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External Services Select Committee

Date: **TUESDAY, 11 DECEMBER 2018**

Time: **6.00 PM**

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

Meeting Details: Members of the Public and Media are welcome to attend.

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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

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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.

'Select' Panel Terms of Reference

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

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

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

13 November 2018

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

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Ian Edwards (In place of Teji Barnes), Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia **Also Present**: Kim Cox, Hillingdon Mental Health Borough Director, Central & North West London NHS Foundation Trust Imran Devji, Director of Operational Performance, The Hillingdon Hospitals NHS Foundation Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Turkay Mahmoud, Vice Chairman, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Maria O'Brien, Executive Director, Central & North West London NHS Foundation Trust Vanessa Saunders, Deputy Director of Nursing and Patient Experience, The Hillingdon Hospitals NHS Foundation Trust (THH) Dr Veno Suri, Vice Chair, Hillingdon Local Medical Committee (LMC) Natasha Wills, The London Ambulance Service NHS Trust, Assistant Director of Operations, North West **LBH Officers Present**: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager) **Press and Public: 3**
29.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor Teji Barnes. Councillor Ian Edwards would attend the meeting as her substitute.
30.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
31.	**MINUTES OF THE PREVIOUS MEETING - 30 OCTOBER 2018** *(Agenda Item 4)* Consideration was given to the minutes of the meeting held on Tuesday 30 October 2018. A number of small typographical errors were identified and amended. In addition, it was agreed that the following amendments be made: 1. Minute Number 26, Paragraph 3: The sentence beginning “The first that Ms

Byrne had known…" be changed to "Ms Byrne stated that the first that she had known…".

2. Minute Number 26, Paragraph 5: The final sentence be amended from "…noted that Ms Byrne did attend ENH Board meetings…" to "…noted that Ms Byrne did attend Heads of Department meetings with a standing item on fundraising for services…".

RESOLVED: That, subject to the above amendments, the minutes of the meeting be agreed as a correct record.

32. **HEALTH UPDATES** *(Agenda Item 5)*

The Chairman welcomed those present to the meeting.

Royal Brompton and Harefield NHS Foundation Trust (RBH)
Mr Nick Hunt, Director of Service Development at RBH, noted that the Trust's Clinical Quality Report Month 5 2018/19, which was considered by the RBH Board on 26 September 2018, had been circulated to Members before the meeting. He noted that the CQC had undertaken a spot inspection where the focus at Harefield Hospital had been on surgery. There was a possibility that the Hospital could receive an 'Outstanding' rating.

With regard to the relocation of the Royal Brompton Hospital to a new site, work was ongoing with Kings Health Partners.

Mr Hunt advised that he had joined the Hillingdon Transformation Board as a result of Harefield Hospital's role on the possible development of a new acute hospital and medical training courses at Brunel University. He noted that Brunel University owned a large amount of land which was officially greenbelt but which had formerly been a nursery and market garden. As a result, there were asbestos lined pipes still in situ that had been used for the greenhouses. It was clear that Hillingdon Hospital needed a new building and concerns had been expressed regarding the longevity of the existing building. Lord O'Shaughnessy, Parliamentary Under Secretary of State at the Department of Health, Sir Robert Naylor, who had undertaken a review of NHS property and estates, and various politicians had expressed their support for a new hospital development on the Brunel land.

If the project was to go ahead, it was likely that Harefield Hospital would transfer in its entirety, thus releasing 45 acres of greenbelt land in Harefield. This move would mean that Harefield's iconic heart transplant service would be co-located with Hillingdon Hospital, offering significant pathway synergies. Consideration was also being given to the use of technology to support resources such as remote access clinics. If the project went ahead, the aim would be develop a completely digitally supported building. It was thought that the commissioners were very excited by the proposals.

Members were aware that there had been noises made about the need for a new hospital for some time. It was agreed that the project needed to be driven forward within a reasonable timescale. Although there had been a proposal for a land swap between Harefield Hospital and Brunel University, it was unclear how far this suggestion had progressed.

The London Ambulance Service NHS Trust (LAS)
Ms Natasha Wills, Assistant Director of Operations North West at LAS, apologised for Mr Ian Johns not attending the last health update meeting on 10 July 2018. She noted that the LAS had moved to Ambulance Response Programme (ARP) performance

measurements.

With regard to the recruitment and retention of staff in the call centre, the LAS had been bound by a national pay agreement which had not aligned with the other emergency services. This pay agreement had now been renegotiated and aligned with the other services and this had helped to improve recruitment. It was noted that the LAS had implemented a programme to recruit 171 Full Time Equivalents (FTEs) by 31 March 2019. Forecasts indicated that the Trust would recruit 169 FTEs by the end of this period. Retention had also improved as a result of training opportunities for staff and the proportion of BME staff had increased from 9% last year to 11%.

Ms Wills advised that staff were being issued with iPads which enabled them to access Coordinate My Care (CMC) records. The LAS was also committed to moving to Electronic Patient Report Forms (EPRFs) next year. These two developments were currently work in progress.

The LAS had undertaken a pilot in Newham where the Trust had gained access to GP patient records. There had been a number of lessons learnt from this scheme such as the need to gain permission from each surgery to access their patient records. Ms Wills advised that the LAS only needed to gain access to a patient's notes and not the rest of their record. Any further developments in relation to this would need to adopt a pan-London approach.

Ms Wills advised that the LAS was also looking at maternity services across London. A pilot was currently underway in Brent. Evidence would be gathered and analysed at the end of the pilot.

