



HILLINGDON  
LONDON



## External Services Select Committee

**Date:** WEDNESDAY, 18  
DECEMBER 2019

**Time:** 6.00 PM

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

**Meeting  
Details:** Members of the Public and  
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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, 10 December 2019

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Putting our residents first

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Head of Democratic Services  
London Borough of Hillingdon,  
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## **Terms of Reference**

1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

### **'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

- |   |  |         |
|---|--|---------|
| 4 | Minutes of the previous meeting - 9 October 2019 | 1 - 10  |
| 5 | Health Updates                                   | 11 - 20 |
| 6 | Children's Dental Services                       | 21 - 30 |
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### **PART II - PRIVATE, MEMBERS ONLY**

- 8 Any Business transferred from Part I

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

9 October 2019

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Vanessa Hurhangee, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p><b>Also Present:</b> Alison Braithwaite, Head of Children's Health, Central &amp; North West London NHS Foundation Trust (CNWL) Claire Fry, Head of Service - Child and Family Development, LBH Jessamy Kinghorn, Communications and Engagement Lead / Head of Communications and Engagement / Senior Responsible Officer, NHS England Specialised Services Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Ayesha Masood, Lead for Oral Health Promotion Programmes, Whittington Health NHS Trust Dr Lalit Patel, Chair of Hillingdon Local Dental Committee, Hillingdon Local Dental Committee (LDC) Dr Andrew Read, Clinical Director Dental Services, Whittington Health NHS Trust Shikha Sharma, Consultant in Public Health, LBH Dr Stephen Vaughan-Smith, Mental Health Lead, Hillingdon Clinical Commissioning Group Dan West, Director of Operations, Healthwatch Hillingdon</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic Services Manager)</p>
24.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
25.	<p><b>MINUTES OF THE PREVIOUS MEETING - 5 SEPTEMBER 2019</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 5 September 2019 be agreed as a correct record.</p>
26.	<p><b>DENTAL HEALTH SERVICES</b> (<i>Agenda Item 6</i>)</p> <p>The Chairman welcomed those present to the meeting. He noted that this item had arisen from discussions raised at a previous meeting in relation to a review of children's oral health that had been undertaken by the Council's Social Services, Housing and Public Health Policy Overview Committee (SSH&amp;PH POC) in 2015.</p> <p>Dr Andrew Read, Clinical Director Dental Services at Whittington Health NHS Trust (WH), advised that the Trust was an integrated care organisation providing community services across North London and acute services from the Whittington Hospital in</p>

Archway. WH provided community dental services from 22 sites across 10 London boroughs in North Central and North West London, employing over 130 staff. Hillingdon community dental services had transferred from Central and North West London NHS Foundation Trust (CNWL) to WH in April 2019.

Community dental services provided treatment to patients with complex needs who were unable to be seen in general / high street dental practices. 70% of the services provided were in relation to paediatric dentistry with the remainder being made up of:

- adult special dentistry – patients with complex disabilities, frail, learning disabilities, etc;
- sedation and general anaesthesia;
- domiciliary care – on demand;
- community oral health promotion (OHP) preventative programmes – seen as one of the most important aspects of community dental services; and
- epidemiology – surveys undertaken of local dental health, primarily of children.

WH had opened new premises at Redford Way on 17 June 2019. However, community dental services were located on the first floor of the building and the lift construction, which should have been completed at the same time, had been delayed. WH had written to patients to notify them of the delay and to advise them of alternative arrangements.

Dr Read was advised that queries had been received from residents in relation to the service provided at Redford Way. He affirmed that all patients had been contacted to advise them of the change in provider and about the new facility opening. Only the patients who had needed the lift had been disadvantaged; it was anticipated that the lift construction would be completed by 14 October 2019.

Dr Read advised that WH provided high quality, community-based specialist dental services for children and adults with complex needs. He stated that WH was a model provider of evidence-based oral health promotion and preventative programmes in the community which had been recognised by NICE and Public Health England (PHE). WH had built effective partnerships with NHS England (NHSE), PHE and local authorities to address inequalities in dental health and access to care.

Members were advised that the dental services contracts had been changed by NHSE in 2017 so that paediatric patients were referred to community services rather than to hospital. This had led to challenges with regard to paediatric dental demand versus available capacity. Other challenges included the oral health of older people in care homes and the funding available for prevention / oral health promotion (which was an issue across London).

Research had illustrated the impact of dental disease on older people in care homes and, in June 2019, a CQC report highlighted the need to improve oral care in care homes. With regard to older people, it was agreed that people who lived in care homes, their families and carers needed to be made more aware of the importance of oral care. This ambition could be supported by better training in oral care for care home staff and improved guidance for the dental profession on how to treat people in care homes.

It was noted that older people were now keeping their own teeth for longer than they used to but that these teeth were often not in good condition. This could then be complicated by conditions such as dementia. Dr Patel advised that his was a training practice where trainee dentists were encouraged to attend local dementia cafes to

provide advice and guidance to carers on how to deal with the teeth of someone living with dementia. He was not aware of a separate care home service.

