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A

External Services Select Committee

Date: **WEDNESDAY, 12 JUNE 2019**

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. This meeting will also be broadcast live.

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Councillors on the Committee

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

Published: Tuesday, 4 June 2019

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Putting our residents first

Lloyd White
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London Borough of Hillingdon,
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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

12 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

30 April 2019

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

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia **Also Present**: Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Katy Millard, Director for Community Services, Central and North West London NHS Foundation Trust (CNWL) Maria O'Brien, Executive Director, Central & North West London NHS Foundation Trust Dean Spencer, Interim Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) Dr Veno Suri, Vice Chair, Hillingdon Local Medical Committee (LMC) **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)
48.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
49.	**MINUTES OF THE MEETING ON 28 FEBRUARY 2019** *(Agenda Item 4)* The Chairman advised that he had been in contact with the Managing Director of Hillingdon Clinical Commissioning Group with regard to the progress being made to reopen the Michael Sobell House inpatient hospice unit. It would be important to ensure the right levels and quality of staff and then, once reopen, work would need to continue to look at the medium and long term future of the service. Members were aware that site covered a large footprint which would potentially provide greater opportunities and were keen to ensure that the hospice remained co-located on the Mount Vernon site if at all possible. It was noted that the Chief Executive of East and North Hertfordshire NHS Trust had contacted the Chairman to advise that there was an upcoming review of cancer services provided at Mount Vernon Hospital. **RESOLVED: That the minutes of the meeting held on 28 February 2019 be agreed as a correct record.**
50.	**PERFORMANCE REVIEW AND QUALITY ACCOUNT REPORTS OF THE LOCAL NHS TRUSTS** *(Agenda Item 5)* The Chairman welcomed those present to the meeting.

Central and North West London NHS Foundation Trust (CNWL)

Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that the Trust's full Quality Account (QA) report had been circulated to Members and that the Committee's response would be due by 3 May 2019. It was noted that CNWL covered a very large geographical area and that not all of the information included in the report would be relevant to the community and mental health services provided in Hillingdon.

Members were advised that the Trust had retained the same quality priorities for the last three years: patient and carer involvement; and staff engagement. This continuity had provided a more rounded picture of trends and allowed time to embed changes which would not necessarily happen with a single year snapshot.

Over the last year, a proactive steering group in Hillingdon (comprising service users and carers) had co-designed changes to the mental health pathway, produced a newsletter and created a discharge information booklet. Service users had been involved in the recruitment of senior members of staff and there was now a large number of peer support workers in the Borough.

CNWL continued to hold large engagement events with its stakeholders and had held a stakeholder Quality Account event on 1 March 2019. Insofar as staff engagement was concerned, Members were advised that there had been a qualitative improvement with a big event being held each year for the last three years. These events had encouraged a bottom up approach to change which staff had helped to shape and develop. This year, the event had been attended by about 800 of CNWL's 7,000 staff and the focus had been on wellbeing (for example, physiotherapy, resilience and stress pathways).

Whilst some services within the Trust were fully on board with corporate engagement, there were other areas where it was more alien. Some service areas that had not previously engaged in a meaningful way, had found the process to be both useful and rewarding (especially in relation to community services).

Ms O'Brien advised that CNWL was a large organisation which afforded its staff opportunities to progress and change career. This meant that the Trust could become an employer for life. However, a lot of work still needed to be undertaken as many of the services provided by CNWL were subject to re-procurement. This could make staff feel nervous and unsettled about the security of their employment and the morale of staff working in this environment tended to be lower.

Ms Millard advised that exit interviews were undertaken with staff that were leaving a post. The most common reasons for leaving were in relation to retirement, relocation, promotion and work/life balance (over which the Trust had some control). The risk of leaving the organisation was highest in the first twelve months so consideration was being given to the recruitment process to ensure that prospective recruits were fully aware of what the job would entail.

Various projects had been developed across the organisation including a focus on reducing staff turnover. This work had identified that up to 25% of new Band D recruits across London left CNWL within their first year of employment. Action had been taken which had resulted, over the last three or four months, in a reduction in the number of new Band D recruits that stayed in post after twelve months. Around three years ago, the baseline in Hillingdon had been higher than for the rest of London (approximately 30%) but this had now reduced to around 15.9% with figures for new starter resignations also reducing.

Ms Katy Millard, Director for Community Services at CNWL, advised that a New Starter Engagement Roadmap had been developed to help managers to ensure that new staff felt welcomed into the organisation, engaged, motivated and valued. The roadmap had been distributed to managers and consideration was being given to developing a similar roadmap for staff that had been newly promoted.

Ms O'Brien noted that Hillingdon's performance was better than the overall Trust performance. Productive collaborative work had been undertaken with carers in relation to pressure ulcers and Hawthorne Intermediate Care Unit (HICU) patients were being more proactively engaged in planning their discharge. Feedback on services such as Hillingdon Rapid Response, CAMHS and Community Health 0-19 had also been positive.

Members were advised that CNWL had recently been reinspected by the CQC and that the resultant report was likely to be positive.

Although new quality priorities had been identified for 2019/2020, effort would be made to monitor and to continue work around the old priorities. It was anticipated that the following four new quality priorities would be retained as a three year programme:

1. Reducing falls – multifactorial assessment for inpatients over 65.
2. Managing the deteriorating patient – reduce the risk to patients' physical health by ensuring early identification and prompt management of deteriorating health.
3. Reducing violence and aggression for staff and patients – reduce incidents of physical assault involving staff and service users (Trust-wide) by 30% by 31 March 2022. Members were advised that violence and aggression towards staff and patients was the most commonly reported clinical incident at the Trust. The issue was also significant in non-mental health services and included racial abuse. A Violence and Aggression Strategy had been developed and staff were encouraged to not accept this behaviour, even in mental health services. This message had been reinforced with patients and there had subsequently been an increase in the number of incident reports being made and follow up work being undertaken.
4. Improving the quality of supervision – achieve consistency in the recording and quality of supervision. Action would need to be taken to apply some consistency as, currently, there was no way to track the quality of the supervision being provided to staff.

It was noted that the Trust's target of 70% of staff recommending it as a place to work had not been achieved in 2017/2018 (58.05%) or 2018/2019 (58.48%). Ms Millard advised that, whilst there were strong, long-standing teams in Hillingdon, this was not necessarily the case across the whole of London. In addition, a lot of work had been undertaken to follow up on reports of staff being abused and workload was an issue that might need to be addressed.

When looking at the service areas of the Trust as a place to work, Hillingdon's community and mental health services performed better than all other areas. It was suggested that the implementation of new models could sometime affect morale and that it was therefore important to get manager level training right.

Members congratulated CNWL for the level of meaningful engagement that the organisation had achieved. The most frequent feedback received from this engagement was in relation to CAMHS waiting times and continuity. Action was being taken in relation to autism pathways improvements but Young Healthwatch Hillingdon had found that waiting times were still an issue with young patients regularly asking when they were going to get some support. Insofar as continuity was concerned, it

was noted that there were sometimes issues around the responsibility split between primary and secondary care and there was also a limited third sector service provision in the Borough. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Citizen's Advice Bureau and other organisations were commissioned to provide some services in the Borough and he would forward details of these services to the Democratic Services Manager for circulation to the Committee Members. Investigations were also underway with regard to establishing a crisis café but no further information was currently available.

Dr Steve Hajioff, the Council's Director of Public Health, advised that third sector involvement was a matter for consideration by commissioners and would become increasingly important for Hillingdon Health and Care Partners. As collaboration became more commonplace, it would become increasingly important to bring in third sector organisations to help cover off some of the risks.

Dr Veno Suri, Vice Chairman of the Hillingdon Local Medical Committee, noted that patients' health could be affected by debt and housing issues. As such, the provision of signposting was very helpful to GPs. Dr Suri noted that access to CAMHS services continued to be a challenge at a local and national level.

