

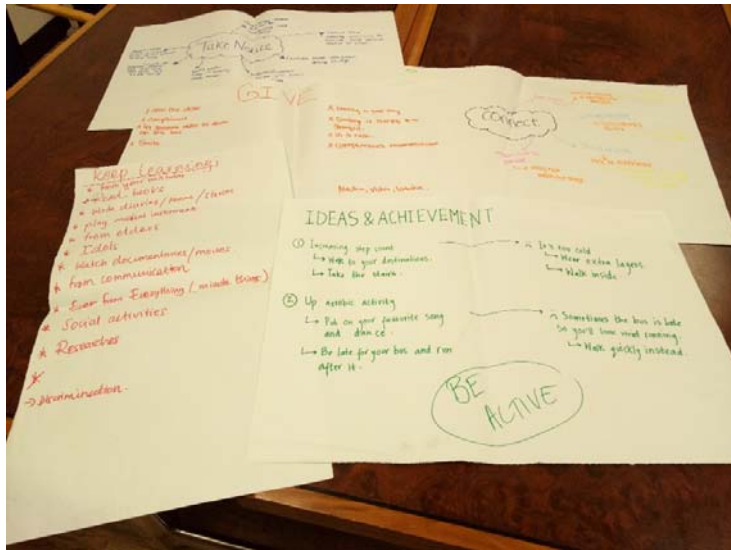
What lessons have you learnt from your work that would be useful to yourself and others?

- Schools are likely to require a higher level of support than anticipated.
- From delivering the programme I felt there is a need for more time for reflection and interactive elements with the direct beneficiary group, so I have built this into the redeveloped programme.
- Peer to peer support is an excellent way of educating young people and can have a positive impact. For example, following an assembly delivered by the programme participants, a student from Year 9 approached one of them to share that she had been struggling emotionally and would appreciate their support in getting help.
- It has been wonderful watching the young people involved learn that they can make a real difference to others.

With hindsight would you have done anything differently?

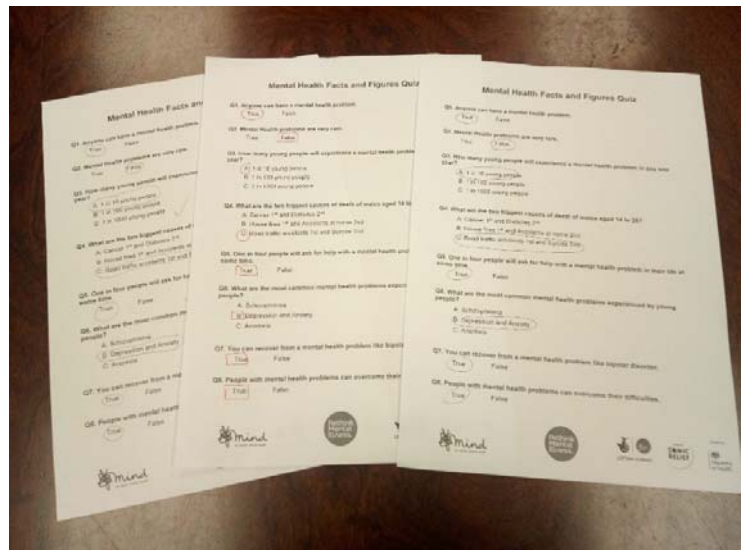
I would have created a more formal initial agreement with the school about commitment and expectations and included a slightly higher support offer. I would also have included more time for reflection with direct beneficiaries and explored more around personal wellbeing with them. Finally, I would have taken more photos of the amazing efforts of the students! Fortunately, this pilot has provided the opportunity to learn and reshape and therefore build a stronger programme moving forwards.

Photographs from the project



Students' ideas for how to achieve the Five Ways to Wellbeing

Mental Health Facts and Figures quiz sheets



Publicity and Presentation Group working on how to publicise the whole school survey.



Research and Data Group work on developing the whole school survey.

Preparing to present during the Public Speaking and Presentation Skills session



The poster created by students as part of their campaign.

Some of the direct beneficiaries with their certificates at the end of the programme.



EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

To enable the Committee to track the progress of its work in 2018/2019 and forward plan its work for the current municipal year.

RECOMMENDATIONS:

That the External Services Select Committee:

- 1. considers the Work Programme and agrees any amendments;**
- 2. identifies topics for the Crime and Disorder meeting on 12 February 2019;**
- 3. identifies issues to be considered at the meetings on 10 October 2018, 15 January 2019 and 13 March 2019; and**
- 4. agrees a topic for in-depth review during this municipal year.**

SUPPORTING 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 13 June 2018, 6pm	CR6
Tuesday 10 July 2018, 6pm	CR6
Thursday 6 September 2018, 6pm	CR6
Wednesday 10 October 2018, 6pm	CR5
Tuesday 13 November 2018, 6pm	CR6
Tuesday 15 January 2019, 6pm	CR6
Tuesday 12 February 2019, 6pm	CR6
Wednesday 13 March 2019, 6pm	CR6
Wednesday 10 April 2019, 6pm	CR6

2. It has previously been agreed by Members that, whilst meetings will generally start at 6pm, 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. Members will note that further consideration will need to be given to the content of the meetings in October 2018 and January and March 2019.