LAS response time targets had changed on 1 November 2017. During the last 12 months, the Trust had developed a baseline. Members were advised that the LAS had been rated first nationally with regard to response times this week. Although this changed each week and there had been challenges in relation to meeting the Category 3 (urgent) target and dealing with increased demand at weekends, the LAS was usually in the top three performing areas.

Ms Wills noted that the volume of demand in London was being used to help inform the national picture in terms of target setting. As a result, ARP metrics would now be reviewed on an ongoing basis and include LAS involvement.

A mental health car had been piloted in London. The effectiveness of the pilot was being monitored and an analysis of the evidence and historic demand would be undertaken once the pilot had ended to ensure that resources were targeted effectively. This type of mobile resource would have a mental health nurse and a higher trained paramedic on board.

Ms Wills noted that a mental health nurse was available in the control room at all times. This nurse was able to assess patients on the phone, provide advice to crews on the scene and was more familiar with accessing mental health pathways. She also advised that a falls vehicle would be trialled in North West London (NWL). Ms Maria O'Brien, Executive Director at CNWL, noted that work around falls was becoming an increasingly important area in Hillingdon. Resources needed to be targeted effectively to respond to patients quickly in their own homes. She advised that staff from CNWL and the LAS had spent time in each other's place of work to get a better understanding of the other's skills and challenges faced. It was agreed that an update on this work be provided to Members at a future meeting.

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that the LAS contract was managed across the NWL area. Ms Wills noted that demand for the LAS service was more effectively addressed when the Trust was able to work across CCG boundaries.

Ms Kim Cox, Borough Director for Central and North West London NHS Foundation Trust (CNWL), advised that there had been an increase in the number of calls received by CNWL. The Rapid Response Team (RRT) was in place to help avoid admission to a mental health inpatient ward by providing intensive support to people in acute mental crisis in their homes. The RRT was meeting its targets and was able to provide support when a mental health nurse or an ambulance crew alone were not enough.

Ms O'Brien advised that the Trust had developed a Single Point of Access. Although this was being pushed, demand needed to be mapped out and areas where resources could be shared needed to be identified.

Ms Cox advised that CNWL had been working the Metropolitan Police Service to look at addressing the issue of frequent callers. This SIM project would be initiated early next year and Ms Cox would be happy to provide Members with an update at a future meeting. Ms Wills noted that the LAS had joint response units which had access to police radios. National conversations were being held with regard to joint working which was undertaken wherever possible (for example, the LAS worked with the London Fire Brigade).

Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon (HH), advised that HH received very little feedback from members of the public in relation to the LAS. He noted that conversations had been undertaken between the LAS and HH some time ago regarding the need to gather feedback on LAS patient experience. Due to a lack of funding to support the project, this had not yet come to fruition. Mr Hawkes stated that direct access would be good and could provide some synergies.

A lot of work had been undertaken locally in relation to End of Life Care (EoLC) to work towards helping people to die at home rather than in hospital. Dr Veno Suri, Vice Chair at Hillingdon Local Medical Committee (LMC), advised that GPs had shared palliative care information on CNC with the LAS. However, not all organisations were able to access the information as there were issues regarding governance (where some patients didn't want their information shared) and with the incompatibility of some IT systems used by partners.

Where a patient had requested that they not be resuscitated, a copy of the CPRDNR (signed by the GP) would be in the patient's house and another at the GP practice. Hospital consultants might also complete a separate form. Ms Morison advised that the ability of the different partners to share information was a priority. Although the challenge was partly in relation to access, the Medical Interoperability Gateway (MIG) was able to connect different healthcare software. She expressed concern that the most significant risk was associated with not sharing information in a patient's records that could prove to be critical. Mr Hawkes noted that this situation had not been helped over the last couple of years by the negative publicity regarding information sharing.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>
Mr Imran Devji, Director of Operations at THH, noted that during the last six weeks there had been an improvement in the Trust's performance against the four hour standard. He advised that this had resulted from a huge amount of work by staff in the Emergency Department (ED) and on the wards and that there was clear evidence that better systems and control had made the service safer and more responsive for

patients.

The four hour emergency care standard measured the time from which a patient presented at the hospital to the time that they were either admitted or discharged. Members queried how the four hour target could be stated as 84.8% in October 2018 when the NHS England (NHSE) website stated that Hillingdon had the worst Type 1 performance in London and the fifth worst in England. It was noted that Type 1 related to ED attendances, Type 2 related to specialist attendances such as eye and dental and Type 3 related to Urgent Care Centre (UCC) attendances. Ms Morison advised that different Trusts reported their attendance in different ways which meant that they were not always comparable but noted that, irrespective of whether they were Type 1 or 3, all patients needed to be seen within four hours. Some Trusts provided both UCC and ED services (such as Homerton) whilst others, like THH, provided the ED service with the UCC being provided by an external organisation. It was recognised that the UCC service (Type 3) had been performing well whilst improvements were still needed around the ED (Type 1) performance.

Mr Devji advised that the ED had been designed for 135-140 attendances and 40-45 ambulances, yet actual attendance and ambulances were around twice these figures. THH had been using different models to address the physical constraints as well as looking at bed pressures and models of care in the community.

Hunter Healthcare had been appointed to look at the flow from admission to discharge of patients that were fit to leave hospital. Four work streams had been identified: ED; site management; interface for the discharge of stranded patients (those that had been in hospital for more than six days); and a medical model. THH had been working with HCCG to develop procedures for tracking, escalating and resolving stranded patients (the number of stranded patients had reduced from approximately 225 in March/April 2018 to 175-180 now). Ambulatory care was also being streamlined and THH had been working with health partners on a revised model which would be effective from 14 November 2018. If this model worked as anticipated, it would free up 13-14 beds.