Ms O'Brien advised that the Learning from Deaths data covered both community and mental health services. Whilst the services may not have been able to prevent the deaths, the Trust sought learning opportunities to raise awareness wherever possible. Members were assured that Hillingdon was in the lower quartile of suicides of patients known to CNWL services. The Trust was also a member of the Zero Suicide Alliance which focussed on training and attitudes. Whilst it was still early days, the Trust wanted its staff to be more mindful and aware. Further detail of the progress being made would be provided at a future meeting. Ms O'Brien advised that the Medical Director oversaw the learning from deaths and the learning disability deaths were reviewed externally. Dr Hajoiff noted that there had been some transformational work undertaken over the last 6-7 years to tackle suicide risks.

It was noted that one patient under the age of 16 had been admitted to adult facilities in 2018/2019. Although no patients under the age of 18 should be admitted to an adult facility, this particular patient had already spent 4-5 days in A&E. As such, it was deemed safer to move the patient to the adult facility where there were additional staff. Members were advised that an inpatient unit had been opened next to the Chelsea and Westminster Hospital in November 2018. A six-bed children's unit would be opened later this year for learning disabilities.

Ms Millard noted that there had only been a small number of complaints made in 2018/2019 relation to the services provided by CNWL. Every complaint was taken seriously by the Trust and progress was tracked. Although complaints tended to be in relation to communication, Ms Millard would provide Members with a breakdown of the complaints received in 2018/2019.

With regard to clinical effectiveness targets, Ms O'Brien was unsure which were set by national audit and which were set locally. Dr Hajioff advised that the creation of clinical effectiveness targets was a challenge as some end point clinical outcomes could not be used as they were affected by more than one factor.

The Committee recognised that CNWL had made significant improvements over the years.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>

Mr Dean Spencer, Interim Chief Operating Officer at THH, advised that the hospital had been in an increasingly difficult position over the last 2-3 years. Following the appointment of a new Chief Executive on 26 November 2018 (Ms Sarah Tedford), there had been significant changes to the senior management team with only two members of the team having been in post for more than 3 months. Members were also advised that the Trust Chair (Mr Richard Sumray) had stepped down on 29 April 2019 and Ms Liz Pace had been appointed as the Interim Chair.

Mr Spencer had previously worked with THH as a regulator from NHS Improvement. The recruitment process for the substantive Chief Operating Officer post was currently underway. THH had struggled with its budget / control total and operational standards had not been met or had declined over the last two years, for example, the four hour A&E target. Although THH had achieved 81% against the 4 hour A&E target, the national standard was 95%.

In the last year, THH had had a £26m overspend which was clearly not a sustainable position. An £11.4m savings requirement had been put in place for the current year with approximately half of the savings having already been identified. Achieving these savings would held to stabilise the Trust's finances this year so that consideration could then be given to implementing a transformation agenda to deliver sustainable improvements. The work of Hillingdon Health and Care Partnership had helped to implement radical changes and would help to achieve the savings needed. It was hoped that, with continued effort, the Trust would be back in balance by 2024. With regard to payment for the services provided by THH, this was determined by the block contract with commissioners and consideration would need to be given to what services would not be provided.

Six objectives had been set as the 2019/2020 Foundations for the Trust: Quality; Workforce; Performance; Finance; Well Led; and Partnership Working. Members noted that the Council had not been listed in the presentation slides as a partner, yet had been a fundamental part of helping THH to move forward. It was noted that staff were generally very proud to work for THH. Although some elements of the Foundations were already being delivered, this delivery was inconsistent or not necessarily happening routinely. It was anticipated that the Foundations would help all of THH's 3,500 staff to understand what was expected from them. Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon, urged for the need to ensure that patients and staff were not alienated whilst changes were being implemented and new pathways developed.

Concern was expressed that there appeared to be an imbalance between the good work undertaken by the staff and the quality of middle management upwards. If sufficient supervision and management was not in place, improvements would not be sustained.

The last CQC inspection had seen Hillingdon Hospital rated as inadequate. The Committee had held a meeting to solely look at the CQC's report and findings. Many of the responses received from THH representatives at that meeting had been thought by Members to be unhelpful. Mr Spencer assured Members that the current senior management team would be able to take the Trust forward. He noted that Ms Tedford had a good track record with this regard. Furthermore, it was anticipated that the Governors would appoint a new Chair in the next few months.

Mr Spencer noted that a great deal of work such as tidying had been completed since the CQC inspection had been undertaken. Although the estate did not provide the best environment, staff did their best in the circumstances. Following CQC criticism, the

new senior management team were regularly visible on the wards at Mount Vernon Hospital and Hillingdon Hospital (on a daily basis) and received feedback directly from the staff.

Members were advised that the Trust was not currently in a position to be able to share its 2018/2019 QA report. Mr Spencer advised that the report would be sent to the Committee after the Trust Board meeting on 24 May 2019.

It was agreed that, once received, the THH Quality Account report would be circulated to Members for comment outside of the Committee's meetings. The Chairman and the Democratic Services Manager would then draft the Committee's response for submission and inclusion in the final version of the THH report.

Dr Suri noted that patients tended to be less unwell in the warmer months and more unwell in the colder months, creating winter pressures. He suggested that, to help alleviate pressures on THH in the colder months, information be forwarded to GPs to redirect patients to alternative sources where appropriate. Dr Suri chaired the Neurology Working Group and suggested that GP access to a neurologist would reduce unnecessary emergency hospital admissions for patients with epilepsy and improve integrated care. It was recognised that it was less expensive for patients to be seen in the community.

Mr Mahmoud expressed concern that complaints to THH were not being dealt with effectively or consistently. He noted that one incident that he was aware of was now over eight months old. Conversely, another complaint submitted to the Trust had received an immediate response. Standards for dealing with complaints were in place and Mr Spencer believed that generally the team had been doing a good job in dealing with complaints. He would provide the Democratic Services Manager with contact details for complaint liaison / escalation.

<u>Local Medical Committee (LMC)</u>
Dr Veno Suri, Vice Chairman of the Hillingdon LMC, advised that patients would be seeing a big change in service delivery with a push to form Primary Care Networks (PCN) that would collectively provide services to 30k-50k patients. It was anticipated that this way of working would allow GPs to refer a patient to another practice within their PCN that had a specific expertise. The PCNs were due to go live in July 2019.

Members were assured that a patient's GP would remain responsible for the patient and that each practice would be required to provide core services. Additional services could then be provided by GPs or patients could be referred on to another practice within their PCN. The PCNs were still in the formation process and it was anticipated that this transformation of services provided in primary care would cost a lot less than if they were provided in secondary care and GPs might be able to provide services quicker than a hospital. It was noted that the aspiration was that, eventually, every PCN would provide the full offer. Although there would be no requirement to provide the full offer, it was thought that this would happen and would provide residents with a positive experience.

<u>Healthwatch Hillingdon (HH)</u>
Mr Turkay Mahmoud, Interim Chief Executive Officer at HH, advised that Healthwatch England had commissioned HH to look at the long term plan over the last six weeks. Two associated workshops would be held the following week. The available information included ward level data and would feed into a North West London report.

The Chairman suggested that he and the Democratic Services Manager make

	arrangements to meet with the THH Chief Executive. This was agreed by the Committee. On behalf of the Committee, the Chairman thanked Councillor Teji Barnes for her hard work over the last few years. She would not be sitting on the Committee in the 2019/2020 municipal year as she was due to be appointed as Deputy Mayor for that period. **RESOLVED: That:** **1. Mr Collier forward details of the third sector support services commissioned in the Borough to the Democratic Services Manager for circulation to the Committee Members;** **2. CNWL provide further detail of the progress being made in relation to the Zero Suicide Alliance at a future meeting;** **3. Ms Millard provide a breakdown of the complaints received in 2018/2019;** **4. Mr Spencer provide the Democratic Services Manager with contact details for complaint liaison / escalation;** **5. the Democratic Services Manager collate the Committee's comments in a response for inclusion in the CNWL QA report;** **6. the Democratic Services Manager circulate the THH QA report to Members for comment once received and draft a response in consultation with the Chairman;** **7. the Chairman and Democratic Services Manager make arrangements to meet with the THH Chief Executive; and** **8. Councillor Teji Barnes ne thanked for her hard work on the Committee; and** **9. the presentations be noted.**
51.	**WORK PROGRAMME** *(Agenda Item 6)* Consideration was given to the Committee's Work Programme. It was noted that the update on the provision of hospice inpatient services in the North of the Borough had been moved from the meeting on 12 June 2019 to 9 July 2019 to ensure that key officers were able to attend. With regard to the meeting on 12 June 2019, Members would be receiving presentations from NHS England on three issues: the implementation of congenital heart disease standards, cancer screening and diagnostics and a review of cancer services at Mount Vernon Hospital. A presentation would also be received from NHS North West London Collaboration of Clinical Commissioning Groups on the potential changes at Moorfields City Road site and Members would receive an update on the implementation of recommendations from the Community Sentencing review. It was agreed that, in order to provide extensive notice, representatives from the Post Office be invited to attend the Committee's meeting on 14 January 2020. **RESOLVED: That the Work Programme, as amended, be agreed.**
	The meeting, which commenced at 6.00 pm, closed at 8.04 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.

