Minutes

EXTERNAL SERVICES SELECT COMMITTEE

12 June 2019

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

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Nicola Brightman (In place of Simon Arnold), Vanessa Hurhangee, Peter Money (In place of Kuldeep Lakhmana), June Nelson and Devi Radia **Also Present**: Kathie Binysh, Head of Screening, NHS England Caroline Blair, Programme Director Renal and Cancer, NHS England Hazel Fisher, Head of Delivery for NWL, Specialised Commissioning London, NHS England (London) Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Jessamy Kinghorn, Communications and Engagement Lead / Head of Communications and Engagement / Senior Responsible Officer, NHS England Specialised Services Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Piers McCleery, Director of Strategy and Planning, Royal Brompton & Harefield NHS Foundation Trust Claire McDonald, Communications and Engagement Adviser, NHS England Johanna Moss, Director of Strategy and Development, Moorfield's Eye Hospital NHS Foundation Trust Joe Nguyen, Deputy Managing Director, Hillingdon Clinical Commissioning Group (HCCG) Nick Strouthidis, Medical Director, Moorfield's Eye Hospital NHS Foundation Trust Dr Stephen Vaughan-Smith, Mental Health Lead, Hillingdon Clinical Commissioning Group (HCCG) Dan West, Director of Operations, Healthwatch Hillingdon **LBH Officers Present**: Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)
3.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor Simon Arnold (Councillor Nicola Brightman was present as his substitute), Councillor Kuldeep Lakhmana (Councillor Peter Money was present as her substitute) and Councillor Ali Milani.
4.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
5.	**MINUTES OF THE MEETING ON 30 APRIL 2019** *(Agenda Item 4)* It was suggested that other Trusts could learn a lot from the good practice

	demonstrated by Central and North West London NHS Foundation Trust. It was noted that there were a number of resolutions in these minutes that had not yet been actioned. It was anticipated that further information on these would be forthcoming at the Committee's next meeting on 9 July 2019. **RESOLVED: That the minutes of the meeting held on 30 April 2019 be agreed as a correct record.**
6.	**MINUTES OF THE MEETING ON 1 MAY 2019** *(Agenda Item 5)* **RESOLVED: That the minutes of the meeting held on 1 May 2019 be agreed as a correct record.**
7.	**MINUTES OF THE MEETING ON 9 MAY 2019** *(Agenda Item 6)* **RECOLVED: That the minutes of the meeting held on 9 May 2019 be agreed as a correct record.**
8.	**UPDATE ON THE IMPLEMENTATION OF CONGENITAL HEART DISEASE STANDARDS** *(Agenda Item 7)* The Chairman welcomed those present to the meeting. Ms Claire McDonald, Engagement and Communications Lead, Specialised Commissioning – NHS England (NHSE) London Region, noted that she had last attending a Committee meeting to talk about this issue in 2017. Congenital Heart Disease (CHD) standards had been consulted upon and agreed by the NHSE Board in 2015. It had been noted that the Royal Brompton Hospital had not met the standard for paediatric colocation on the Chelsea site as the other specialist children's services required for hospitals providing children's CHD were not located on site. In order to meet the standards, the Royal Brompton Hospital had proposed a partnership with Guys and St Thomas' Hospital which was compliant with the CHD standards. The proposal had been to move all paediatric services from the Chelsea site (children's heart surgery (including CHD and intensive care), children's respiratory services for children with cystic fibrosis, primary ciliary dyskinesia and other conditions and children who required long term ventilation in hospital and at home) as a 'joint venture'. Three proposals had been identified by the following organisations: 1. Royal Brompton Hospital and Kings Health Partners - move all services from the Royal Brompton Hospital Chelsea site to new buildings on the Guys and St Thomas' Westminster site as part of a joint venture. Mr Piers McCleery, Director of Strategy and Planning at Royal Brompton and Harefield NHS Foundation Trust (RBH), advised that this collaborative proposal would not just meet the CHD standards but would also improve things like the estate, rotas and opportunities to fulfil academic potential. Collaboration would provide RBH, Guys and St Thomas' and Kings College with the opportunity to improve. It was anticipated that all proceeds from the sale of the Royal Brompton Hospital would be reinvested in this proposal which would develop a network of care for 15m people. Mr Nick Hunt, Director of Service Development at RBH, advised that this proposal was fit for mid-21st century, was network driven and would provide modern care, making it easier to recruit new staff. 2. Chelsea & Westminster and Imperial College Healthcare – move cystic fibrosis services from the Royal Brompton Chelsea site to the Chelsea & Westminster Hospital, cardiac (not adults or children's CHD) and other respiratory services to