A Rapid Assessment Medical Unit had been developed to provide a dedicated area for medical patients to be seen. This would prevent these patients from having to go to the ED and reduce bottlenecks. Mr Devji noted that, on Monday 5 November 2018, there had been 238 attendance in the ED (not including UCC attendances) and 96 ambulance conveyances (85 was the maximum capacity and 50-60 was the usual number of conveyances). Staff had managed patient flows well during this very busy period which illustrated the need to consistently challenge processes and procedures. These systems would be reviewed after 30, 60 and 90 days and then on an ongoing basis to ensure that the practices were embedded within the organisation.

Members were advised that the ED expansion was due to be completed and opened on Monday 19 November 2018. The new area included examination cubicles for ambulance streaming and overflow, a separate dedicated room for patients with mental health issues, dirty and clean utility rooms and a triage room. It was noted that the majority of the £2m needed for this expansion had been given to THH by the Department of Health following a bid process during the previous year. Mr Devji advised that, whilst the expansion had provided 35-40% more capacity, new models would help to further improve the Trust's ability to deal with the increasing volume of patients presenting at A&E. Communication had been undertaken with front line staff to ensure that they were involved in finding solutions to the challenges faced by the Trust and that they adopted some level of ownership for the implementation of solutions.

Mr Devji stated that, at the end of September 2018, THH was nearly £6m overspent against its deficit budget. The Trust had advised NHS Improvement (NHSI) that it would not achieve its budget by the end of the year and it was noted that, if the current level of spending was not addressed, the Trust would be overspent by approximately £12.6m by the year end. Mr Devji believed that the non-clinical improvements being made would help to reduce this to an overspend of approximately £7.2m. He went on to advise that NHSI had required THH to engage Kingsgate (an organisation specialising in transformation, turnaround and transition) to identify solutions. Discussions with Kingsgate regarding support were underway and the organisation would be working with THH until February 2019.

Following the CQC inspection, THH continued to work with NHSI and the CQC, with monthly evidence meetings to demonstrate progress on the CQC implementation action plan. Mr Devji advised that he would provide Members with an update on progress at a future meeting.

Hillingdon Improvement Practice (HIP) had initially been a three year programme to introduce an improvement methodology across the Trust. It was intended to be a long term practice, engaging with both organisational culture and performance delivery and was based on Lean methodology principles. A series of large and smaller scale organisational development events had taken place to look at operational pathways and to enable staff to improve their own ways of working. Mr Devji noted that this level of large scale change and development took time to implement but provided the opportunity to reap significant rewards. For example, the ambulance hand over times had been improved. Mr Devji provided Members with illustrative return on investment (ROI) figures with regard to the HIP programme. The conservative ROI figures provided had been based on one major programme per year and a low estimate of cash releasing improvement to be achieved by individual improvement programmes.

Members were aware that ambulance crews remained with the patient that they had conveyed to hospital until they had been handed over properly. Sometimes this involved a significant wait. Mr Devji reassured Members that THH staff undertook initial observations on the patient's arrival via ambulance as soon as possible.

The Hillingdon Health and Care Partnership (HHCP) partners had been developing a new model of integrated care for the Borough. THH had been working alongside all providers, including social services and care homes, and it was anticipated that the work would help to address the funding gap on the whole health system. To help achieve its goals of improving patient experience (by speeding up service delivery, minimising duplication and reducing unnecessary hospital activity), HCCP would focus on the following five key projects over the next 12 months: improving musculoskeletal services; improving the management of frailty and falls; active case management; same day emergency care; and developing Locality Neighbourhood Teams.

Members were advised that THH had entered into a 10 year contract to provide support for community health services in Ealing, including care of the elderly and children's services. THH would receive an annual income of approximately £2m for this service provision which had resulted from a partnership to deliver Ealing community services led by West London NHS Trust and which included CNWL.

Ms Vanessa Saunders, Deputy Director of Nursing at THH, provided Members with more detailed analysis of the results of the Friends and Family Test (FFT) for maternity services. Splitting this information out had provided a much clearer picture of the service and had highlighted areas where female respondents needed to be targeted differently. For example, consideration was being given to possible improvements to

increase community responses as patients tended not to return completed surveys in order to maintain their anonymity. Ms Saunders noted that this level of detail would continue to be produced and might also be used by the THH Board.

Mr Devji advised that a programme had been devised to bring all male and female day case patients into one unit, co-located next to theatres to improve patient flows and protect beds against emergency admissions. These spaces would be ring fenced for surgical day case patients to ensure that patients were able to have their surgery as planned through the difficult winter months in a predictable manner. Further work would be undertaken next year to ensure day care comprised three areas with 20 trolleys fitted with piped gases and a call bell system and which could be used for male or female patients. It was agreed that an update be provided at a future meeting on the Trust's performance against the 18 week referral to treatment target.

<u>Central and North West London NHS Foundation Trust (CNWL)</u>
Ms Kim Cox, Hillingdon Mental Health Borough Director for CNWL, advised that Lifeline 24/7 aimed to support people to be cared for and die in their preferred place. It also aimed to contribute to the provision of End of Life Care (EoLC) in Hillingdon and support patients, carers and all other healthcare professionals involved. The service comprised:

- A 24 hour telephone line offering support and advice for patients, carers and other healthcare professionals. Since the service had been launched on 26 September 2018, it had received 128 calls (57 of which were out of hours), helped 7 people in September and 22 people in October to die in their preferred place, made 31 visits and received referrals from District Nurses, RRT and Harlington Hospice;
- Palliative overnight nursing service which visited patients in their own homes to support them to be cared for and die at home according to their wishes; and
- Collaboration with all services involved in aspects of EoLC in Hillingdon, operating a 'no wrong door' policy.