Dr Read noted that care home residents attended appointments in general dental practices if they were able to. Those that were unable to attend general practices would have treatment through the community dental service. He noted that daily oral care in care homes was poor as survey results showed that residents were not having their teeth brushed on a daily basis. The CQC had identified the need for staff in Hillingdon care homes to receive training on how to care for their residents' teeth.

With regard to Hillingdon, Dr Read noted that:

- the Borough had the highest decay rate in London for 3 year olds;
- 32½% of 5 year olds had experienced dental decay (compared with 23% in England);
- more than double the number of 5-9 year olds were admitted to hospital for dental caries than tonsillitis in 2017-18;
- inequalities in oral health were strongly associated with social deprivation; and
- there was significant evidence to suggest that oral health had a profound impact on a child's development.

Dr Read advised that evidence suggested that the following interventions worked best in reducing tooth decay in children (with the first two being most impactful for children in early years but not currently taking place in Hillingdon):

1. supervised tooth brushing in early years settings (STP);
2. fluoride varnish schemes in early years settings (FVP) – it was queried why NHSE could not be encouraged to pay for this intervention (and STP) given the current levels of caries in the Borough;
3. provision of toothbrushes and paste by health visitors / Brushing for Life (B4L);
4. train the trainer model (TTT); and
5. multi-component community promotion / oral health promotion (OHP) / making every contact count (MECC).

It was noted that Bexley had less than half the number of five year old children with decay experience that Hillingdon had. Members asked what it was that Bexley was doing that Hillingdon wasn't. Dr Read advised that he was unaware of the demographics in Bexley but noted that there was a significant dental decay issue in North London. He also noted that dental activity needed to be shifted from being reactive (in dealing with disease) to preventative (in stopping disease from happening in the first place).

Ten years ago, Camden and Islington had had high levels of decay in 5 year olds. The introduction of STP and FVP in these Boroughs had contributed to these levels starting to decrease. STP and FVP were not commissioned in Hillingdon.

Concern was expressed that parents were not taking their children to a dentist with early symptoms of decay as dental treatment for those under 18 was completely free. Dr Read noted that children with the highest risk of tooth decay came from families that had the lowest use of dentists. Pan-London campaigns had been undertaken to encourage parents to take their children to the dentist when their first tooth came through but only 7% of 2 year old children in Hillingdon had been registered with a dentist this year.

It appeared that it might not have been made clear enough that NHS dental care for children was completely free and that they should have their first appointment as soon

as their teeth started to come through. Dr Read noted that attendance could usually be improved by piggybacking communication onto other community programmes.

Without a preventative programme in place, there would be a lack of knowledge amongst parents about the importance of dental care. Ms Ayesha Masood, WH Lead for Oral Health Promotion Programmes, advised that there had been no history of a preventative programme in Hillingdon which had resulted in high levels of decay. Although Ms Masood suggested that Hillingdon had a very transient population for whom oral health would be a low priority, Members believed that community turnover was not significant enough to lead to the levels of decay that were being reported. Ms Masood advised that Bexley's needs would be different to those in Hillingdon and that a tailored programme would be needed that included a comprehensive preventative programme.

Ms Alison Braithwaite, Head of Children's Health at CNWL, advised that there had been oral health promotion in Hillingdon during CNWL's contract and progress had been made. She noted that a lot of work had been undertaken with children but that the community turnover meant that messages needed to be sent out continuously.

Ms Claire Fry, the Council's Head of Service - Child and Family Development, advised that the authority ran the B4L programme (where parents were gifted an age appropriate toothbrush and paste pack) and Bottle to Cup programme (where parents were gifted a Doidy or free flow cup) from Children's Centres in the Borough. All Children's Centre staff had been trained by community dental health practitioners on brushing and a range of training opportunities had been made available to parents. Whilst it was acknowledged that not all parents would attend a Children's Centre, all parents should be seen by a health visitor.

Members were advised that NHSE was responsible for commissioning all NHS dental services, including those carried out in hospitals and high street dental practices, and was required to commission services to meet the needs of the local population, for both urgent and routine dental care. Public health responsibilities used to be part of the NHS but passed back to local authorities in 2012 and included the need to improve the oral health of their populations. It was clear that the commissioning arrangements around dental health were not straightforward and partners were therefore asked to provide Members with a representative map for Hillingdon of providers and commissioners.

Ms Shikha Sharma, Consultant in Public Health for the Council, advised that rates of dental decay in the Borough had improved since the 50-55% levels of 2009. Following the SSH&PH POC review in 2015, FVP had been undertaken in Hillingdon with schools that had been identified as having the highest levels of deprivation. Promotional work was also undertaken in the Chimes shopping centre in Uxbridge and the Council had worked with NHSE to provide two new dental practices in the Borough (one in Harefield and the other in Yiewsley). Members were advised that NHSE had also recently agreed to fund STP in Hillingdon.

It was noted that no information was available regarding the FVP undertaken in Hillingdon schools as the team no longer existed and its oversight had fallen through the cracks. Although the FVP take up was thought to have been good, there had been no monitoring undertaken and, therefore, no way to tell how effective the intervention had been and whether it was worth repeating.

