

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

28 February 2019

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



HILLINGDON
LONDON

	<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>Also Present: Michael Breen, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Sarah Brierley, Acting Director of Strategy, East and North Hertfordshire NHS Trust Rachael Corser, Director of Nursing and Patient Experience, East & North Hertfordshire NHS Trust Steve Curry, Hillingdon 4 All Sarah Lucy James, Divisional Hospital Director, East and North Hertfordshire NHS Trust Satish Kanabar, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Richard Sumray, Trust Chairman, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
43.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>It was noted that Councillor Ali Milani would be attending the meeting but would be a little late.</p>
44.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
45.	<p>MINUTES OF THE PREVIOUS MEETING - 12 FEBRUARY 2019 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 February 2019 be agreed as a correct record.</p>
46.	<p>HOSPICE PROVISION IN THE NORTH OF THE BOROUGH (<i>Agenda Item 5</i>)</p> <p>The Chairman noted that this was the third meeting of the Committee that had been set up to look at the provision of hospice services in the North of the Borough. He welcomed those present to the meeting and thanked them for attending.</p> <p>It was noted that the Committee brought partners together in an environment which</p>

generated discussion. Members were aware that a significant amount of work had been undertaken behind the scenes by all parties involved and that this had resulted in real progress.

Ms Sarah Brierley, Acting Director of Strategy at East and North Hertfordshire NHS Trust (ENH), advised that she was grateful to the Chairman for meeting with her and ENH's Chief Executive, Mr Nick Carver, to help to move things along. Ms Brierley noted that hindsight was a wonderful thing and that the Trust recognised that it had not engaged or communicated the challenges it had experienced regarding the environment soon enough. She apologised that there had not been timely or clear communication. Moving forward, Ms Brierley was delighted that the Clinical Commissioning Group (CCG) and commissioners had shown great leadership and desire to develop a model for the future that would meet the needs of the community.

Mr Richard Sumray, Chair of The Hillingdon Hospitals NHS Foundation Trust (THH) Board, advised that the Trust had not been involved in the decision to close the unit. There had been some discussion with ENH in 2017 about building / maintenance works that had been needed and which had subsequently been carried out. More recently, the issue had been in relation to the extent to which work was needed to get the building back into service. At this stage, THH had not been asked to take action in relation to the inpatient unit building.

Mr Sumray advised that the original agreement to lease the building to ENH had been made virtually overnight in around 2005. This had not been uncommon practice at the time. Since then, putting a lease in place had proved to be much more of a challenge than anticipated. Work had been undertaken to put a service level agreement (SLA) in place between THH and ENH since the Committee's last meeting. Although consideration had been given to the transfer of the freehold, this had not proved feasible so, once the SLA had been signed and was in place, a lease would be amicably drawn up.

The current situation had proved to be unusual as there were a large number of organisations involved with responsibility for different aspects of the service. Mr Sumray noted that, if ENH was not involved in the service provision, the building would pass back to THH and consideration could then be given to future arrangements.

Dr Steve Hajioff, the Council's Director of Public Health, advised that the majority of the problems experienced by individuals occurred because there was an interface between two different organisations. There were often gaps in the interface between organisations which individuals could fall down. An integrated care system could solve these problems and that was why it was important for end of life care (and more widely).

Despite people overwhelmingly not wanting to die in hospital, Mr Sumray expressed concern that an increasing number of people were dying in hospital and that these levels were higher in Hillingdon than elsewhere. To help to reduce this trend, some excellent work had been undertaken around integrated care which would prove beneficial for the patients, their families and the NHS / system.

With regard to future service provision, it was noted that THH would be looking at the future of the whole site. However, priorities would need to be considered and, in the scheme of things, a 30 year old premises was not as old as other parts of the estate. Furthermore, capital investment was increasingly difficult to secure across the NHS to be able to deliver the improvements needed.

Mr Michael Breen, Trustee of Michael Sobell Hospice Charity (MSHC), advised that he had joined MSHC as a Trustee at the end of November 2018. When he had spoken to the other Trustees, they appeared to think that they were partially running the hospice. The focus of MSHC had since been redefined and Trustees had been reminded that the purpose of the charity was to raise funds for Michael Sobell House (MSH). The Chief Executive of MSHC had resigned since the Committee's last meeting about this issue and, in her place, a Chief Fund Raiser was being recruited. Mr Breen advised that the charity would stand firmly behind the clinical service provider, whichever organisation that might be.

It was recognised that the recent issues had impacted on MSHC and that fund raising had suffered. There had been confusion amongst the public about whether the charity was still open or whether it had closed down. Going forward, it would be important to ensure that wide communication was undertaken about the work of the charity. Mr Breen advised that a business plan, which relied heavily on the community, had been prepared for MSHC. This plan saw a bigger push towards corporate fund raising and bidding for grants. Effectively, the message needed to go out that it was business, but much better than usual.

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that there had been numerous conversations undertaken between partners since the Committee's last meeting. The latest development from her perspective was that HCCG had written to ENH setting out its commissioning intentions for the provision of the service. These intentions included three elements: inpatient beds (around eight); 24 hour consultant-led support line; and day centre. It was noted that there was significant interdependency between these elements. A procurement exercise would now be undertaken which, it was hoped, would be completed and a new provider identified by the end of April 2019 for an initial 12 month contract. Due diligence action would then need to be undertaken to mobilise the plan to get the service up and running in its original location as soon as possible (it was anticipated that there would be a 3-4 month mobilisation period). This would include the TUPE transfer of staff, estate condition assessment and undertaking repair works. Ms Brierley advised that, once the new service had been commissioned, ENH would facilitate the transfer of the building to the new provider.