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

1 May 2019

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

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia **Also Present**: Lynn Hill, Chair, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Jennifer Roye, Deputy Director Nursing and Quality, Hillingdon Clinical Commissioning Group (HCCG) **LBH Officers Present**: Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)
52.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* It was noted that Councillor Radia would be arriving a little late and that Councillor Nelson was on her way.
53.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
54.	**PERFORMANCE REVIEW AND QUALITY ACCOUNT REPORTS OF THE LOCAL NHS TRUSTS** *(Agenda Item 4)* The Chairman welcomed those present to the meeting. He noted that Mr Nick Hunt had given his apologies for this meeting and that any queries in relation to the Royal Brompton and Harefield NHS Foundation Trust (RBH) Quality Account (QA) 2018/2019 report would need to be forwarded to him for response. <u>Hillingdon Clinical Commissioning Group (HCCG)</u> Ms Caroline Morison, HCCG Managing Director, advised that the Trust did not produce a QA report as it was a commissioner. However, Ms Morison was able to talk to Members about HCCG's role in the QA process and how the organisation monitored the quality of the services that it commissioned. Ms Morison advised that HCCG worked through NHS England (NHSE) and NHS Improvement (NHSI). It was noted that these two London offices were currently being brought together as one. Ms Jennifer Roye, Deputy Director of Quality, advised that HCCG was part of the North West London (NWL) Collaboration of eight CCGs. A single Quality Director was

responsible for the quality agenda across the eight CCGs and was supported by three deputies (one of which was Ms Roye and another of which had a focus on safeguarding). Each of the eight CCGs also had an Assistant Director of Quality who led on the quality agenda locally.

Members were advised that the quality of a service was measured by looking at patient safety, the effectiveness of the treatment patients received and the feedback about care provided. Providers were required to submit their final QA report to the Department of Health by 30 June 2019. HCCG was able to provide comments for inclusion in the final QA report and routinely requested that it be involved in the associated stakeholder events. This year, HCCG had not been invited to participate in The Hillingdon Hospitals NHS Foundation Trust (THH) stakeholder event – Healthwatch Hillingdon had been invited to attend. The information discussed at the meeting was very high level and had lacked detail. THH had made assurances this week that it would be forwarding a copy of its QA report to HCCG by the end of the following week so that comments could be reflected in the final version.

Ms Roye noted that HCCG held regular quality meetings with THH to review what had been achieved and look at what was expected into the future. Clinical Quality Review Group (CQRG) meetings were held with reports being considered by the Quality, Safety and Clinical Risk Committee (QSCRC) and the Trust Board.

Members were advised that HCCG had been meeting with THH on a monthly basis and working on the CQC action plan. HCCG had met with regulators during the previous week to discuss the THH CQC action plan and provide assurances that action was being taken. It was anticipated that the new THH leadership team would provide a different response to the improvements required by the CQC action plan. Although it would take time for the improvements to take effect, developments were starting to have an impact – the Trust Board changes were a consequence of this.

Ms Morison stated that she had regular conversations with Ms Sarah Tedford, THH Chief Executive, to maintain communications and undertake horizon scanning. Regular communication was also maintained between the Chief Nurses at THH and NWL CCG to get a proactive understanding of key issues. A Board to Board meeting would be held in June 2019 where quality would be key.

Members were advised that the work of the Integrated Care Partnership continued. It was noted that, as more services moved into this area, partners were holding each other to account.

Concerns were expressed about the Trust's ability to incorporate and embed good practice into business as usual. HCCG would need to support THH to enable the Trust to provide services during the transition period whilst also ensuring that it was scrutinised and held to account.

Ms Morison advised that the estate was the number one priority for the new THH senior management team. Fresh eyes had provided a new perspective and the focus was now on master planning and estates options that were realistic and achievable. It was anticipated that this would help to transform the estate into a hospital that was fit for purpose. It was thought that Hillingdon Hospital would not be going anywhere as it was highly valued by residents.

Ms Lynn Hill, Chair of Healthwatch Hillingdon (HH), advised that she had attended the THH Governors meeting on 30 April 2019. The THH Chief Executive had also attended the meeting. Ms Hill noted that THH was currently in a state of flux and that it

would be important to ensure that patient engagement and involvement was maintained during this challenging period. There had been changes to the Non-Executive Directors (NEDs) and interim solutions needed to be put in place to get things moving. Members were advised that the THH Board was accountable: the Governors held the NEDs to account and the NEDs held the Chief Executive to account.

HH was able to offer THH support through its reviews of issues such as discharge planning. Ms Hill had advised the NEDs that they could be more proactive in soliciting feedback by telephoning five discharged patients each day to find out about their experience of the discharge process.

Members were advised that the completion of a diary for patients in critical care had been introduced at THH four months previously. The patients were able to take a copy of their diary home with them so that they could then reflect on their experience in a group meeting some weeks later. Ms Roye advised that there was an expectation that all staff should be helping patients and doing their bit to capture the patient experience. However, this was not thought to offer consistency and it was recognised that patient experience needed some work. To this end, consideration was being given to a review of the Patient Engagement Strategy.

Members acknowledged that representatives from Central and North West London NHS Foundation Trust (CNWL) had attended the Committee's meeting the previous evening. It was suggested that THH could learn a lot from CNWL in terms of improving management and quality. Ms Morison advised that THH had a direct relationship with CNWL as some quality pathways spanned both Trusts. She suggested that the challenge would be in relation to embedding consistent culture change across the organisation as a whole, from the Board all the way down.

Ms Roye advised that accountability, the freedom to act and an escalation process were all helpful in turning quality around. She noted that, although there were no concerns with regard to CNWL, the Trust would need to ensure close monitoring. The CNWL Chief Nurse had developed a good relationship with senior teams and asked for help from HCCG when necessary.

With regard to possible structural changes locally, Ms Morison advised that the NHS Long Term Plan foresaw one CCG for each Integrated Care System (ICS), i.e., NWL. Work was currently underway to look at the creation of one NWL CCG and each local Governing Body would have to vote on what to do. Consideration would need to be given to ensuring a continued Borough presence for relations with providers and for some commissioning. Further detail would be brought to a future meeting.

Members were advised that the Hillingdon Integrated Care Partnership (ICP) was more advanced than elsewhere in London. As such, concern was expressed that a collaboration with the other NWL CCGs might negatively impact on the work that had already been undertaken. Ms Morison stated that Hillingdon had put itself forward so that its practices could be replicated as best practice.

On behalf of the Committee, the Chairman thanked Councillor Teji Barnes for her hard work over the last few years. She would not be sitting on the Committee in the 2019/2020 municipal year as she was due to be appointed as Deputy Mayor for that period.

RESOLVED: That:

1. **Ms Morison provide an update on the creation of one NWL CCG at a future**

	meeting; and **2. the presentations be noted.**
	The meeting, which commenced at 6.00 pm, closed at 7.00 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.

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

9 May 2019

Meeting held at Council Chamber - Civic Centre, High Street, Uxbridge

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Vanessa Hurhangee, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia
1.	**ELECTION OF CHAIRMAN** *(Agenda Item 1)* **RESOLVED: That Councillor Riley be elected as Chairman of the External Services Select Committee for the 2019/20 municipal year.**
2.	**ELECTION OF VICE CHAIRMAN** *(Agenda Item 2)* **RESOLVED: That Councillor Denys be elected as Vice Chairman of the External Services Select Committee for the 2019/20 municipal year.**
	The meeting, which commenced at 9.00 pm, closed at 9.05 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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EXTERNAL SERVICES SELECT COMMITTEE – UPDATE ON THE IMPLEMENTATION OF CONGENITAL HEART DISEASE STANDARDS

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 receive an update on the implementation of congenital heart disease standards.