Members were sympathetic to the current pressures faced by health partners but they had not expected Hillingdon's performance to have been quite so poor. It appeared



that communication between partners (including PHE and NHSE) was insufficient and, at times, disjointed. A shift in focus (and funding) was needed towards preventative action which would be vastly more effective, and could be undertaken at a fraction of the cost, than treatment for decay. Preventing tooth decay in the first place would stop very small children from having to endure the pain and trauma of caries and extractions.

Ms Sharma noted that there had been reports from parents that their children had been turned away when they had asked for an NHS dentist appointment as there were none available. A log of these practices was being kept.

Dr Lalit Patel had been appointed as Chair of Hillingdon Local Dental Committee (HLDC) in April 2019. He advised that, since 2006, the NHSE contract provided dental practices with a budget to achieve a specific target. If that target was not met, funding could be taken away but was not then reinvested in dental services in the area. Practices were also monitored by NHSE on fluoride applications and prevention work undertaken with children. Although most dentists were doing what they could, messages needed to be sent out to raise awareness amongst parents.

Dr Patel advised that NHS capacity depended on the funding available to each dental practice which ran from 1 April to 31 March each year. If a practice had used up all of its NHS funding and had met its targets by December, for example, it would likely not have any further NHS appointments available until April. Dr Patel suggested that he could provide the list of NHS dentists which could be publicised, along with the message that appointments for children under the age of 18 were completely free. Ms Sharma noted that an app was available providing dentists' details and further information was available online. It was noted that this sort of information should be included in the information hub that had recently been discussed during the GP Pressures Select Panel review.

Dr Read advised that WH undertook surveys of 5 year olds every 2-3 years. These surveys could provide ward level and/or school level data which could then help to identify those children that were most at risk of poor oral health. Interventions were often then targeted at those schools with the highest proportion of children in receipt of free school meals. Members requested that, if possible, they receive ward and/or school level data for Hillingdon.

It was agreed that it was not good enough to say that Hillingdon was just as bad as some other London boroughs or to just accept that poor dental health was an issue in North London. Sustainable preventative action needed to be undertaken. The Committee was minded that dental health be the subject of its next in-depth Select Panel scrutiny review.

Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon (HH), advised that he would organise a meeting between HH, Council officers and Dr Patel. HH received approximately 3,000 visitors to its shop each year and would be able to help by promoting oral health messages.

Dr Claire Robertson, Consultant in Dental Public Health at Public Health England, had been unable to attend the meeting but had provided Members with a PowerPoint presentation which was delivered by Ms Sharma. On average, one in four 5 year olds in London had tooth decay (this was 32½% in Hillingdon and actually ranged from 14% to 40% in London) with, on average, four teeth affected. Tooth decay was the top cause for non-emergency hospital admission amongst 5-9 year olds in London with around 7,000 children under the age of 10 having one or more teeth extracted because

of tooth decay (548 of these children were from Hillingdon making the Borough the second worst performing area in London).

With regard to dental uptake rates in Hillingdon, 65.4% of children had attended a dental appointment in the 12 months to 31 January 2019. However, only 37.9% of those aged 0-5 had attended an appointment.

Smile London was a multi-stranded programme that targeted children aged 0-5 years and involved health, education and social care to deliver the best outcomes for children and their families. Dr Robertson was leading on the Smile London Programme for PHE and the programme itself was being led by the North West London Sustainability and Transformation Partnership (NWL STP). Although it was not yet up and running as funding was still being explored, it was anticipated that Smile would: provide training on dental health for front line staff; increase the availability of fluorides; integrate health within Healthy Schools, Healthy Early Years programmes and sugar smart initiatives; and signpost children and families to local NHS dental services.

The Smile London Programme was a pan-London programme with a multi-stranded approach to combining health, education and social care. It adopted a common risk factor approach which integrated oral health within general child health and wellbeing aligned with Health Early Years London. It was based on similar programmes in Scotland and Wales but would include a diet element.

It was noted that Smile would not be introducing new concepts and that STP was being undertaken in Hillingdon already. It was suggested that more work be undertaken with schools so that children transferred the good practice to their homes. Members asked that Ms Sharma establish the anticipated implementation date for Smile in Hillingdon and report back to the Committee.

**RESOLVED: That the presentations be noted.**

#### **COUNCILLOR VANESSA HURHANGEE LEFT THE MEETING**

#### **27. MOUNT VERNON CANCER CENTRE (Agenda Item 5)**

Ms Jessamy Kinghorn, Head of Communications and Engagement for NHS England (NHSE) Specialised Services, noted that three papers in relation to the Mount Vernon Cancer Centre (MVCC) strategic review had been circulated to Members: a covering report; Clinical Advisory Panel (CAP) Review and Recommendations; and the patient and clinical engagement report from Verve Communications Ltd. Although the CAP Review and Recommendations report had been published in July 2019, it had more recently featured in an issue of the Guardian newspaper during the previous week.