3. It should be noted that the Committee is required to meet with the local health trusts at least twice each year. It is also required to scrutinise the crime and disorder work of the Safer Hillingdon Partnership (SHP). To keep the crime and disorder meetings focussed, as well as receiving a general update on the performance of the SHP, specific topics are identified for each of the meetings and only the relevant SHP partners are invited to attend. Consideration will need to be given to the topics for the meeting which has been scheduled for 12 February 2019.

Reviews

4. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Panels to undertake in depth reviews on its behalf. These Panels are 'task and finish' and their membership can comprise any London Borough of Hillingdon Councillor, with the exception of Cabinet Members.
5. Members are asked to agree a review topic for consideration by the External Services Select Committee during this municipal year. During the previous municipal year, Members suggested the following as possible items for future review:
 - Telecommunications - plans in place by BT regarding advancements made in mobile technology
 - Mental health discharge
 - Post Office provision
 - Collaborative working between THH and GPs in the community
 - Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough
6. Other topics identified by Members and officers during this municipal year include:
 - Transport for London
 - Effectiveness of cancer screening and diagnostics in Hillingdon
 - Child and Adolescent Mental Health Services
 - Child friendly suite at Northwood Police Station – to be raised at the meeting on 6 September 2018
 - Knife crime – to be raised at the meeting on 6 September 2018
 - New Basic Command Unit policing arrangements in the Borough (BCU) - to be raised at the meeting on 6 September 2018
7. Once Members have decided on a review topic, officers will draft a scoping report which will be considered by the Committee at its next meeting on 6 September 2018.

BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME**

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

Shading indicates completed meetings

Meeting Date	Agenda Item
13 June 2018 Report Deadline: 3pm Friday 1 June 2018	The Role of Policy Overview and Select Committees
10 July 2018 Report Deadline: 3pm Friday 29 June 2018	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 8. Local Medical Committee
6 September 2018 Report Deadline: 3pm Friday 23 August 2018	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. Metropolitan Police Service (MPS) – new policing arrangements, knife crime; closure of the child friendly policing facilities in Northwood. Health and Wellbeing Board Overview of the Health and Wellbeing Board Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Criminalisation of Looked After Children • Child Sexual Exploitation Major Review: Consideration of scoping report.
10 October 2018 Report Deadline: 3pm Friday 28 September 2018	

Meeting Date	Agenda Item
<p>13 November 2018</p> <p>Report Deadline: 3pm Thursday 1 November 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>15 January 2019</p> <p>Report Deadline: 3pm Thursday 3 January 2019</p>	
<p>12 February 2019</p> <p>Report Deadline: 3pm Thursday 31 January 2019</p>	<p>Crime & Disorder</p> <p>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
<p>13 March 2019</p> <p>Report Deadline: 3pm Thursday 28 February 2019</p>	
<p>10 April 2019</p> <p>Report Deadline: 3pm Thursday 28 March 2019</p>	<p>Health</p> <p>Quality Account reports, 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>June 2019</p> <p>Report Deadline: TBA</p>	<p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Hospital Discharges (SSH&PH POC)

Meeting Date	Agenda Item
July 2019 <i>Report Deadline: TBA</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
September 2019 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <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
October 2019 <i>Report Deadline: TBA</i>	
November 2019 <i>Report Deadline: TBA</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
January 2020 <i>Report Deadline: TBA</i>	
February 2020 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <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

Meeting Date	Agenda Item
March 2020 <i>Report Deadline: TBA</i>	
April 2020 <i>Report Deadline: TBA</i>	Health Quality Account reports, 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
Possible future single meeting or major review topics and update reports	
<ul style="list-style-type: none"> • Telecommunications - plans in place by BT regarding advancements made in mobile technology • Mental health discharge • Post Offices • Collaborative working between THH and GPs in the community • Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough 	

PROPOSED MAJOR REVIEW (PANEL)

Members of the Panel:

- Councillors TBA

Topic: TBA

Meeting	Action	Purpose / Outcome
ESSC: 10 July 2018	Agree Scoping Report	Information and analysis
Panel: 1st Meeting - TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Panel: 2nd Meeting - TBA	Witness Session 2	Evidence and enquiry
Panel: 3rd Meeting - TBA	Witness Session 3	Evidence and enquiry
Panel: 4th Meeting - TBA	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: TBA	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: TBA <i>(Agenda published: TBA)</i>	Consider Final Report	Agree recommendations and final report

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

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