RECOMMENDATION:

That the External Services Select Committee notes the report.

SUPPORTING INFORMATION

Congenital Heart Disease in London

In November 2017, the NHS England board made decisions regarding the future provision of congenital heart disease (CHD) services for children and adults. These commissioning decisions were made to ensure that the service meets the nationally agreed standards required now and in the future. The board decisions described in detail what was expected to happen in each region of the country where CHD level 1 services are provided.

In London there are 3 providers of CHD services:

- Guys & St Thomas' NHS Foundation Trust, with the children's services provided in the Evelina Children's Hospital and adult services provided also on the St Thomas' site;
- Great Ormond St NHS Foundation Trust and Barts NHS Trust providing children's and adults care together as joint service across the two sites; and
- Royal Brompton and Harefield NHS Foundation Trust providing children's and adults services at the Chelsea site.

The consultation proposed that the services that the Royal Brompton provided for children would be decommissioned as they did not meet the standards required, which stated that other specialist children's services should be provided on the same site, known as paediatric colocation. The Board decision on potential decommissioning of CHD services at the Royal Brompton would have impact on all other services for children provided on the same site, primarily respiratory, and they would also need to move.

The proposal from The Royal Brompton and Kings Health Partners

In London, a proposal had been received during the CHD consultation that outlined a high level plan to combine CHD services provided by The Royal Brompton and Harefield (RBH) NHS

Foundation Trust from the Chelsea site, and the Guy's and St Thomas's (GSTT) NHS Foundation Trust, and deliver these services from existing and new facilities based at the Westminster Campus – opposite the Houses of Parliament.

The NHS England decision in regard to this proposal was that RBH with GSTT and Kings College NHS Foundation Trust, under the auspices of Kings Health Partners (KHP), should be allowed to further develop and deliver their proposals in line with a timeline described in the NHS England board papers.

NHS England's Board decision included a timeline to monitor progress of the programme of work, this included:

- requirement for RBH to submit a strategic outline case (SOC) by 30 June 2018 (met)
- that there is an OBC (now called a Strategic Case) by November 2019
- and full paediatric colocation is achieved by April 2022.

The RBH / KHP proposal will involve a considerable reconfiguration of services if supported. NHS England will also need to look at all viable options available to achieve the colocation of paediatric services, to ensure that the option chosen is the best one. The movement of the CHD services would mean that the paediatric respiratory services also provided at the Royal Brompton would need to move as they would no longer be sustainable at the Chelsea site.

RBH is also proposing that all the other services provided at the Chelsea site would also move to the Westminster campus to create a world leading Paediatric, Cardiovascular and Respiratory centre of excellence. The capital required to develop the 'centre of excellence' will come primarily from the sale of the Royal Brompton Fulham Road site. There will be no changes to the Harefield Hospital as a result of this proposal which is also managed by the Royal Brompton.

Any movement of services from the Royal Brompton site in order to achieve the Congenital Heart Disease paediatric colocation standards will have impact on CHD patients and families; and other services at the Royal Brompton impacting on the patients who use them and the clinicians who provide this care. These impacts and the benefits of any move need to be considered fully; alongside any financial implications and the sustainability of all services provided, in the form of a case for change and pre-consultation business case to be produced by NHS England.

The proposal from Imperial and Chelsea and Westminster Hospitals

On 28 November 2018, NHS England received an alternative proposition to the RBH/KHP proposal. This came from a partnership made up of Imperial College Healthcare NHS Trust, Chelsea & Westminster Hospital NHS Foundation Trust and Imperial College London. This proposition can be viewed here: https://www.imperial.nhs.uk/about-us/news/proposal-to-improve-heart-and-lung-care-and-research

The current process

NHS England London region, operating under the direction of the NHS England board, has been assessing all the options to deliver the CHD standards, in doing so they are working with the organisations involved to develop further their proposals to enable them to be considered more fully.

Any change will be significant for healthcare in London and will impact on communities, patients, families and clinicians over a wide geography, as the Royal Brompton provide care for those with specialist conditions from the south east and up into the south midlands.

A set of metrics and hurdle criteria were being developed so that any change delivers real benefits to the healthcare for London and also ensures the best use of financial and clinical resources.

A number of groups have been put in place to ensure that there is appropriate governance and contribution from specialists, and input from specific stakeholder groups concerned about any potential change. A Patient and Public Voice Group has been meeting and is made up of charities representing the interest of patients and families of particular conditions and of those who use the services of Royal Brompton and other provider trusts whose care may be impacted. A wider stakeholder engagement approach was also underway to ensure that the proposed changes are widely known about.

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EXTERNAL SERVICES SELECT COMMITTEE – PROPOSED MOVE OF MOORFIELDS EYE HOSPITAL'S CITY ROAD SERVICES

Committee name	External Services Select Committee
Officer reporting	Denise Tyrrell, NCL CCGs Programme Director
Papers with report	None
Ward	n/a

RECOMMENDATIONS

That the External Services Select Committee is asked to:

1. **note this update;**
2. **advise and make suggestions for further action to ensure a meaningful consultation process; and**
3. **provide an indication of the Committee's views on the proposal.**

Purpose

NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital. The report provides:

- a summary of the proposal;
- an update on discussions so far; and
- an outline of the consultation plan for the period 24 May to 16 September 2019.

For further information and consultation documentation, please refer to the consultation website www.oriel-london.org.uk where you can read or download the consultation document and other background information.

Summary of the proposal

Moorfields Eye Hospital NHS Foundation Trust and its partners, UCL Institute of Ophthalmology and Moorfields Eye Charity, are proposing to build a new centre, bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology. This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

Services would move to the new centre from the current hospital facilities at City Road in Islington, along with Moorfields' partner in research and education, the UCL Institute of Ophthalmology. Subject to consultation and planning approvals, it is envisaged that the proposed new centre could be constructed and operational by 2026.

If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

The proposed move from City Road to St Pancras does not include changes to Moorfields' services at its 30 other sites, although over time these will be considered as part of a wider review of the ophthalmology model of care across London.

NHS Camden CCG, on behalf of all Clinical Commissioning Groups, and NHS Specialised Commissioning, in partnership with Moorfields Eye Hospital, are consulting people between 24 May and 16 September 2019 to inform a decision that will consider whether the proposed move is:

- in the interests of the health of local and national populations;
- in line with long-term plans to improve health and care; and
- an effective use of public money.

The outcome of this will influence a decision-making business case, which will be presented to NHS England and Improvement for assurance and, for decision-making, to the CCGs and NHS England Specialised Commissioning.

In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

Background to the proposal

Moorfields is the leading UK provider of eye health services to more than 750,000 people each year attending a network of around 30 sites across London and the south east. Moorfields' main site is located at City Road in Islington, and has a 24-hour A&E, and provides a range of routine elective care for London residents and specialised services for patients from all over the UK.

The hospital's partnership with UCL provides a world-class centre of excellence for ophthalmic research, education and training. Examples of research include gene therapies for inherited eye conditions and stem cell treatments for age-related macular degeneration, which is part of the London Project to Cure Blindness.

The case for change

A detailed pre-consultation business case (PCBC) was approved by NHS England Specialised Commissioning and the CCGs' committees in common in April 2019. The PCBC is available from the consultation website at http://oriel-london.org.uk/pre-consultation-business-case-documents/.

The current facilities at Moorfields Eye Hospital on City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies. Similarly, UCL's education facilities adjacent to the hospital are outdated and unsuited to modern methods of hands-on training.

This ageing estate creates impractical and uncomfortable conditions for patients, staff and trainees. There is poor climate control, a lack of privacy in some areas, and challenges in terms of meeting modern standards of disability access and health and safety.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss.

The proposed new centre not only offers better care for future patients but would significantly

improve our ability to prevent eye disease, make early diagnoses, and deliver effective new treatments for more people at home or locally in primary care, as well as in specialist hospital clinics.