Whilst it was acknowledged that a significant majority of the patients treated at MVCC were from outside of the Borough (13% were from Hillingdon), it was queried where else Hillingdon residents were receiving cancer treatment. Ms Kinghorn would find out and forward this information to the Democratic Services Manager for circulation to the Committee. Patients and their families were very fond of the MVCC and the care that they received there so the review was never about access as patients were happy to travel for good cancer care. Whilst it was highly unlikely that a brand new hospital would be able to be built on the same site with all of the services needed in it, it would be important to find as local a solution as possible.

It was noted that, despite the work that had already been undertaken, no final list of options had yet been agreed. The work had been narrowed into two work streams: a

short term action plan and a long term action plan. In the short term, there had already been changes implemented to the admission policy and ward rounds. An increase in the number of staff for acute oncology had also been approved in principle.

In the short term, a number of independently facilitated events and interviews had been held and a survey undertaken. During the events, the need for collocation of services had needed some explanation but had been understood. Feedback had highlighted concerns about the impact on staff of the service was required to move out of Mount Vernon Hospital (MVH). In addition, although companion services at MVH (Lynda Jackson Macmillan Centre, Paul Strickland Scanner Centre and Michael Sobell Hospice) had not been included in the scope of the review, consideration would need to be given to the impact of any options on these companion services. It would be important to ensure that any action was not taken in isolation.

The long term work stream included the need to identify a specialist provider and develop options. Although reviews of cancer services at MVH had previously been undertaken, they had not resulted in any action. The CAP report had included a recommendation to transfer the accountability and ownership of the MVCC services from East and North Hertfordshire NHS Trust to a current tertiary cancer centre. Three tertiary providers had already expressed an interest in overseeing the transition and providing clinical leadership at MVCC.

The CAP report had also highlighted the need for:

- services to be provided by a specialist cancer service provider with access to research trials and the ability to attract leading clinical staff;
- the collocation of inpatient services – access to support services would enable greater access to (and provision of) treatments such as immunotherapy (it was anticipated that NICE would approve 40 new drugs during the current year). It was thought that temporary action would be needed to ensure sufficient inpatient capacity in neighbouring hospitals for those patients that needed it; and
- a networked model of care – more older people with comorbidities were being treated for cancer so it was important to ensure that their care pathway was joined up.

The review had looked at a number of models which had then been shortlisted to: full replacement on an acute site; or an ambulatory hub (Councillor Radia noted that her preference was for an ambulatory care hub and spoke model). Both of these models would need an additional radiotherapy centre. Whilst barriers were often faced with regard to funding proposals such as these, Ms Kinghorn had been surprised by the reduction in resistance from those holding the purse strings.

It was suggested that MVCC had been left to become what it had become and that it was no longer clear what it was supposed to be or how it fit into the bigger picture. As such, any proposed changes to the service would need to be linked into a range of wider expertise that would support it as well as possible plans to build a new Hillingdon Hospital. Dr Stephen Vaughan-Smith, Cancer Lead at Hillingdon Clinical Commissioning Group (HCCG), advised that the development of a new hospital at Brunel would provide cancer patients with sufficient district hospital support and would mean that radiotherapy could be undertaken at MVCC. Ideally, the new hospital would have an immunotherapy unit so that patients did not have to travel into London for this treatment using specialised transport. Although it was recognised that it could be twenty years before a new hospital was built in Hillingdon, this development would need to be considered when looking at the options.

Members were advised that staff at MVCC were working hard and had maintained a

positive attitude throughout the process to date. However, concern was expressed that it would not be long before the dedicated and skilled staff started to leave. As such, interim measures needed to be put in place to retain the staff. Ms Kinghorn advised that NHSE and NHS Improvement had been working with staff to support them through the process and that, ideally, decisions needed to be made quickly whilst also ensuring that the transfer to a new provider would be for the long term rather than as a quick fix.

Consultation was likely to be needed in relation to any proposed changes. Ms Kinghorn was mindful that the timing would therefore need to be planned around the purdah period. It was anticipated that consultation on the options for the long term future of the service would be undertaken in the new year. The implementation time would then depend on the option that was chosen but it was suggested that an outline business case would be developed by January 2021.

Members were advised that, although based in Manchester, Sue Clegg and Ali Percy from Verve would be happy to attend a future meeting of the Committee during the option development stage. Alternatively, they would be happy to be in contact in via Skype.

It was noted that the CQC had visited the site in July 2019. Although the CQC report had not yet been published, there had been no significant concerns raised by the CQC during its inspection.

**RESOLVED: That the presentation be noted.**

28. **GP PRESSURES: DRAFT FINAL REPORT OF THE SELECT PANEL** (*Agenda Item 7*)

The Chairman praised Mrs Liz Penny for her work with the Select Panel Members on the review of GP pressures. Consideration was given to the comprehensive report and the recommendations which, it was anticipated, would be presented to Cabinet at its meeting on 19 November 2019.

It was noted that the review sought to address the pressures on GPs and look to signpost patients better. During the course of the review, the Panel Members did identify solutions to some issues which had been put in place before the Panel had finished its investigations.