Concern was expressed that residents were unaware of the availability of the 24 hour support line and had experienced problems in getting someone to come out. Ms O'Brien advised that this was a new service and that CNWL was working to raise awareness of the service which also included the ability for nurses to go out into the community. She would be happy to speak to Councillors outside of the meeting to address any specific issues.

Joint working had been ongoing between the Child and Adolescent Mental Health Service (CAMHS) and community paediatricians to look at developing a shared pathway for Autistic Spectrum Disorder. This had not been quite as straightforward as one might think. Ms Cox agreed to provide Members with an update at a future meeting.

HHCP put CNWL in a prime position to offer integrated physical and mental health community based services. Work was underway to offer integrated teams whilst maintaining specialism and expertise to ensure that patients received the care that they needed. The teams would be constituted based on the needs of each neighbourhood, population data and robust risk stratification, and the changes made would be in relation to service delivery rather than the services themselves. From a systems perspective, it was noted that models were driven by need. By looking at the population data, CNWL would be able to compile a single data set and ensure that the teams placed in each area had a neighbourhood feel to them which reflected the needs of that community.

Ms O'Brien advised that CNWL had not previously had an inpatient mental health unit for children and young people in NWL. On 12 November 2018, Lavender Walk was opened to provide 12 beds, supplemented by a day programme. The existence of this unit meant that young patients would no longer have to go to inpatient facilities in places as far afield as Colchester and Edinburgh which had proved to be stressful for the young people and their families. Two children had been admitted to the unit so far (one was from Hillingdon) and the co-location of the unit alongside Chelsea and Westminster was thought to provide additional benefits.

The provision of urgent response to children's mental health issues had been remodelled to cover the NWL STP footprint. The model focussed on supporting the crisis pathway by providing brief admissions which would lead to supported discharge and ongoing treatment at home.

A new single point of referral service for older people had commenced on 1 September 2018. Staff were rotated daily into this service to provide cover, and dedicated space in the reception area at the Woodlands Centre was now operational for the service. Ms Cox advised that mental health services were also changing their patient record system to ensure that a single electronic system was used across all services provided to promote integrated working across the Trust. This would ensure that records could be shared when relevant.

It was noted that work to replace the patient record system had commenced five or six years ago as notice had been given that the system used by CNWL's physical health services would become obsolete. As community health services used a completely different system, this was used as an opportunity to align the technology. Although CNWL had made it clear that interoperability was very important, options had been limited. Ms O'Brien advised that, although there was no reason why the SystmOne and EMIS systems used by GPs could not interface (a Medical Interoperability Gateway (MIG) system would sit over the top of all of these systems and pull relevant data out when requested), there was still some resistance from the two major GP software suppliers to progress this fully.

Concern was expressed regarding the ability for Ealing community services and the eight NWL CCGs to work closely together to look at cross border issues (for example a Hillingdon resident who's GP was in Ealing). Although it was thought likely that close working would be able to counter any cross border issues with neighbouring boroughs, this would be determined by what it was that commissioners were asking CNWL to do.

Members were advised that CNWL had taken action to address the negative feedback that had been submitted. Examples of the action taken were provided to the Committee.

Ms Cox stated that when the Trust had previously been inspected by the CQC, it had been rated as Good. The CQC would be returning in March 2019 to re-inspect the 'Well led' elements of the Trust. The CQC would also be re-inspecting most areas and had already arrived in some of the inner London boroughs and had made large data requests. In addition, Ms Cox advised that Deloitte had recently reviewed CNWL's 'Well led' domain and the initial feedback received had been promising.

<u>Healthwatch Hillingdon (HH)</u>
Mr Graham Hawkes, Chief Executive Officer at HH, advised that HH had been an advocate for change and it was pleasing to know that the work undertaken by the organisation helped to inform and change services. The hospital discharge review undertaken by HH had received an award from Healthwatch England.

The 27 young people engaged with Young Healthwatch had been busy. Healthfest 2018 had been held in the Middlesex Suite at the Civic Centre in Uxbridge in September. Around 100 young people had attended and an account of the event would be included in the next Annual Report.

Mr Hawkes noted that challenges still remained within Hillingdon Hospital, community mental health services, staffing and prompt response. During the course of his eight years in the Borough, Mr Hawkes believed that HH and healthcare had come a long way with some organisations making significant improvements.

The Chairman thanked Mr Hawkes for the work that he had led over the last eight years and noted the progress that had been made with regard to patient engagement and the professional acclaim received by the organisation. Extraordinary advances had been made and Mr Hawkes had been instrumental in this as well as in the development of good relations in the healthcare sector.

Mr Hawkes advised that, despite leaving, he would like to continue to provide input into HH over the next year, particularly in relation to the Annual Report. He appreciated the Committee's recognition of the work that he and his colleagues at HH had undertaken.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Managing Director at HCCG, advised that around 4% of GP appointments were deemed DNA (Did Not Attend). Although this figure seemed reasonable, HCCG would continue to monitor DNA rates as it might change over the winter months.