Ideally, the service would be up and running again by the summer of 2019 but it was recognised that recruiting specialist end of life staff was a challenge. Some of the staff from the MSH inpatient unit had been retained in the Borough with a consultant currently working at Hillingdon Hospital and some nurses on site at Mount Vernon Hospital (MVH). Recruitment would still need to be undertaken and consideration would need to be given to the skills mix needed for the short and medium term. Insofar as the TUPE transfer staff were concerned, existing terms and conditions would be retained

Ms Morison advised that action was being taken to estimate the remedial works that would be needed to get the building into a sufficient state for the service to recommence. There had been significant differences of opinion with regard to the scale of the works needed and the CQC would need to be consulted on what was deemed acceptable in terms of the condition of the building. Ultimately, the building only needed to be made good for a relatively short period of time.

Mr Satish Kanabar, Trustee at MSHC, queried how much it would cost to bring the building up to an adequate standard that would last up to two years. He advised that, as the charity had reserves/funds that could be diverted, it would be able to make a reasonable contribution towards the repair costs. It was only after the closure of the

inpatient unit that the true value of MSH had been realised.

Although it was recognised that it would take some time, all partners were now working towards reopening the unit (as residents knew it) for the short term. However, it was recognised that the building was almost at the end of its useful life and that significant engagement would need to be undertaken with residents regarding the future delivery of end of life care services in the Borough. Once the service was back on track, partners and residents would need to work collectively to identify innovative ways of delivering services in different settings. It was generally agreed by everyone that there was a level of specialist nursing and care that needed to be retained at the end of life but that technology would also play a part.

Mr Breen had been encouraged by the conversations that had taken place with HCCG but was mindful that action would need to be taken whilst knowing that reopening the site would be a temporary measure. The charity would need to undertake a capital fundraise in the future to facilitate these developments.

Ms Brierley noted that ENH recognised that, as an acute care provider, palliative care services were not a core service. Support from ENH might be required in the future to help deliver a new model of care.

Mr Steve Curry, Harlington Hospice (HH), advised that he had recently been involved in integrated care and the redesign of the end of life care model in Hillingdon. MSH had been a key part of end of life care in Hillingdon. Both charities were focussed on end of life care and had been meeting regularly and working closely together to learn from each other's strengths: there was a mutualistic symbiosis as HH was a specialist care provider and MSHC was a fundraising specialist. As such, HH was likely to express an interest in tendering for the contract to provide the service at MSH. Whatever the outcome of the tendering process, HH would continue to support MSH. Members were aware that HH had been rated "Good" by the CQC in all areas in its 2017 inspection.

Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon, advised that there had been a significant number of members of the public raising concerns over the last three months that MSH would not reopen. Members queried what level of service would be provided by ENH up until the summer.

Concern had been expressed by Members about non-cancer end of life care patients being refused access to services which were currently being delivered on Wards 10 and 11 at MVH. A letter had been sent from Mr Nick Carver, Chief Executive at ENH, to Mr Nick Hurd MP advising that non-cancer patients would not be accepted on Wards 10 and 11. Ms Rachael Corser, Director of Nursing and Patient Experience at ENH, advised that the Trust had a robust model of referral with a multi professional team. She stated that there had been no appropriate referrals turned away from the service and that there had been no non-cancer referrals made so they could not, therefore, have been turned away. Ms Corser advised that ENH was committed to providing good end of life care to the community and that the standard of this care had been independently validated by Healthwatch Hillingdon to show that patients were getting the care that they deserved.

Members recognised that magic had been created around MSH by the community, local authority and NHS and that progress had recently been made to protect that magic. It was agreed that an update be provided to the Committee in late May/early June 2019. At this meeting, it was suggested that partners come prepared to explain what steps they had taken to ensure that this situation was never again repeated.

RESOLVED: That:

- 1. the Committee receive an update in late May / early June 2019 on the progress being made by partners to reopen the inpatient unit; and**
- 2. the discussion be noted.**

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

Consideration was given to the Committee's Work Programme. It was noted that the next meeting on 13 March 2019 would be looking at post office services in the Borough.

As it was likely that the next update on progress regarding the reopening of the Michael Sobell Hospice (MSH) inpatient unit would be brief, it was agreed that the item be included on the agenda for the meeting on 12 June 2019. Concern was expressed that staff being TUPE transferred across might think that the service provided in the inpatient unit was for cancer patients only. As such, it would be important that Hillingdon Clinical Commissioning Group ensured that the service specification highlighted that the service was for ALL terminal patients and not just those with cancer.

It was recognised that a lot of work had been going on in the background with regard to MSH. This work had helped partners to come together and make progress in reopening the MSH inpatient unit.

Members queried whether there were any other NHS services within the Borough that did not have a contract. It was thought that this was unlikely but not impossible.

It was agreed that the Committee look at dental service provision in the Borough at its meeting on 9 October 2019. Dr Hajioff advised that fluoride varnishing for school aged children had been delivered to the Borough by NHS England and conversations were ongoing about repeating the initiative. He would need to check to see if there was fluoride in the water in Hillingdon. Members were asked to forward their thoughts and ideas around dentists to the Democratic Services Manager as soon as possible.

Members were delighted to note that Royal Brompton and Harefield NHS Foundation Trust had been rated as 'Good' following their recent CQC reinspection.

RESOLVED: That:

- 1. an MSH update be added to the meeting on 12 June 2019;**
- 2. Members provide the Democratic Services Manager with their thoughts and ideas on dentists as soon as possible for scrutiny at the meeting on 9 October 2019; and**
- 3. the amended Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 7.31 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.