Members queried the role of Hillingdon Clinical Commissioning Group (HCCG) in recommendation 8. It was agreed that further details would be included in the text preceding this recommendation in the report to provide greater clarity about what this meant in practice.

The Committee thanked the Select Panel Members for their work on this review.

**RESOLVED: That, subject to the above amendment, the Select Panel review of GP Pressure be agreed.**

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

Consideration was given to the Committee's work programme. It was agreed that a Select Panel be established to look at children's oral health as the Committee's next in-depth scrutiny review.

**RESOLVED: That:**

- 1. a Select Panel be set up to review children's oral health; and**
- 2. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 8.27 pm.

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

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## EXTERNAL SERVICES SELECT COMMITTEE - HEALTH UPDATES

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

### HEADLINES

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

### RECOMMENDATIONS:

**That the External Services Select Committee notes the presentations.**

### SUPPORTING INFORMATION

#### **Serenity Integrated Mentoring (SIM) Model**

The SIM model integrates a specially selected and trained police officer full time within community mental health teams so that a personalised package of clinical care and boundary setting can be developed with each service user, focussing on the complex factors driving their crisis and providing opportunities to break this cycle. SIM won the HRH Prince of Wales Award for Integrated Care at the Nursing Times Awards 2016.

SIM is a new way of working with mental health service users who experience a high number of mental health crisis events. The police officer and the mental health professional work together to provide intensive support to service users to reduce high frequency and high-risk crisis behaviours. Individuals may be referred to the programme to help them find better ways of coping that cause less risk to themselves or others. Or they might have been regularly detained by the police under Section 136 of the Mental Health Act, or frequently called 999 for an ambulance, or attended A&E, or been admitted to a mental health ward on multiple occasions. The police mentor and care coordinator will work closely with these individuals to better understand their personal needs when they are in crisis and together they will write a unique care and response plan. The decision to offer mentoring is made by a team consisting of representatives from mental health services, police, ambulance and accident and emergency department.

A police mentor is an officer who is trained in mental health. The police mentor meets with the individuals and their care coordinator (and their carer or family member, if they wish) to help them reduce the risks that they might be causing for themselves or others. Together they will: take account of the individual's specific needs (particularly when responding if they are in a crisis); and help them to stay safe and within the law.

#### **The Hillingdon Hospitals NHS Foundation Trust (THH)**

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It delivers high quality

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Classification: Public

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healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people.

Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency, inpatients, day surgery, and outpatient clinics. Some services are also provided at the Mount Vernon Hospital in co-operation with the East & North Hertfordshire NHS Trust. Mount Vernon Hospital has a modern Diagnostic and Treatment Centre which comprises a two-storey building and the existing Princess Christian Unit. These buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

### **Central and North West London NHS Foundation Trust (CNWL)**

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide healthcare to a third of London's population and across wider geographical areas, including Milton Keynes, Kent, Surrey and Hampshire.

Community Mental Health Teams (CMHTs) work with patients to develop recovery goals and offer continuity of care. They will assess the needs of the patient to make sure the treatment provided is personalised. They also offer more intensive care when people need it most and help patients to work towards greater independence in managing health and wellbeing. The Community Rehabilitation Team offers care coordination and support to people with a mental illness in supported living or care homes, with a view to helping develop independent living skills and improving quality of life. Staff from a range of clinical backgrounds work within the CMHTs/Community Rehabilitation Teams, in addition to peer and employment support advisors.

- Single Point of Access - The Single Point of Access (SPA) offers mental health triage for routine, urgent and emergency referrals, mental health signposting, information and advice, 24 hours a day, 7 days a week, 365 days a year. SPA also incorporates CNWL's Urgent Advice Line (UAL), providing out of hours crisis support and advice. The team consists of qualified clinicians who are able to direct callers to the most appropriate service to meet their needs.
- Primary Care Mental Health Team - The team works within GP surgeries, helping people to adjust once discharged from secondary mental health services, or providing advice to GP's on what services to offer their patient.
- Talking Therapies - Hillingdon Talking Therapies is a free, confidential NHS service, which provides psychological treatment for depression and anxiety disorders, phobias and post-traumatic stress disorder. Conditions are treated using a variety of therapeutic techniques, including cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and couples therapy. The service accepts referrals from GPs, health care professionals and self-referrals.
- Crisis and Home Treatment Team (HTT) - The team has doctors, nurses, social workers, occupational therapist and support workers who are available to support patients, carers and their families 24/7. The team supports people in mental health crisis in their own homes and seeks to avoid unnecessary admissions to mental health inpatient settings.
- Liaison Psychiatry Team - The liaison psychiatry team work 24/7 alongside colleagues in A&E and general hospital wards, providing assessment, treatment and signposting to people who have a mental illness.