It was noted that the eight NWL CCGs continued to develop their approach to collaboration with a view to reducing variation in care, improving cross border issues, reducing duplication and improving efficiency. For example, consideration was being given to how diabetes was dealt with in the eight boroughs with a view to identifying good practice and replicating that across all of the boroughs. Collectively, the NWL CCGs would also have better leverage for change with Trusts. To date, a number of appointments had been made which would cover the NWL area.

A joint committee of the eight NWL CCGs had been set up in shadow form and met in public on a monthly basis at different venues around NWL (these meeting were broadcast live on the Internet). On 19 October 2018, the CCG membership voted to fully establish the joint committee of NWL CCGs, permit electronic voting and reduce the quorum from 75% to 66%. It was hoped that the joint committee would meet again in December 2018 and then in January 2019, following ratification of the amendment by NHS England, HCCG would move to a quarterly schedule of governing body meetings to align with the joint committee timetable.

Ms Morison advised that, in 2016, the Wood Review of local safeguarding children boards had recommended changes to the way that the Child Death Overview Panel (CDOP) function was delivered so that the panels covered larger areas where trends and patterns could be assessed and learning disseminated across a wider area. Currently, there were six CDOPs to oversee the review of child deaths in the eight NWL boroughs. A successful bid had been made by Harrow on behalf of the eight NWL boroughs for funding from the Department for Education (DfE) and NWL was now an Early Adopter Site for developing new arrangements which were still a work in progress and open for debate.

HCCG had been working closely with partners on a number of initiatives to manage

demand on the urgent care system. The programme of integrated discharge that was in place across HCCG, the Council and THH continued to develop and improve and now took more than 60 patients home each week more efficiently. The Council had also been allocated an additional £1m funding to support discharges from hospital over the winter period. Partners were currently collating data to support discussions as to how this might be used to best effect. Members were assured that system-wide plans were in place to support the management of the winter surge pressures across Hillingdon.

Members were advised that HCCG had been working with partners to agree a roadmap towards an integrated care system for Hillingdon. A new '10 Year Plan' for the NHS was expected in December 2018. This would provide further guidance regarding the national expectations for integrated care development as well as confirmation of CCG allocations.

It was noted that HCCG continued to work with partners to ensure that there were appropriate services available throughout the Borough for the provision of end of life care following the closure of the Michael Sobell Hospice Inpatient Unit. Following the Committee's meeting on 30 October 2018, East and North Hertfordshire NHS Trust had requested a meeting with HCCG and Hillingdon Hospital to discuss options regarding the service. It was anticipated that the Committee would receive an update at its meeting on 11 December 2018.

Ms Morison advised that NHSE had confirmed that HCCG had been awarded a rating of 'Good' for the 2017/2018 assurance process. This reflected achievement against a number of financial, leadership and clinical domains. 58 indicators for the 2018/2019 assurance process had recently been published.

The Committee was advised that, with regard to estate developments, there were two areas with which HCCG was involved:

- Out of Hospital Hub Strategy – three hubs had been planned: the HESA Centre in Hayes was already operational and preferred locations had been identified in the options appraisal for the centre and North of the Borough.
- GPs – the management of the NHS estate had been transferred to NHS Property Services (NHS PS). HCCG supported this process in terms of grants and funding. There had been delays in developments caused in part by GPs (as tenants) and in part by NHS PS. There had been a number of challenges with the Yiewsley development and development delays were sometimes caused through an inability for the GPs and NHS PS to agree the lease. These time delays meant that there was a real possibility that funding could be lost. Lately, there had been a change in NHS PS and things were looking more promising, although improvements were still needed.

<u>Hillingdon Local Medical Committee (LMC)</u>

The Chairman advised that dates were being set up for the GP Pressures Select Panel. Dr Veno Suri would be welcome to attend these meetings. Dr Suri, Vice Chair at Hillingdon LMC, noted that the number of GPs leaving the profession exceeded those starting in it which meant that approximately 5,000 more GPs were needed across the country. There were effectively fewer GPs now than there had been before despite schemes to entice them to stay in Hillingdon. The LMC had been working closely with HCCG to address this, as well as look at the pressure that was then felt by those GPs that remained in the profession. The Chairman confirmed that the Select Panel would be looking at GP recruitment and retention and working conditions during its review.

Dr Suri advised that funding for GP estate expansion or rejuvenating a practice was not an easy process

RESOLVED: That

1. **The LAS provide the Committee with an update on the joint working with CNWL and familiarisation sessions at a future meeting;**
2. **CNWL provide further detail on the joint SIM project with the Metropolitan Police Service regarding frequent callers at a future meeting;**
3. **THH provide the Committee with an update on progress against the CQC implementation action plan at a future meeting;**
4. **THH provide the Committee with an update at a future meeting on the Trust's performance against the 18 week referral to treatment target;**
5. **CNWL provide the Committee with an update at a future meeting on the joint work between the Child and Adolescent Mental Health Service (CAMHS) and community paediatricians to look at developing a shared pathway for Autistic Spectrum Disorder; and**
6. **the presentations be noted.**

33. **WORK PROGRAMME** *(Agenda Item 6)*

Consideration was given to the Committee's Work Programme. The Chairman noted that a lot of feedback had been received following the last meeting where Members looked at the provision on inpatient hospice services in the North of the Borough. It had been resolved that the Democratic Services Manager investigate the possibility of referring East and North Hertfordshire NHS Trust's (ENH's) lack of consultation and/or notification to the Secretary of State. After seeking legal advice, it would appear that this course of action was not as straight forward as it might first have seemed. As such, it was agreed that, rather than fitting the Committee's action into the legislation, a letter be sent to the Secretary of State (copying in the Permanent Secretary) setting out what had happened. The letter would also set out an alternative method for referrals. Action would also be taken to draft a scrutiny protocol.