Hammersmith Hospital and CHD and ECMO to Guys and St Thomas' Hospital.
3. NHSE – move paediatric CHD from the Royal Brompton site to another compliant CHD provider either in total or split along with adult CHD and associated services. This had been the original proposition in 2017.

Mr McCleery suggested that any proposal that sought to pick off services or sub sections of services would not work as well as RBH's proposal which embraced wider collaboration. He noted that taking the paediatric CHD services away from RBH would render other services at the Royal Brompton Hospital unsustainable.

Ms Hazel Fisher, Programme Director Cardiac and Paediatrics Specialised Commissioning – NHSE London Region, advised that none of the proposals would change the services provided at Harefield Hospital and that the organisation was keen to ensure that non-congenital cardiac and respiratory services stayed in London. However, it had been suggested that the proposals would have a knock on effect on the services provided at Harefield Hospital and its sustainability would depend on the option that was eventually chosen. Ms Fisher reassured Members that clarity and support for the future of Harefield Hospital would be a key factor in moving forward. She stated that she would be happy to attend a future meeting to talk to Members about the proposals and how they would address the sustainability of Harefield Hospital.

Ms Fisher noted that the different propositions were being worked through and capital costs and interdependent services were being investigated. Members were advised that no service had been deemed so material that it would be prevented from being moved.

Ms Fisher stated that 2.4% of activity at the Royal Brompton Hospital was in relation to Hillingdon patients. Although consideration would need to be given to the wider referral geography, it had already been established that the proposed changes would have little effect on patient travel times. It was noted that an assessment of travel issues would need to be undertaken before formal communication started with Transport for London (TfL) and the Mayor of London. Consideration also needed to be given to building signage, communications out of hours, and appointment bookings irrespective of which change might be commissioned.

Members were advised that the Royal Borough of Kensington and Chelsea was looking to establish a formal Joint Health Overview and Scrutiny Committee (JHOSC) to look at this issue in more depth. A formal Committee in Common was being formed from the commissioning CCGs which would include the North West London CCG. It was anticipated that the consultation would start towards the end of 2019.

When this issue had first arisen in 2017, Members had expressed concern regarding the impact that proposals would have on attracting and retaining experts. To ensure that this was not impacted further, there was a need for a definitive timeline and certainty about the future. Concern was also expressed that the removal of paediatric CHD would take away the foundation of services provided at the Royal Brompton Hospital.

Ms Fisher advised that the benefits of each of the proposals were currently being investigated. Consideration would need to be given to how each of the proposals: met the CHD standards; improved the quality of service; improved net care; offered value for money; and improved recruitment and retention. Ms Fisher was aware that recruitment and retention would be a key component of the proposal that went forward. She noted that a resolution was unlikely to be undertaken in one step and that the