- Early Intervention Services - The service offers intensive support and treatment to people who have been diagnosed with a psychotic illness for the first time. They work with people from 14 years old and offer support for up to 5 years.
- Child and Adolescent Mental Health Services (CAMHS) - CAMHS services are mostly provided in the community, but CNWL also has a specialist inpatient service for 8-13 year olds. Family therapy plays an important role in CAMHS care

Acute mental health services provide assessment and treatment for adults with severe mental illness. This may mean a person needs care as an inpatient in hospital or intensive support through a home treatment team in the community.

### **Royal Brompton and Harefield NHS Foundation Trust (RBH)**

Royal Brompton and Harefield NHS Foundation Trust (RBH) is the largest specialist heart and lung centre in the UK and among the largest in Europe. The Trust works from two sites:

- Royal Brompton Hospital in Chelsea, West London
- Harefield Hospital near Uxbridge

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

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

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

Among their many achievements, experts at RBH:

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

Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients. The opportunity to influence the course of modern medicine by developing new treatments is a prospect that attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care. Many medical advances made at the Trust have been taken up across the NHS and beyond.

Each year, between 500 and 600 papers by researchers associated with the Trust are published in peer-reviewed scientific journals, such as The Lancet and New England Journal of Medicine. The Trust's main partner is the National Heart and Lung Institute at Imperial College,

London. Additional research projects are run with other hospitals and universities in the UK and abroad.

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

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

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

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

The hospital is a major centre for the treatment of:

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

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

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

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

### **NHS Hillingdon Clinical Commissioning Group (HCCG)**

HCCG has a governing body which meets in public each month and the agendas and papers for these meetings can be found on the CCG website. The governing body is made up of GPs from the Hillingdon area and at least one registered nurse and one secondary care specialist doctor. It is responsible for planning, designing and buying/commissioning local health services for Hillingdon residents including:

- Planned hospital care

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- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

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

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

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

#### NHS Long Term Plan / Case for Change

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. The key areas for exploration identified were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021;
- What functions should be delivered at a NWL level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NWL with the development of an NWL integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

Following the engagement period, the recommendation to governing bodies is to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

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The proposal for new clinical commissioning groups was first made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS' as part of the Government's long-term vision for the future of the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning services was devolved to local groups of clinicians. The role of CCGs is set out in the Health and Social Care Act 2012 and specifies that CCGs will:

- Put patients at the heart of everything the NHS does
- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

### Sustainability and Transformation Plan

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

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

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

- The health and wellbeing gap – by preventing people from getting ill where possible and supporting people to stay healthy.
- The care and quality gap – by ensuring the delivery of consistently high-quality and person centred care.
- The £1.3 billion funding and efficiency gap – making sure services are structured and delivered as effectively and efficiently as possible.

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

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

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

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

### **The London Ambulance Service NHS Trust (LAS)**

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

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

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

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

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

### **Healthwatch Hillingdon**

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents

with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

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

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

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

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

### **Local Medical Committee (LMC)**

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased, and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

### **Witnesses**

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

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- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RBH)
- The London Ambulance Service NHS Trust (LAS)
- Hillingdon Clinical Commissioning Group (HCCG)
- Healthwatch Hillingdon (HH)
- Hillingdon Local Medical Committee (LMC)

## Key Lines of Enquiry

As well as being asked to provide the Committee with a general update on things that are going well and the challenges being faced by their organisations, witnesses have been asked to address the following:

- **HCCG:** update on the reopening of Michael Sobell House
- **CNWL & MPS:** SIM project update
- **CNWL:** provide further detail of the progress being made in relation to the Zero Suicide Alliance
- **CNWL:** provide a breakdown of the complaints received in 2018/2019
- **CNWL:** update on the HHCP bid for additional funding for mental and physical health nurses to carry out Advanced Care Planning in care homes and extra care facilities
- **CNWL:** update on the inspection of the Immigration Removal Centre (IRC) Colnbrook
- **THH:** provision of contact details for complaint liaison / escalation
- **THH:** at the Health and Wellbeing Board meeting on 24 September 2019, it was questioned why THH had not been delivering on its contractual obligation to provide TB vaccinations – ESSC would like to know whether this was being fulfilled and, if not, why not
- **LAS:** provide the expected roll-out timescales for the mental health response units
- **LAS:** provide further information in relation to the technology used to monitor on-scene times

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## EXTERNAL SERVICES SELECT COMMITTEE - CHILDREN'S DENTAL SERVICES

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Liz Penny, Chief Executive's Office
<b>Papers with report</b>	Appendix A: Children's Dental Services Scoping Report
<b>Ward</b>	n/a

### HEADLINES

To enable the parent Committee to agree the formation of a Select Panel. The Committee is also asked to review and comment on the draft scoping report.

### RECOMMENDATIONS

**That the External Services Select Committee:**

- 1. agrees to set up a Select Panel to look at dental services in the Borough comprising three Conservative and two Labour Members; and**
- 2. reviews and comments on the scoping report attached at Appendix A to the report.**

### SUPPORTING INFORMATION

At its meeting on 9 October 2019, the Committee received an information report on dental services in the Borough. Witnesses from Whittington Health NHS Trust, Central and North West London NHS Foundation Trust, Hillingdon Local Dental Committee, Hillingdon Clinical Commissioning Group and Healthwatch Hillingdon and Public Health had also attended the meeting. It became apparent during the meeting that Hillingdon's performance with regard to oral health was poor. As such, Members agreed to set up a Select Panel to investigate the issue of oral health in more detail.