Insofar as the closure of the Michael Sobell Hospice was concerned, the Committee was keen to continue to gather information about what had actually happened as it still was not clear. It was also noted that there was no contract between ENH and The Hillingdon Hospitals NHS Foundation Trust with regard to leasing building on the Mount Vernon Hospital site.

The Committee agreed that they were keen to ensure that an inpatient hospice provision was reinstated as soon as possible for a period of time. It was appreciated that there may be a new model of provision for the future.

Mr Hawkes commended the Committee on its scrutiny of the closure of the inpatient unit at Michael Sobell Hospice at the last meeting where it appeared that Members had undertaken a lot of preparation. Although feelings were currently running high, it would be important to establish where the money raised by Michael Sobell Hospice Charity was going to be spent if it would no longer be contributing more than £800k to pay for NHS staff. Furthermore, the Committee would need to establish where any shortfall would come from to pay for the service and what would the service actually look like once reinstated.

It was agreed that the crime and disorder meeting on 12 February 2019 would look at youth violence, shootings, knife crime and drug networks as well as any preventative action taken in relation to these crimes. The Committee also agreed that it would look at post office services at its meeting on 13 March 2019.

	RESOLVED: That: **1. a letter be sent to the Secretary of State for Health;** **2. a scrutiny protocol be drafted for the Committee;** **3. the meeting on 12 February 2019 look at youth violence, shootings, knife crime and drug networks as well as any preventative action;** **4. the meeting on 13 March 2019 look at post office services; and** **5. the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 8.42 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.

EXTERNAL SERVICES SELECT COMMITTEE – HOSPICE PROVISION IN THE NORTH OF THE BOROUGH

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to question representatives of those organisations responsible for delivering hospice provision in the North of the Borough about the closure of Michael Sobell House and the action taken to ensure future hospice provision.

RECOMMENDATION: That the External Services Select Committee makes comment on the information provided and notes the presentations.

SUPPORTING INFORMATION

On 30 October 2018, a special meeting of the External Services Select Committee was convened to look at the provision of hospice services in the North of the Borough. Given the importance of the issue, Members requested that a second meeting be scheduled for 11 December 2018 to enable them to continue their questioning of the witnesses.

The aim of hospice care is to improve the lives of people who have an incurable illness. Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be. That doesn't mean hospice care needs to be continuous. People sometimes like to take a break from hospice care if their condition has become stable and they are feeling well.

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after all their medical, emotional, social, practical, psychological and spiritual needs, and the needs of the person's family and carers. Looking after all these aspects is often referred to as "holistic care". Care also extends to those who are close to the patient, as well as into the bereavement period after the patient has died.

Most hospice care is provided in the patient's own home, but it can also be provided in a care home, as an in-patient at the hospice itself, or as a day patient visiting the hospice. Hospice care is a style of care, rather than something that takes place in a specific building. Hospice teams include doctors, nurses, social workers, therapists, counsellors and trained volunteers. Hospices aim to feel more like a home than hospitals do and can provide individual care more suited to the person who is approaching the end of life, in a gentler and calmer atmosphere than a hospital.

The hospice care sector supports more than 200,000 people with terminal and life-limiting conditions in the UK each year. This amounts to more than four in ten people of those

estimated to need expert end of life care. Hospices also have an important role in supporting people's families, especially in providing bereavement support. A total of 46,000 people in the UK receive bereavement support from hospices each year. Hospices support people with a wide range of conditions including cancer, motor neurone disease, cardio-vascular diseases, dementia, multiple sclerosis and Parkinson's disease. They are increasingly supporting people with multiple life-limiting conditions.

The majority of hospice care (84%) is provided in community-based settings, including home care / hospice at home, outpatient services and hospice day care. More than 125,000 people give their time to volunteer for hospices each year.

Charitable hospices in the UK raise the bulk of their funding through support from their local communities including: fundraising, hospice charity shops, legacies, hospice lotteries and investments. They receive some statutory funding, although levels vary across the UK between the different nations and also within different regions. In Scotland, hospices receive (on average) 39% of their income from the Government; in England, it is 32%; in Northern Ireland it is 37%; and in Wales it is 27%. CCG funding for adult hospices varies widely. Across England, CCGs make contributions to hospice care costs which range from less than 1% to more than 50%.

Collectively, charitable hospices in the UK need to raise around £1 billion each year from their local communities – which amounts to approximately £2.7 million per day. Hospices in the UK spent a total of £1.4 billion on their services in 2016, of which £914 million was spent directly on care, with the remainder on costs including fundraising, compliance and governance.

End of Life Care (EOLC) commissioning is a complex area involving a large number of providers, services and cross-cutting agendas. A simplified model with six aims has been produced. One of these aims is that all people approaching the end of life and their carers and family receive well-coordinated, high-quality care in alignment with their wishes and preferences. Another aim is that sectors work together in collaboration to deliver cross-boundary care: health (adult child, mental, physical, spiritual); social care (Local Authorities, Health and Wellbeing Board); and voluntary/third sector/independent sector (hospice, charitable, independent and patient/users' groups). To enable this, agreement would be needed on outcomes and alignment of goals, shared funding, service specifications and means of practical collaboration.

Michael Sobell Hospice Charity (MSHC)

As well as at providing 10 bed inpatient unit at Michael Sobell Hospice on the Mount Vernon Hospital site, the Hospice provides an outreach service to provide patients and families with access to specialist nursing care in their own homes.