It would bring together excellent eye care with world-leading research, education and training with the following benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care.
- More space to expand and develop new services and technology to improve care, including care that could be available at home or locally, without the need for a hospital visit.
- A smoother hospital appointment process, particularly where there are several different tests involved.
- Shorter journeys between test areas and instantly shared results between departments, which would reduce waiting times and improve communications between patients and staff.
- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.

The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

The preferred way forward

The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.

A brand-new building is preferable as this would offer:

- The optimum size for an integrated centre.
- The potential to build with minimal disruption to current services, which would continue until the new centre was open.
- The creation of funds to invest in the proposed new centre from the eventual sale of the city road site.
- Estimated costs over the next 50 years that are lower than the costs of maintaining the current site.

The main advantage of staying at the City Road site is that people are familiar with the route to the hospital, which has relatively easy access by bus and underground, with a short walk to the hospital.

The main disadvantages of staying at the City Road site are:

- Limited space and scope for development, even with the possibility of demolishing some of the current buildings and building new ones.
- Rebuilding and even refurbishment would involve major disruption to services requiring some services to move out and then move back in again when the work is completed.
- Staying in the same place means that money would need to be spent on new buildings, but there would be no proceeds from a land sale to pay for the development.
- Our estimate of costs over the next 50 years shows that it would cost more to maintain the existing site than to build a new centre.

Options for the proposed new site

For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.

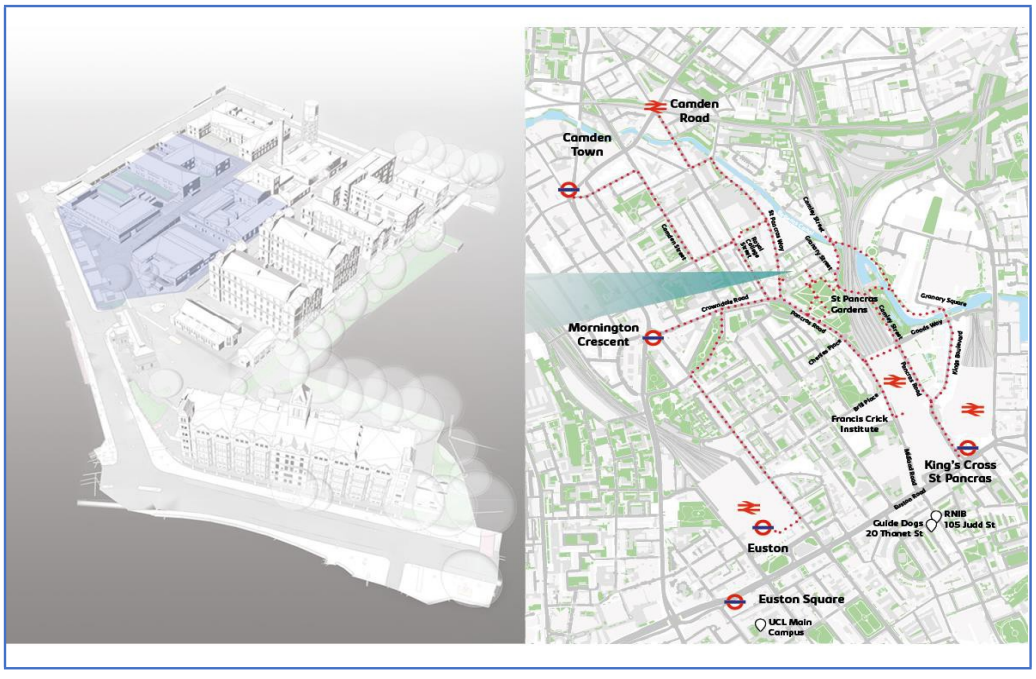
Of eight potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:

- Enough space for the size required and potential for future flexibility.
- Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area.
- Proximity to other major health and research centres, such as the Francis Crick Institute, the main campus of UCL, and leading eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

Insights from patients and public so far have highlighted potential challenges in terms of the change of journey to the proposed new centre for people who have used Moorfields services for many years. Access to the proposed new site would involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street, which is the nearest underground station to Moorfields at City Road.

We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras. Moorfields will engage with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as it progresses designs for the new site. There are a number of principal routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

The following illustration shows the current St Pancras Hospital site. The blue shading indicates the proposed land purchase for Moorfields. T he map shows the local area with mainline rail stations, underground stations and other key establishments, such as RNIB, Guide Dogs and the Francis Crick Institute.



Alternative options.

While the current preferred option is to build a new centre at the St Pancras Hospital site, we remain open to other potential locations and are seeking suggestions as part of the consultation process. Any new locations would be subject to the same appraisal process and all options (including any new ones) would be re-appraised after the consultation as part of the decision-making business case.

Estimated cost to the NHS

The pre-consultation business case shows that there is an affordable and robust financial plan to support the development of the proposed new centre, which would support the long-term financial position of Moorfields Eye Hospital. The estimated capital cost for the NHS is £344 million. Funding sources include:

- the sale of the City Road site
- funds from Moorfields Eye Hospital NHS Foundation Trust
- Moorfields Eye Charity's support for research
- central Government funding for transformation

Public and patient involvement so far

Four phases of engagement

Public and patients have been involved in four phases of engagement since 2013. The most recent engagement phase, from December 2018 to April 2019, gathered over 1,700 responses from people via the following activities:

- Four surveys covering travel, care, patient priorities and initial views on the proposed move
- 11 drop-in events
- 18 discussion groups
- One themed workshop to inform the options appraisal
- 12 discussions with patient and public representative groups
- Seven discussions with people with protected characteristics (as outlined in the Equality Act 2010).

A comprehensive summary of these activities and feedback is published on the consultation website at http://oriel-london.org.uk/patient-views-documents/. One of the outcomes of engagement was the establishment of an Oriel Advisory Group with public and patient representatives to help steer the consultation process.

The main themes of feedback

Most people who participated in discussions indicated strong support in principle for a new purpose-built centre of excellence for eye care, with the potential benefits of combining research and education with frontline eye care. Most people in discussions highlighted the following as critical to success:

- The current level of hospital services should continue, with an expectation of improvements in both clinical care and patient experience.
- Any change should be managed with minimal disruption, smooth transition and continuity of service.

- Accessibility is a high priority, both in terms of getting to and getting around the new centre.

The following main themes highlight what matters to patients, carers and their families:

- Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care.
- A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support.
- Getting to the hospital, including in an emergency.
- Efficient and caring experience at the hospital.
- Good communications and information.
- Person-to-person support, when needed.
- Proximity to public transport hubs.
- Manageable and obstacle-free journey from transport hub to the hospital.
- Provision for access by ambulance and motor vehicles.
- Interior design to support access and navigation for people with sight loss.

Accessibility

Views varied according to where people live and their service needs. People living in areas to the north and west of London, for example, felt the proposed St Pancras Hospital site location offered better access for them. Some people in east London were concerned about a possible extended journey and costs.

Travel times were frequently considered (by people with sensory impairment and disabilities) less important than the journey from transport hubs and bus stops to the front door of the proposed new centre. Old Street tube station to Moorfields Eye Hospital on City Road is a relatively short and simple route. For some people, King's Cross/St Pancras or Mornington Crescent to the proposed new site remain a high priority for consideration of the following:

- Large and complex stations with several exits
- Road crossings
- Cycle lanes
- Cluttered or uneven pavements
- Steep hills
- Vulnerability to street crime and harassment.

People were open to ideas to deal with accessibility concerns, e.g. shuttle service for those with limited mobility, efficient drop-off and pick-up at hospital, use of navigation technology. We are holding a themed workshop during consultation to explore in more depth these wayfinding issues and potential solutions, with the aim of scoping what would eventually be an accessibility strategy and implementation plan.

Patient experience

People hold strong faith in clinical excellence at Moorfields, but patient experience in the current facilities does not always live up to same high standards. The expectation is that the proposed move to a new centre could and should improve not just physical aspects, but the whole culture of eye care – a real opportunity to achieve world-class standards in all aspects of care for patients.