Upon further discussion, it has been agreed by the Chairman and Labour Lead that the review look to identify the current dental service provision for children and young people within the Borough and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues. It is anticipated that the Select Panel will look to identify ways of improving the dental service provision and dental health outcomes for children and young people in the Borough.

Members are asked to agree the Select Panel composition and draft scoping report.

### BACKGROUND PAPERS

NIL.

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## External Services Select Committee Review Scoping Report 2019/20

***Dental service provision for children and young people in the Borough and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues.***

### 1). REVIEW OBJECTIVES

#### **Aim and background to review**

##### **Introduction**

On 21 May 2015, the Council's Social Services, Housing and Public Health Policy Overview Committee presented a report to Cabinet on children's oral health (Appendix A). During the single meeting review, Members considered information from witnesses about the work that was being undertaken in relation to children's oral health in the Borough, noting the preventative measures being taken at the time to include the Early Years Programme and Brushing for Life campaign.

Given that child oral health continues to be a matter of concern both nationally and at a local level, at its meeting on 9 October 2019, the External Services Select Committee received an information report and heard from witnesses in relation to this topic. At said meeting, Members of the Select Committee heard that:-

- In London, about 1 in 4 five year olds have tooth decay with, on average, 4 teeth affected <sup>1</sup>

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768368/NDEP\\_f\\_or\\_England\\_OH\\_Survey\\_5yr\\_2017\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_f_or_England_OH_Survey_5yr_2017_Report.pdf)

- In 2016 / 17 the proportion of five year olds with tooth decay in London ranged from 14% to 40% compared to the national average of 23% <sup>2</sup>
- In London tooth decay is the top cause of non-emergency hospital admission amongst 5-9 year olds <sup>2</sup>
- In 2017/18 about 7,000 children in London aged < 10 years had 1 or more teeth extracted in hospital because of tooth decay <sup>3</sup>
- In Hillingdon, more than double the number of 5-9 year olds were admitted to hospital for dental caries than for tonsillitis in 2017/18
- Inequalities in oral health are strongly associated with social deprivation
- Oral health impacts profoundly on a child's development

In light of such concerning evidence, it was agreed that the Committee's next review would consider Dental Services in the Borough; specifically focussing on service provision for children and young people and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues.

The primary remit of the review is to explore the current situation within Hillingdon and consider possible areas for improvement; it is anticipated that such improvements will result in increased customer satisfaction and a reduction in the incidences of tooth decay in the young.

### Terms of Reference

The proposed Terms of Reference for the review are detailed below for Members to consider and amend as they see fit. These set out the objectives of the review:

1. To gain a thorough understanding of the current dental service provision offered to children and young people within the Borough and to consider possible areas for improvement;
2. To explore the current situation in relation to the dental health of children and young people in the Borough and to consider how this can be improved on;
3. To identify barriers to attendance – reasons for current low attendance rates and what can be done to address this issue;
4. To review current and future plans by health partners to prevent incidences of caries and to improve oral health;
5. To examine best practice elsewhere through case studies, policy ideas and witness sessions;
6. To review the current policies, legislation, research and campaigning by Government to improve children's oral health and to explore best practice and advice that could be adopted by the NHS; and

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<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2017-18>

7. After due consideration of the above, to bring forward recommendations to Cabinet for Council endorsement, before being sent to health partners to consider.

## **2). INFORMATION AND ANALYSIS**

### **Context - national trends and focus**

In relation to dental health in the UK, there are concerning levels of variation throughout the country and between different socioeconomic groups; on the whole dental health is better in the south and east of England and poorer in the north of England.

Poor oral health has been linked to a number of general health issues including lung disease and poor diabetic control, there is also an association between chronic gum disease and cardio-vascular disease. The cost to the NHS of treating oral health conditions is around £3.4 billion per year. Dental decay, also known as caries, and gum disease are the most common oral conditions, and are largely preventable through the maintenance of good oral health practices.

Good oral health is fundamental in facilitating good general health and wellbeing. In recent years, there has been a focus on adopting preventative strategies to combat major public health concerns facing the UK. There are large scale public health campaigns addressing widespread concerns such as obesity and type-II diabetes; however, more needs to be done to ensure that the focus on prevention in dental health is joined up with wider efforts to prevent ill health.

### **Regional concerns and health inequalities**

Although the quality of dental health is generally better in the south and east of England, in 2019 Londoners were the least likely to see an NHS dentist, with just 44% having had a check-up in the previous 24 months. Nationwide, the number of adults accessing NHS dental services has fallen to a 10-year low with just 50.2% of adults reporting that they had seen a dentist within the previous two years. Attendance at NHS dentistry services has become a matter of growing concern and links have been drawn between the prevalence of gum disease and individuals who do not visit the dentist regularly.