The Michael Sobell Hospice Charity (MSHC - formerly the Friends of Michael Sobell House) is dedicated to supporting the work of Michael Sobell Hospice, providing specialised end of life care and support to local people, their families, friends and carers. Michael Sobell Hospice is run by East and North Hertfordshire NHS and jointly funded by the NHS and MSHC.

This year, MSHC has to raise over £1.6 million to ensure vital services are maintained, around 40% of the overall running costs of the Hospice. Its mission is to develop and motivate the community to donate time and money to support and maintain the work and vision of Michael

Sobell Hospice. Thanks to the support provided by the local community, the charity contributes £2 of every £5 that is spent on patient care at the Hospice.

In June 2018, a decision was made to close the Hospice's inpatient unit and move the patients to Wards 10 and 11 in the cancer centre at Mount Vernon Hospital. These patients were then moved again to other wards within the same hospital whilst Wards 10 and 11 were refurbished. The External Services Select Committee received no formal or timely notification of the proposed closure of the Hospice inpatient unit.

East and North Hertfordshire NHS Trust (ENH)

As well as providing services at Hertford County hospital (Hertford), The Lister hospital (Stevenage) and The New QEII hospital (Welwyn Garden City), ENH runs the Mount Vernon Cancer Centre (Northwood), which is one of the country's top five cancer treatment centres, providing specialist radiotherapy services along with chemotherapy for local people.

When it comes to the provision of services, the Trust often works closely with a number of third party organisations, including charities. At the Mount Vernon Cancer Centre, services to patients are provided by the Paul Strickland Scanner Centre, Lynda Jackson Macmillan Centre and the Michael Sobell Hospice.

The Michael Sobell Hospice Charity (MSHC) is a separate organisation to ENH with its own management team and trustees. ENH does not own the hospice or the land on which it is situated. However, ENH does have a contractual relationship MSHC to provide nursing care to the inpatient service.

ENH has advised that there was no Service Level Agreement (SLA) for its provision of palliative care at MSH. In addition, ENH had not completed an EIA for the move on 18 June because it was thought to be "a simple 'lift & shift' move to a more appropriate care environment". The Trust had concerns about the inappropriate care environment in MSH and these concerns were reinforced by CQC inspectors when they visited in March and reported in July.

Now that palliative care patients are being cared for in MVCC, ENH is confident that all care and quality issues are reported and actioned appropriately at its monthly cancer divisional board meetings. As such, ENH believes that governance has improved under the new arrangements.

Hillingdon Clinical Commissioning Group (HCCG)

The Hillingdon End of Life Joint Strategy 2016-2020 sets out Hillingdon's vision for end of life care, identifies key issues and gaps in service delivery and articulates how the Borough's health and social care services will commit to achieve this vision by 2020. One action identified within the document is the need to ensure that access to hospice and continuing care beds reflects local need.

The report notes that, in April 2016, that there was a chronic shortage of nursing home beds and hospice places in the Borough which limited the choice for patients and families at the end of life.

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH provides cancer services which are dedicated to providing high quality, rapid and comparable cancer services across the UK. The Palliative Care Department is based at Hillingdon Hospital and in the community. A team of specialist nurses, doctors and other healthcare professionals provide palliative care and symptom and pain control for patients with cancer and life-limiting illnesses. The service is linked to the Michael Sobell House Palliative Care Unit at Mount Vernon Hospital and Harlington Hospice.

In June 2018, MSH published a statement advising it had moved hospice patients into two wards operated by ENH at Mount Vernon Hospital. THH maintains that the move was incorrectly reported as being necessary because of 'structural problems' at Michael Sobell House. A historic structural issue in the building had been fully addressed in 2017 when the whole building had been underpinned. THH owns the building, acting as a landlord, and claimed that it had not been advised of further structural issues by any organisation.

WITNESSES

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

- Michael Sobell Hospice Charity
- The Hillingdon Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Hillingdon Clinical Commissioning Group
- Healthwatch Hillingdon

POSSIBLE KEY LINES OF ENQUIRY

Following the closure of Michael Sobell House inpatient service, the Committee is interested in establishing why the closure happened so quickly and what action is now being taken to ensure service provision within the North of the Borough. Questions asked by Members of those present at the meeting may include the following:

1. which organisation/s is/are responsible for ensuring a hospice provision?
2. how is MSH funded?
3. what is each organisation responsible for providing in relation to MSH?
4. which organisation/s is/are responsible for reporting repairs, undertaking maintenance and funding this work in relation to the Hospice building?
5. which organisation/s made the decision to close and why?
6. when did the need for repairs first become apparent?
7. what action was taken to address any estate repairs issues that had been highlighted before the decision was made to close?
8. why were building improvement works / repairs not carried out before the decision was made to close?
9. was a risk assessment undertaken regarding the closure of MSH (before and / or after)?
10. was an equalities impact assessment undertaken?
11. what service level agreements are in place for the hospice service provision?
12. why was the proposed closure of the inpatient unit not communicated to the External Services Select Committee in a timely manner (bearing in mind that there is a duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals or on substantial variations in the provision of such services)?
13. what action was taken in relation to relocating patients and why? What will happen to them in the medium/long term?
14. why were (cancer) Wards 10 and 11 at MVH deemed more appropriate than an inpatient hospice?
15. what action was taken in relation to relocating staff and why? What will happen to these staff in the medium/long term?
16. what action has been taken to support patients, families and staff since the MSH closure and how has the effectiveness of this action been measured?
17. what action has been taken to ensure that the care of MVH patients has not been impacted?
18. what works are needed to bring the building up to standard (and associated costings and timescales)?
19. if the MSH building is not repairable, what action is being taken to source alternative provision in the north of the Borough and where would the associated funding come from?
20. what are the timescales to recommence a hospice provision in the north of the Borough?
21. going forward, how will residents be kept updated on progress in re-establishing a hospice provision?