Views on improving patient experience were consistent throughout the discussion sessions. We gathered a wide range of details, but the following were common themes:

- **Awareness of the needs of people with sight loss:** the proposed new centre is an opportunity to design better accessibility into facilities and ensure more staff training – Moorfields should be a national exemplar in accessibility.
- **Communications and person-to-person support:** People have spoken about the need for flexibility and a range of communications to meet different needs and abilities. Many acknowledge the potential advantages of new technology, which could improve access for some people, but that there is a risk of excluding some minority groups for whom technology could prove a barrier. Even those who are keen supporters of new technology place a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.
- **Managing stress:** A recurring theme in feedback from discussions is stress and anxiety associated with a visit to the hospital and the anticipation of receiving eye treatment. The more that can be achieved to build patient confidence, particularly for people with protected characteristics, the more we can achieve with equal access to care quality, self-care and improved clinical outcomes.

Impact on equalities

We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes. We have undertaken an initial equality impact assessment and will continue to gather views and data during the consultation to inform this assessment. You can find our initial equality impact assessment on the consultation website at http://oriel- london.org.uk/equality-impact-documents/.

The population demographic data suggest that the proposed move has a potential impact on equality for people in areas to the north east of London. We will continue to investigate this and consider the issues as part of the decision-making business case following consultation.

The consultation process

The consultation process runs from 24 May to 16 September 2019, during which we are seeking views on:

- The proposal and how people may be affected.
- What matters to patients, their carers and families, and how this could influence decisions, designs and plans.
- The wider implications of the proposed change, its impact on healthcare, social care and environmental issues.
- Alternative proposals and suggestions.

Our approach has an emphasis on active participation and not just a request for written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request. People can give their views through several channels, including an online feedback survey, via social media, email and post and through face-to-face discussions.

A dedicated Oriel website provides access to consultation documents and supporting materials,

background information and relevant reports. Information is offered in accessible formats, including large print, audio versions, Easy Read summaries and languages on request.

For further details on how people can participate in the consultation, please visit http://oriel-london.org.uk/get-involved/how-to-give-your-views/.

Aims for involvement and consultation

	Evidence of achievement
Overall aim – To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation.	• Outcome reports • NHS England assurance • JHOSC response • Accreditation by The Consultation Institute
Five specific aims	
1. To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions.	• Stakeholder analysis • Engagement log • Consultation documents and accessible versions
2. To expand the range of people and groups involved, including action to reach minority and protected groups.	• Outcome reports and influence on plans • Engagement log
3. To ensure sufficient information is made available during consultation for intelligent consideration and response.	• Background information available as well as main consultation document –to include outcomes of pre-consultation engagement
4. To improve public awareness and confidence in change.	• Survey results and feedback
5. To build a framework for sustainable involvement from early discussions into future planning and implementation.	• Established involvement mechanisms and updated strategy and action plan

Reaching our audiences

The consultation team is working with a detailed list of audiences, groups and organisations to be contacted and consulted. We are also requesting that those we contact share information with their networks and via their websites, newsletters, social media and other channels.

In summary, the main audience groups are as follows:

Main audience groups	Channels for publication and feedback
General public, local residents and all audience groups	• Oriel website, social media, news coverage • Cascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners
Service users, carers and representatives	• Collaboration with eye charities and Healthwatch • Involvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums and social media
Minority interests and protected groups	• Direct contact with identified groups and tailored workshops • Information in range of formats and language versions • Collaboration with Healthwatch and voluntary sector partners
Voluntary sector and advocates	• Collaboration with Healthwatch and councils for voluntary services (CVS) • Direct contact with identified advocacy groups and forums
Local authorities, wards and neighbourhoods, partner agencies: planning, transport health and wellbeing, scrutiny	• Direct contact with relevant bodies e.g. planning partners, scrutiny and other committees • Collaboration with relevant neighbourhood forums and other local representatives
CCG, NHSE Specialised Commissioning and Trust staff	• Existing channels of internal communications e.g. intranets, briefings, development sessions • Collaboration with Clinical, Workforce and HR functions
Primary care contractors	• Existing forums and channels via CCGs and NHS England
MPs and government ministers	• Existing Trust and CCG briefing arrangements • Briefings via NHS England
Unions, Royal Colleges and professional representatives	• Via Trust and CCG HR forums and local representative committees • Direct contact with Royal Colleges, BMA, RCN, Unison
Press and media: local, national, trade	• Existing channels via Trust, CCGs, Specialised Commissioning and NHS England communications teams

Neighbouring trusts, wider geography of CCGs and other interests	• Direct contact using distribution channels of CCGs, NHSE Specialised Commissioning and NHS England
Partners in research and education	• Direct involvement of the Oriel Management Executive • Cascade to research and education staff and external networks
National regulators	• Direct contact and assurance process

Open workshops for deliberative discussion and feedback

Dates of discussion sessions open to all audiences are published on the Oriel website at http://oriel-london.org.uk/get-involved/events/

Building on what we have learned during previous engagement, the most effective discussions come from smaller groups of up to a maximum of 20 people (although we would not limit attendance at an open discussion, except for health and safety reasons). We have found the best approach is to offer sessions in association with community and representative groups and eye care charities, using venues where these groups already meet.

Deeper-dive discussions on key themes identified in engagement

In addition to general discussions, we are inviting people to participate in five themed workshops with subject matter experts. These will cover the following key themes:

- Options review and refresh
- Accessibility and wayfinding
- Patient experience
- Innovation
- Design.

Proactively arranged discussions with key groups

As part of our direct contact with representative groups of both professionals and public, we will be requesting discussion and feedback via items on the agenda of meetings. We are also offering meetings on request.

Consulting people with protected characteristics

We are writing directly to national, regional and local advocates for people with protected characteristics as identified in the Equalities Act 2010 to consult their views on issues of equality in relation to the proposed move.

We are also proactively seeking person-to-person discussions with a range of community groups of people with protected characteristics to listen to their experiences and issues that may impact on equality. Feedback from this part of the consultation process will inform the equality impact assessment, which will be included in the decision-making business case.

Staff and clinical involvement

The consultation process outlined here is open to all, including staff and clinicians within

Moorfields Eye Hospital, UCL and the commissioning organisations. It links to other workstreams to ensure more specific and continuing staff and clinical involvement which will guide and influence the design, development and implementation of proposals over the next five years and beyond.

Management of feedback

There is a single system for receiving, acknowledging and recording feedback from multiple channels. Feedback reports and notes of meetings will be available via the Oriel website. The final collation of responses will be passed to an independent organisation for analysis and evaluation at the end of consultation.

Beyond this phase of consultation

As a result of previous engagement work, we have already built relationships that provide a foundation for continuing involvement and co-production with eye charities and other patient and public representatives. This will embed strong patient and public involvement to inform our longer-term strategies for participation in design, development and implementation.

Timeline of next steps

- **24 May to 16 September 2019** - Public consultation, led by NHS Camden CCG and NHS England Specialised Commissioning on behalf of all NHS commissioners.
- **September to November 2019 -** Draft report of the feedback from consultation and a review of the equalities impact assessment, to influence a final review of options and completion of a decision-making business case.
- **November 2019 -** Camden CCG, Moorfields and NHS England will provide an update to the North Central London joint health overview and scrutiny committee.
- **December 2019 -** Decision-making business case (DMBC) and final consultation outcome report assured by NHS England.
- **January 2020 -** DMBC reviewed by CCGs' Committees in Common and NHS England Specialised Commissioning.
- **January 2020 -** Announcement of decisions of Committees in Common and NHS England Specialised Commissioning.
- **Early 2020 -** If the DMBC is approved, Moorfields would then submit an outline business case for national approval to NHS England and Improvement to commit public funds to the development of a new centre.
- **By autumn 2020 -** Moorfields would submit a planning application to the relevant local authority. If the plan is agreed to build a new centre at the St Pancras site, this would involve a master plan for the site, in partnership with the current landowners, Camden and Islington NHS Foundation Trust. The local authority would hold a public consultation on the planning application.
- **Spring 2021 -** Moorfields would submit a full business case for national approval to commit public funds to the development of a new centre.
- **Spring 2022 -** Subject to national approval of the full business case and local authority planning approval, construction would begin.
- **By 2025-2026 -** Completion of new build. Start to move services from City Road to the new centre.

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EXTERNAL SERVICES SELECT COMMITTEE – CANCER SERVICES IN 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 receive an update on:
1. the performance of cancer screening and diagnosis within the Borough; and
2. the service review at Mount Vernon Cancer Centre.