	proposals needed to be deliverable. The NHSE Board had set timescales for the changes to paediatric CHD service in November 2017. An outline business case to reconfigure paediatric services would need to be ready by November 2019 and consultation would need to be ready to start in January 2020. Mr McCleery advised that RBH was keen to progress its proposal as soon as possible and to start the process of integrating services. Whilst the Trust would like to work within the NHSE timescales, there were constraints. **RESOLVED: That the discussion be noted.**
9.	**PROPOSED MOVE OF MOORFIELD EYE HOSPITAL'S CITY ROAD SERVICES** *(Agenda Item 8)* Mr Nick Strouthidis, Medical Director at Moorfields Eye Hospital NHS Foundation Trust (MEH), advised that Moorfields was the oldest and largest centre of its kind in Europe. It trained approximately half of all eye surgeons in the UK. The Trust provided excellence in eye care, ground breaking research and comprehensive training. The Trust operated from 31 sites with City Road being the main site from which 30% of activity was undertaken. Moorfields had been located at the City Road site since the 1890s and, since then, the services available and the needs of patients had changed. As such, the building had some constraints and patient experience was not always acceptable with regard to, for example, way finding. Members were advised that 10 of the other 30 sites performed surgery (for example, Ealing Hospital) and the others offered a clinic facility. They were reassured that the proposed move to St Pancras would not replace any of the services provided from the other 30 locations. These services were provided in areas where the Trust had been invited by the local CCG and the Trust was actively looking to identify different ways of delivering care. It was suggested that a move to a new site would enable the Trust to integrate various strands of expertise (for example, research and education) with the intention of stimulating interaction between clinicians, educators and researchers. Ms Johanna Moss, Director of Strategy and Development at MEH, advised that the options appraisals had been assessed and had resulted in the proposal to buy two acres of land for a purpose built facility on the St Pancras site. This move would also help in the regeneration of a deprived area. Since 2013/14, the Trust had been considering next steps and had been receiving consistent messages regarding the need for accessibility and transport hubs. Investigations had shown that a move from City Road to St Pancras would make an average difference of 3½ minutes to a patient's journey time. The challenge would be how to get patients from the termination of their chosen form of transport to the new site (known as the last half mile). Currently, it took patients 10 minutes to travel the last half mile; it was likely to take 10-20 minutes for the new site. Discussions had been undertaken with RNIB and it was likely that extra support would need to be put in place during the transition period which could include the use of volunteers to signpost. Consideration would also be given to the use of digital technology. It was suggested that Network Rail, Transport for London (TfL) and the Mayor of London be contacted to consider permanent step free access. Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon, advised that he would liaise with the other North West London Healthwatch bodies to gain their thoughts on this proposal.

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<tr><td></td><td>Concern was expressed that the move to St Pancras might impact on the stability of the Western Ophthalmic Hospital (WOH) as it was located just along the Circle line. Mr Strouthidis advised that WOH served a different target audience in the North West corridor. There had been active conversations between the two Trusts and he did not anticipate there being any significant competition between them. Mr Strouthidis also advised that there was no intention to scale back the services provided by MEH from the new site.

It was noted that the current City Road site would need to be sold and the proceeds would be used to develop the new site. Other sources of funding would include Government funding, capital reserves and fundraising. Concern was expressed regarding the risk associated with not meeting the fundraising target. The financial modelling undertaken had identified a lot of initial risk but the Trust was in the early stages of fundraising. At the end of the consultation period, the Trust would produce an outline business case and would still have time to raise the remainder of the funds needed.

Ms Moss advised that MEH would be holding public sessions to solicit feedback from residents and stakeholders. Members were asked to let her know if they were aware of any other pre-scheduled meetings that MEH ought to attend. It was noted that, in 2017/18, there had been 3,636 patients from Hillingdon attending the City Road site and 730 specialised patients.

Mr Strouthidis advised that it would not be practical to replicate the current services in a new location as this would not be sustainable in the longer term as demand for ophthalmology services continued to grow at a steady pace. There was also a need to ensure that patients were seen face-to-face when needed and that tests were completed in quick succession so that they could be reviewed remotely by a consultant in a timely manner.

RESOLVED: That the discussion be noted.</td></tr>
<tr><td>10.</td><td>CANCER SERVICES IN THE BOROUGH (Agenda Item 9)

<u>Cancer Screening and Diagnosis</u>
Dr Kathie Binysh, Head of Screening at NHS England (NHSE) and NHS Improvement (NHSI), advised that there were currently three cancer screening programmes running: bowel, breast and cervical. Concern was expressed that, nationally, there had been a reduction in the number of women participating in cervical screening which was reflected in the local uptake. In a move to provide improvements to the service and more reliable results, a single laboratory on Euston Road was being established which would provide the new primary HPV screening test for all cervical screening samples in London by March 2020. 100% of GPs in the Borough had signed up for the text service to remind patients to have a cervical smear.

With regard to breast screening, Hillingdon had performed second worst in the country 25 years ago. Significant improvements had been made in the interim.