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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 and forward plan.

RECOMMENDATIONS:

That the External Services Select Committee:

1. **considers the Work Programme at Appendix A and agrees any amendments.**

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 30 October 2018, 6pm	CR3/CR3a
Tuesday 13 November 2018, 6pm	CR6
Tuesday 11 December 2018, 6pm	CR6
Tuesday 15 January 2019, 6pm	CR6
Tuesday 12 February 2019, 6pm	CR6
Wednesday 13 March 2019, 6pm	CR6
Tuesday 30 April 2019, 6pm	CR6
Wednesday 1 May 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.

3. At its meeting on 13 November 2018, the Committee agreed that the meeting scheduled for 13 March 2019 would focus on post office services.

4. 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. At its meeting on 13 November 2018, Members agreed that the meeting scheduled for 12 February 2019 would focus on youth violence, shootings, knife crime and drug networks as well as any preventative action taken in relation to these crimes.

Reviews

5. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Select 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. A Select Panel has been established to look at developments since the GP Pressures review was undertaken by the previous Working Group.

6. Although consideration was given to undertaking an in-depth review of cancer screening and diagnostics, it was agreed that this would be more fitting to be undertaken in a single meeting of the Select Committee rather than by a Select Panel. This review has been scheduled to be undertaken on 15 January 2019.

BACKGROUND PAPERS

None.

APPENDIX A

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: 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: 1. Metropolitan Police Service (MPS) – new policing arrangements, knife crime; closure of the child friendly policing facilities in Northwood. **Update on the implementation of recommendations from previous scrutiny reviews:** • Criminalisation of Looked After Children • Child Sexual Exploitation
10 October 2018 ***Report Deadline**:* *3pm Friday 28 September 2018*	**The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection Report** **Major Review:** Consideration of scoping report.
30 October 2018 ***Report Deadline**:* *3pm Friday 19 October 2018*	**Hospice Provision in the North of the Borough** 1. Michael Sobell Hospice Charity ~~2. The Hillingdon Hospitals NHS Foundation Trust~~ 3. East and North Hertfordshire NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon

Meeting Date	Agenda Item
13 November 2018 ***Report Deadline**:* *3pm Thursday 1 November 2018*	**Health** Performance updates and updates on significant issues: 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. NHS Property Services 8. Healthwatch Hillingdon
11 December 2018 ***Report Deadline**:* *3pm Thursday 29 November 2018*	**Hospice Provision in the North of the Borough** 1. Michael Sobell Hospice Charity 2. The Hillingdon Hospitals NHS Foundation Trust 3. East and North Hertfordshire NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
15 January 2019 ***Report Deadline**:* *3pm Thursday 3 January 2019*	**Cancer Screening and Diagnostics – Single Meeting Review**
12 February 2019 ***Report Deadline**:* *3pm Thursday 31 January 2019*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 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 (HCCG) 8. Public Health
13 March 2019 ***Report Deadline**:* *3pm Thursday 28 February 2019*	**Post Office Services – Single Meeting Review** **GP Pressures Select Panel** Consideration of draft final report.
10 April 2019	**CANCELLED**
30 April 2019 ***Report Deadline**:* *3pm Tuesday 16 April 2019*	**Health** Quality Account reports, performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon

Meeting Date	Agenda Item
1 May 2019 ***Report Deadline**:* *3pm Wednesday 17 April 2019*	**Health** Quality Account reports, performance updates and updates on significant issues: 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
June 2019 ***Report Deadline**: TBA*	**Update on the implementation of recommendations from previous scrutiny reviews:** • Hospital Discharges (SSH&PH POC) • Community Sentencing
July 2019 ***Report Deadline**: TBA*	**Health** Performance updates and updates on significant issues: 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 ***Report Deadline**: TBA*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 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 (HCCG) 8. Public Health
October 2019 ***Report Deadline**: TBA*	
November 2019 ***Report Deadline**: TBA*	**Health** Performance updates and updates on significant issues: 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

Meeting Date	Agenda Item
January 2020 ***Report Deadline**: TBA*	
February 2020 ***Report Deadline**: TBA*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 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 (HCCG) 8. Public Health
March 2020 ***Report Deadline**: TBA*	
April 2020 ***Report Deadline**: TBA*	**Health** Quality Account reports, performance updates and updates on significant issues: 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
• 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 • Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride

PROPOSED MAJOR REVIEW (PANEL)

Members of the Panel:

- Councillors Riley (Chairman), Edwards, Hurhangee, Lakhmana and Prince

Topic: GP Pressures

Meeting	Action	Purpose / Outcome
ESSC: 10 October 2018	Agree Scoping Report	Information and analysis
Panel: **1st Meeting -** 6 December 2018	Introductory Report / Witness Session 1	Evidence and enquiry
Panel: **2nd Meeting -** 23 January 2019	Witness Session 2	Evidence and enquiry
Panel: **3rd Meeting -** 27 February 2019	Witness Session 3	Evidence and enquiry
Panel: **4th Meeting -** TBA	Witness Session 4	Evidence and enquiry
Panel: **5th 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	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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