RECOMMENDATION:

That the External Services Select Committee notes the updates provided.

SUPPORTING INFORMATION

Cancer Screening and Diagnostics

In 2016, more than one in four (28%) of all deaths in the UK were caused by cancer - this equates to 166,135 deaths. Almost half of these cancer deaths (45%) were as a result of lung, bowel, breast or prostate cancer.

Cancer Screening
There are three cancer screening programmes in the UK which have been set up because they will save lives from the disease without too much risk, whilst also being cost effective:
- bowel cancer screening
- breast cancer screening
- cervical cancer screening

However, there is currently no screening programme for prostate cancer because the available test is not reliable enough.

Cancer screening is for healthy people who display no symptoms at all. Screening looks for early signs that could indicate cancer is developing. It can help spot cancers at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can even prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer (cervical screening is the best example of this). Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer.

At the moment, there isn't enough evidence to suggest that screening for any type of cancer (other than breast, bowel, and cervical cancer) would be a good idea. However, researchers

are always looking for new tests and new ways to spot cancers early, and there are some types of cancer where research into screening is growing, for example, lung and ovarian cancers.

Cancer Diagnosis

Early diagnosis of cancer is vital if the UK is to improve outcomes for patients and be amongst the best in Europe. With an ageing population, the UK is likely to see rising cancer incidence and more patients: by 2035, it is expected that there will be 500,000 people diagnosed with cancer each year in the UK. The combination of an ageing and growing population, plus welcome efforts to improve earlier diagnosis through more referrals, means more tests will need to be done in future. For example, by 2020 the NHS in England will need to perform 44% more endoscopies than are currently being carried out - this means an extra 750,000 procedures per year. Resolving issues with diagnostic capacity is crucial to be able to diagnose cancer earlier. Waiting times have increased and the services which deliver cancer tests are struggling to keep up with existing demand.

In December 2017, Health Education England published the first Cancer Workforce Plan, which promises over 5,000 new diagnostic and treatment staff by 2021. Currently, one in ten cancer diagnostic posts in England are vacant. It is anticipated that, by 2035, there will be 150,000 more cancer cases in the UK each year which will increase pressure on diagnostic staff. Cancer Alliances are now responsible for producing local plans (the first by spring 2018) to demonstrate how they will meet these ambitions.

Diagnostic services are essential for diagnosing cancer but are struggling to keep up with demand. The earlier a cancer is diagnosed, the more likely it is to be treated successfully. For example, when bowel cancer is found at an early stage, 9 in 10 people will survive. But when diagnosed later, only 1 in 10 people will survive. It should be noted that, currently, just over half of people with cancer are diagnosed early in England.

Hillingdon Context

In June 2014, Cancer Research UK published local statistics in relation to a range of issues such as cancer survival rates, referrals, routes to diagnosis and screening. Updated figures were published in September 2018. It should be noted that the figures published are for the whole area covered by NHS Hillingdon CCG (rather than for individual constituencies). These figures show that 51.4% of people in Hillingdon aged 60-74 take part in bowel cancer screening which is lower than the national average (59% in 2018; 58.8% in 2014) and a reduction since 2014 (52.3%).

It should be noted that the number of patients with cancer in Hillingdon that were diagnosed through an emergency route has reduced from 24.4% in 2014 to 17.9% in 2018. This is lower than the England average (19.5% in 2018; 23.7% in 2014).

In October 2018, it was announced that plans were in place to park a mobile CT scanning unit in the Tesco car park in Yiewsley for three months and then at Sainsbury's in Hayes. Although screening has been rejected in the past due to concerns over 'false positives', it is thought that screening is more accurate than it was a decade ago. The results from this trial will help to determine whether or not the NHS should introduce a national screening programme for lung cancer.

Service Review at Mount Vernon Cancer Centre

On 10 April 2019, a letter was circulated from NHS England and NHS Improvement advising that concerns had been raised regarding the long-term sustainability of the services provided at the Mount Vernon Cancer Centre, and the environment from which they are delivered. In light of these concerns, NHS England, East and North Hertfordshire NHS Trust (ENHT) which runs the Centre, and the East of England and London Cancer Alliances, have agreed that a review of the services is the best way to understand the issues and plan a way forward.

The Cancer Centre treatment service at the Mount Vernon Hospital is managed by ENHT and delivered from an increasingly ageing estate managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre based in North Middlesex which primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

The review will take place starting in May 2019 and involve peer reviews of (and engagement with) the services, and the involvement of patients, clinicians, non-clinical staff and key stakeholders, giving them an opportunity to influence the shape of Mount Vernon Cancer Centre services into the future. It will also include a piece of work to examine the long-term requirements for the population that the Mount Vernon Cancer Centre serves, based on population health needs and national service specifications, and a separate exercise to look at radiotherapy demand and capacity.

It is anticipated that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. These options will be the subject of much discussion and clinical engagement before any decisions are made about what the future services will look like. Any changes required will be subject to engagement with relevant stakeholders. At this stage, there are no pre-conceived ideas of what the outcome of the review might be.

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EXTERNAL SERVICES SELECT COMMITTEE - UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A - Updates on previous review
Ward	n/a

HEADLINES

The attached paper provides a brief summary of progress with regard to the implementation of recommendations agreed by Cabinet on the following reviews:

- Community Sentencing

RECOMMENDATIONS:

That the External Services Select Committee notes the updates provided in Appendix A and provides comment, as appropriate.

SUPPORTING INFORMATION

Hillingdon's Policy Overview, Scrutiny and Select Committees have a vital responsibility in monitoring Council and other public services in the Borough, influencing policy and engaging residents and local organisations in this important work. Over the years, Committees have undertaken successful in-depth reviews of local services and issues. This has resulted in a number of positive changes locally, with some also affecting policy at a national level. Such committees engage Councillors in a wide range of Council activity and make recommendations to the decision-making Cabinet. This report provides Members with an update on the progress made in implementing scrutiny recommendations that have previously been accepted by the Executive.

The Committee is invited to review the action (detailed in Appendix A) taken to implement recommendations previously accepted by the Executive in relation to the following completed scrutiny activities:

- Community Sentencing – this review was considered by Cabinet on 24 May 2018.

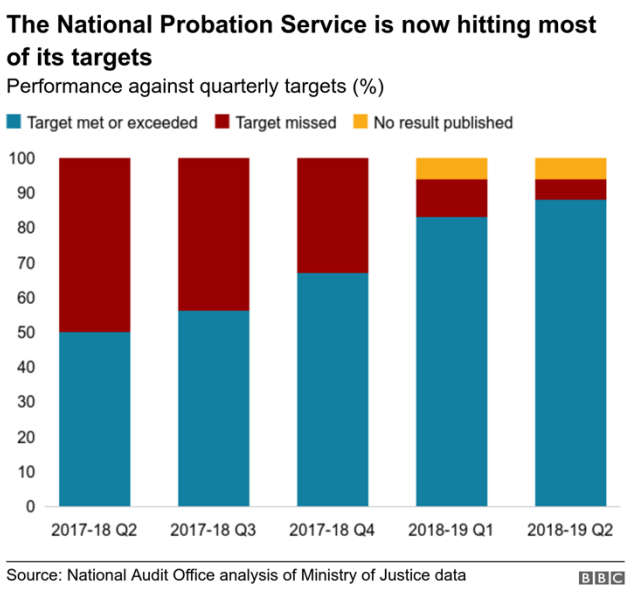
Whilst the actions taken in relation to the resolutions made by Cabinet can be found in Appendix A of this report, Members may wish to note that there has been other recent activity in relation to this issue in the media. On 16 May 2019, the BBC reported[1] that the supervision of all offenders on probation in England and Wales will be put back in the public sector after a series of failings with the part-privatisation of the system. This reverses changes made in 2014 by the then Justice Secretary, Chris Grayling. The National Audit Office has said that problems with

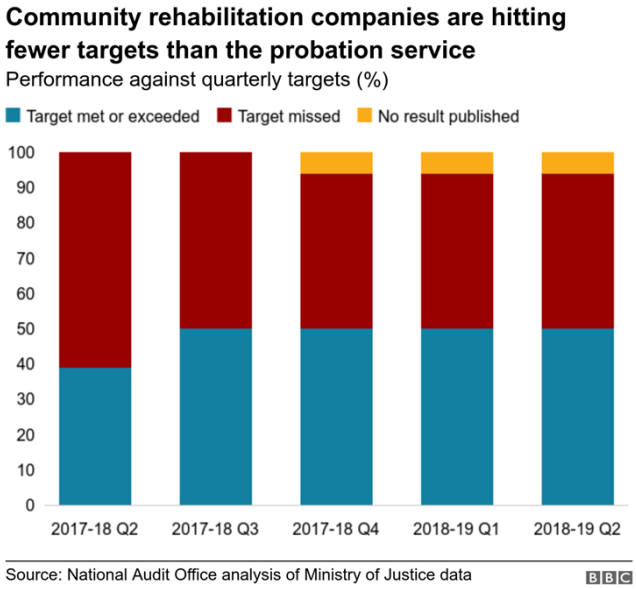
[1] https://www.bbc.co.uk/news/uk-48288433

the part-privatisation had cost taxpayers nearly £500m. All offenders will be monitored by the National Probation Service from December 2020.