Bowel cancer screening had been introduced in 2015. A new test (the FIT test) had been introduced from June 2019 which meant that there was no longer any need for three samples to be taken and a 7% increase in coverage was expected as a result. Hillingdon's performance with regard to bowel cancer screening was lower than the England average and lower than other outer London boroughs. There had been historical concerns that the test kits had not been arriving in Hillingdon but this had been addressed when the service transferred to a new provider last year. It was</td></tr>
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suggested that consideration be given to enabling patients to order their own tests online for bowel cancer screening. NHSE was now looking to set ambitious bowel cancer screening targets.

GPs in Hillingdon would be meeting soon to look at improvements to colorectal (bowel) cancer screening. Mr Joe Nguyen, Deputy Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that a lot of work had already been undertaken with GPs and a patient engagement event in relation to cervical screening had been undertaken with Somali women.

Hillingdon had been performing well in comparison to the rest of North West London but was below the national average. Whilst Members acknowledged that the Borough's performance was adequate, it was clear that there was still more work to do. Dr Binysh advised that consideration was being given to adopting the text reminder system across the whole of London and national campaigns were being developed to raise awareness. Thought was also being given to how practices with a low uptake could be targeted and well as how to target those with learning difficulties (LD) or severe mental illness. A lot of work had already been undertaken to get the message through to those with LD and these would need to be replicated for mental health services. He noted that HCCG would also be able to help NHSE with ways to increase reach to those with LD. Consideration could also be given to using Hillingdon Care Partners to help increase uptake.

Dr Stephen Vaughan-Smith, Cancer Lead at Hillingdon Clinical Commissioning Group (HCCG), suggested that the recent increase in the uptake of health checks should help to increase the uptake of the screening programmes. Ethnic difference would also have an impact on uptake.

It was noted that sexual health screening had moved to an online model. This had shown that a proportionate number of older people were using the service.

Dr Vaughan-Smith advised that Hillingdon Hospital had today issued a press release stating that Hillingdon had been deemed the best in London (and nationally) for the treatment and diagnosis of cancer. There was, however, still a significant need for improvements.

Members were advised that there was currently no screening programme for prostate cancer. Whilst previous tests had produced unreliable results, a new MRI test was thought to be potentially very good but more work was still needed. Kits were used initially to screen for cancer. If the kits gave a positive result, or if the individual was symptomatic, they were invited for an endoscopy.

<u>Mount Vernon Cancer Centre (MVCC) Review</u>
Ms Caroline Blair, Programme Director Renal and Cancer at NHSE, advised that a letter had been sent out from NHSE and NHSI - East of England to stakeholders in April 2019. A meeting was being held on 13 June 2019 to look at the options available for the site and it was noted that reviews had been undertaken at the Mount Vernon site at various times. East and North Hertfordshire NHS Trust (ENH), which provided the cancer services at Mount Vernon Hospital, had effectively requested the review of cancer services provided at the site.

The concerns raised by ENH had been in relation to the estate and facilities on the site. In addition, there was no ITU / HDU facility on site. Dr Vaughan-Smith advised that immunotherapy was an expanding area of treatment which meant that there was a growing need to have access to an ITU. However, repairs had been made when

issues had been reported. It was noted that there had been a growth in referrals and attendance at MVCC.

Ms Jessamy Kinghorn, Head of Communications and Engagement at NHSE Specialised Services, advised that NHSE had been approached by ENH at the end of March/early April and the review was currently at the data gathering stage. An external review had been commissioned, a site visit would be undertaken the following week and telephone interviews would be undertaken. NHSE would be able to report back on these findings in July 2019. Four patient engagement events/workshops had also been scheduled in North Hertfordshire, West Hertfordshire, Hillingdon and North West London. Focus groups would then be set up to fill any gaps in the feedback. Data was being gathered from other sources such as the national patient survey, a Healthwatch Hillingdon report from last year and the Macmillan Advisory Group. The patient/public voice was being considered alongside the clinical voice.

Members were advised that fifteen hospitals fed into MVCC with 13.09% of the patients coming from Hillingdon. Consideration would be given to the deliverability of various options. It was anticipated that the review would result in a more sustainable service. If options looked like changes would be needed to the patient pathway, an options appraisal/plan would need to be undertaken.

Concerns had previously been raised by Members regarding ENH's ability to be a fit and proper provider. There had been a particularly difficult issue whereby ENH had refused to provide a service unless enormous capital investment was undertaken. It was thought suspicious that ENH had tried to relinquish hospice services and was now looking at its involvement in cancer services. It was unclear how the services at Mount Vernon could remain stable when these issues had already prompted a number of staff to resign.

It was important to provide the best possible service to the best of the providers' ability in the circumstances available. Ms Kinghorn advised that clinicians were currently working up options and she would need to come back to a future meeting to talk through these options once determined.

Member queried who would be responsible for any expenditure that would be needed on the building as a result of the MVCC review. Ms Kinghorn advised that she would need to investigate this matter further and would provide the Democratic Services Manager with a definitive response for circulation to the Committee as soon as possible. It was suggested that, if The Hillingdon Hospitals NHS Foundation Trust (THH) was responsible, it would be worth liaising with the Trust so that they could identify where the money might come from as they already had a £26m deficit. Ms Kinghorn advised that THH was part of the Programme Board so she would be able to ask the question at their next meeting.

Mr Nguyen advised that the majority of patients in North West London were from Hillingdon. He noted that there was an immediacy needed with regard to engagement with staff. It was also suggested that a relocation to Lister Hospital would not be good for Hillingdon residents. However, it was thought that, if a decision was made to move the service to Stevenage, it was likely that Hillingdon patients would go to a London hospital such as the Royal Marsden. Mr Nguyen advised that a request had been made to include Hillingdon's Clinical Lead on the Programme Board.

RESOLVED: That:

1. **Ms Kinghorn attend a future meeting to talk through options for the MVCC;**
2. **Ms Kinghorn provide the Democratic Services Manager with a definitive**

	answer to which organisation would be responsible for paying for repairs to the MVCC estate; and **3. the discussion be noted.**
11.	**UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PREVIOUS SCRUTINY REVIEWS** *(Agenda Item 10)* It was noted that, as agreed by Cabinet, letters had been sent to the Ministry of Justice, Secretary of State for Housing, Communities and Local Government and Chairman of the Parliamentary Select Committee on 8 June 2018 with regard to the findings of the Community Sentencing Working Group. Although a response had been received from the Ministry of Justice, no formal response had been received in relation to the other two letters. Members were advised that the evidence gathered by the Council's Working Group had fed into a larger Government Select Committee review of Community Rehabilitation Companies (CRCs). This review had resulted in the recent public announcement that the supervision of all offenders on probation in England and Wales would be put back in the public sector after a series of failings following the part-privatisation of the system. **RESOLVED: That the update be noted.**
12.	**WORK PROGRAMME** *(Agenda Item 11)* Consideration was given to the Committee's Work Programme. The Committee agreed to continue to undertake lead Member responsibilities for specific Trusts. Whilst all Members were encouraged to ask questions of all witnesses that attended the Committee meetings, these lead roles had led to more in-depth questioning resulting from more thorough research of the Trusts. It was agreed that the lead Members for each Trust would be as follows: • Councillor June Nelson: Royal Brompton and Harefield NHS Foundation Trust (RBH) • Councillors Simon Arnold and Ali Milani: The Hillingdon Hospitals NHS Foundation Trust (THH) • Councillors Kuldeep Lakhmana and Devi Radia: Hillingdon Clinical Commissioning Group (HCCG) • Councillor Nick Denys: Central and North West London NHS Foundation Trust (CNWL) • Councillor Vanessa Hurhangee: London Ambulance Service NHS Trust (LAS) Following the discussion earlier in the meeting in relation to bowel, cervical and breast screening in the Borough, it was agreed that an additional meeting needed to be arranged that focussed entirely on this issue. It was also agreed that an additional meeting was likely to be needed in relation to the Mount Vernon Cancer Centre review in due course. **RESOLVED: That the Work Programme be agreed.**
	The meeting, which commenced at 6.05 pm, closed at 8.32 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.