Justice Secretary, David Gauke, recognised that "the system isn't working" and renationalisation was the best way to reduce reoffending and rehabilitate people. But he believes that there is still a role to be played by private companies, as well as charities. Under the new system, released prisoners and those serving community sentences will be monitored by staff from the National Probation Service based in eleven new regions. Each area will have a dedicated private or voluntary sector partner, responsible for unpaid work schemes, drug misuse programmes and training courses.

Payment by results (a key element of Mr Grayling's model) will not be used. The community rehabilitation companies' contracts are not being renewed.





	Recommendations	Updates
Community Sentencing	**RECOMMENDATION 1** **Recognise and welcome the findings of the 2017/18 review by the External Services Scrutiny Committee and request that the Chief Executive forward said findings to the Ministry of Justice, requesting that action be taken to amend existing CRC contracts to compel them to co-operate with local partners, specifically in terms of scrutiny.**	The Chief Executive sent the Committee's review findings to the Ministry of Justice on 8 June 2019. A response was received from Rory Stewart MP, Minister of State for Justice, on 6 July 2018 stating: "In recognition of the need to engage with London Boroughs more effectively, London CRC is part of the Reducing Re-offending forum coordinated by the Mayor's Office for Policy [sic] and Crime (MOPAC) which brings all London boroughs together. HMPPS also recognises the concerns that have been identified about aspects of the probation services and it doing further work to consider improvement to the delivery of those services. "We realise that engagement with key stakeholders is important in maintaining public confidence. The HMPPS contract management team works closely with London CRC and is satisfied that appropriate actions continue which will bring overall performance up to a satisfactory level. The Senior Contract Manager for London CRC, Rupert Nesbitt-Day, is keen to take forward your observations with the Director of Probation for London and will be making arrangements to meet with her to review your findings as soon as practically possible."

	RECOMMENDATION 2 **Following the report by the Communities and Local Government Select Committee, request that the Chief Executive also forward the findings of the External Services Scrutiny Committee to the Secretary of State for Housing, Communities and Local Government and the Chairman of the Parliamentary Select Committee, requesting that action be taken to improve the local accountability of Community Rehabilitation Companies, specifically in terms of scrutiny.**	The Chief Executive sent the Committee's review findings to the Secretary of State for Housing, Communities and Local Government and the Chairman of the Parliamentary Select Committee on 8 June 2018. To date, no responses have been received from these two bodies.

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. **determines which topic/s it would like to discuss at its crime and disorder meeting on 5 September 2019; and**
2. **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 were agreed by Council on 17 January 2019 and are as follows:

Meetings	Room
Wednesday 12 June 2019, 6pm	CR6
Tuesday 9 July 2019, 6pm	CR6
Thursday 5 September 2019, 6pm	CR6
Wednesday 9 October 2019, 6pm	CR6
Thursday 7 November 2019, 6pm	CR6
Tuesday 14 January 2020, 6pm	CR6
Tuesday 11 February 2020, 6pm	CR6
Thursday 26 March 2020, 6pm	CR6
Wednesday 29 April 2020, 6pm	CR6
Thursday 30 April 2020, 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. As witnesses were unable to be secured for the single meeting review of post office services on 13 March 2019, Members agreed at their meeting on 30 April 2019 to reschedule this

review for 14 January 2020. Representatives from the Post Office have been contacted accordingly.

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, consideration will need to be given to the topic/s that Members would like to discuss at their next crime related meeting on 5 September 2019.

Live Broadcasting of Meetings

5. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future policy overview and select committee meetings would be broadcast live on YouTube. As such, this and all subsequent External Services Select Committee meetings will be broadcast live.

Reviews

6. 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.

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
12 June 2019 ***Report Deadline**:* *3pm Friday 31 May 2019*	**Update on the implementation of recommendations from previous scrutiny reviews:** • Community Sentencing **Update on Cancer Screening and Diagnostics** **Update on Potential Changes at Moorfields City Road Site** **Update on the Implementation of Congenital Heart Disease Standards** (NHS England)
9 July 2019 ***Report Deadline**:* *3pm Thursday 30 June 2019*	**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 **Hospice Provision in the North of the Borough – Update** **Update on the implementation of recommendations from previous scrutiny reviews:** • Hospital Discharges (SSH&PH POC)

Meeting Date	Agenda Item
5 September 2019 ***Report Deadline**:* *3pm Friday 23 August 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 **GP Pressures Select Panel** Possible consideration of draft final report.
9 October 2019 ***Report Deadline**:* *3pm Friday 27 September 2019*	**Dental Health Services – Single Meeting Review**
7 November 2019 ***Report Deadline**:* *3pm Monday 28 October 2019*	**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
14 January 2020 ***Report Deadline**:* *3pm Thursday 2 January 2020*	**Post Office Services – Single Meeting Review**
11 February 2020 ***Report Deadline**:* *3pm Thursday 30 January 2020*	**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

Meeting Date	Agenda Item
26 March 2020 ***Report Deadline**:* *3pm Monday 16 March 2020*	
29 April 2020 ***Report Deadline**:* *3pm Friday 17 April 2020*	**Health (1)** 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
30 April 2020 ***Report Deadline**:* *3pm Monday 20 April 2020*	**Health (2)** 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 2020 ***Report Deadline**: TBA*	
July 2020 ***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 8. Local Medical Committee
September 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. Public Health
October 2020 ***Report Deadline**: TBA*	

Meeting Date	Agenda Item
November 2020 ***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
January 2021 ***Report Deadline**: TBA*	
February 2021 ***Report Deadline**: TBA*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 5. London Borough of Hillingdon 6. Metropolitan Police Service (MPS) 7. Safer Neighbourhoods Team (SNT) 8. Public Health
February 2021 ***Report Deadline**: TBA*	**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
March 2021 ***Report Deadline**: TBA*	
April 2021 ***Report Deadline**: TBA*	**Health (1)** Quality Account reports, performance updates and updates on significant issues: 6. The Hillingdon Hospitals NHS Foundation Trust 7. Central & North West London NHS Foundation Trust 8. Public Health 9. Hillingdon Clinical Commissioning Group 10. Healthwatch Hillingdon
April 2021 ***Report Deadline**: TBA*	**Health (2)** Quality Account reports, performance updates and updates on significant issues: 6. Royal Brompton & Harefield NHS Foundation Trust 7. The London Ambulance Service NHS Trust 8. Public Health 9. Hillingdon Clinical Commissioning Group 10. Healthwatch Hillingdon

Meeting Date	Agenda Item
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 • 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	

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 -** 24 April 2019	Witness Session 4	Evidence and enquiry
Panel: **5th Meeting -** 29 May 2019	Witness Session 5	Evidence and enquiry
~~**Panel:**~~ ~~**6th Meeting -**~~ ~~25 June 2019~~ ~~CANCELLED~~	~~Witness Session 6~~	~~Evidence and enquiry~~
Panel: **6th Meeting -** 24 July 2019	Witness Session 6	Evidence and enquiry agree recommendations
Panel: **7th Meeting -** 11 September 2019	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 9 October 2019	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 24 October 2019	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.