The most prominent reason cited for the unwillingness to access dental services is the increasing cost; more than a third of survey respondents (36%) admitted to sacrificing dental visits due to financial concerns. However, cost is not the only barrier to attendance; other factors such as anxiety (22%), the fear of getting bad news (18%) and work commitments (8%), are also reasons why people stay away. Since 2010, net government expenditure in England on dental services has dropped by £550 million in real terms; over the same period, the cost to the service user has increased by more than 30%.

NHS dental treatment is free for:

- under 18 year olds
- adults under 19 years old, in qualifying full-time education
- pregnant women, or women who have had a baby in the previous 12 months
- those being treated in an NHS hospital whose treatment is carried out by the hospital dentist

- those in receipt of low-income benefits or, those who are under 20 years old and a dependant of someone receiving low-income benefits

There is a need to emphasise the availability of free NHS dental treatment, specifically for those in receipt of low-income benefits, as access to these services remains low for this demographic.

Lifestyle choices impact on oral health - for example, tobacco use and drinking alcohol above the recommended levels are risk factors for oral cancer. The combined effect of drinking alcohol and using tobacco multiplies the risk of developing mouth cancer. Moreover, other factors, often associated with socio-economic circumstances, such as poor diet, contribute to health inequalities and a divide in the quality of oral health between the most deprived and the least deprived areas.

### **Dental Health in Hillingdon**

There are a number of dental health concerns within the Borough; one issue which is of particular concern and which has been prioritised as part of Hillingdon's Health and Wellbeing Strategy for 2018-21, is that young children in Hillingdon have levels of dental decay which are higher than the average for England. The 2015 National Dental Epidemiology Programme found that the percentage of children aged five years old affected by dental decay in Hillingdon (37.8%) was only exceeded by one other London borough (Ealing, 39%). This paints a picture of a localised issue in West/North-West London as Harrow also experienced a high proportion of child dental decay at 34.2%. The prevalence of decay was attributed to long-term bottle use; this suggests that action to discourage such bottle use and sugary drinks consumption will be required if oral health levels are to be improved.

A 2010 Oral Health Needs Assessment, conducted by NHS Hillingdon, found that in Hayes and Harlington there was a particularly high un-met need in both referral to specialist services and in community dental services. Whittington Health NHS Trust is the current provider of Community Dental Services in Hillingdon, having assumed responsibility for this service from the previous provider – Central and North West London NHS Foundation Trust – in April 2019.

### **'The Sugar Tax' - Practical implications on dental health**

The Government's Soft Drinks Industry Levy (SDIL), more commonly known as the sugar tax, was introduced in April 2018 as part of the childhood obesity strategy; the measure introduced levies of 24p per litre for drinks containing >8g of sugar per 100ml and 18p per litre for drinks containing 5-8g of sugar per 100ml. Its aim was to reduce sugar consumption, a leading cause of dental caries<sup>3</sup>, by persuading companies to reformulate their high sugar brands and avoid paying the levy.

In the two years preceding the introduction of the tax, many soft drinks manufacturers reduced the sugar content of their beverages in preparation for the levy; as a result, HMRC reduced their revenue forecast from the levy to £275m from an initial £520m during the first year of operation. The revenue generated from the SDIL was to be earmarked to

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<sup>3</sup>Advances in Nutrition - Sugars and Dental Caries

help fund physical education activities in primary schools, the Healthy Pupils Capital Fund and provide a funding boost for breakfast clubs in over 1,700 schools. However, as the primary objective of the levy was to tackle childhood obesity rates, there were calls from the Global Child Dental Fund for 20% of the proceeds to be reinvested into innovative oral health prevention strategies.

Research on the practical implications of the UK's SDIL on dental health is in its early stages; however, a 2019 Dutch-German study estimated that a 20% taxation on sugary beverages would result in a €159m saving in terms of Government dental care expenditure<sup>4</sup>; concluding that, an intervention of this kind could substantially improve oral health and reduce the caries-related economic burden.

There are frequent calls for the sugar tax to go further and cover other confectionery products. Although soft drinks account for 10% of a child's sugar intake, confectioneries such as sweets, ice cream and puddings make up more than a fifth of their sugar intake. The early successes of the SDIL in changing the behaviours of soft drinks manufacturers has fuelled calls for a more extensive sugar tax, particularly to help address wider health problems; such as the 29% of UK adults classified as obese and the nearly five million people living with type-II diabetes.

### Responsibilities

Dental services are not the responsibility of the local authority but the External Services Select Committee has a statutory remit to scrutinise the performance of local health services.

NHS England is responsible for the commissioning of all dental services including specialist, community and out of hours dental services; locally, this feeds down to Hillingdon CCG. Most dentistry within the Borough is provided by private practitioners paid to deliver frontline NHS services, many of whom also provide, on a commercial basis, services which the NHS does not provide - largely cosmetic. This differs from the way in which GP surgeries function.

The Hillingdon Health and Wellbeing Strategy for 2018-21 notes the formation of the North West London Sustainability and Transformation Partnership (NWL STP). The Health and Wellbeing strategy also highlights the 10 transformation themes and 5 overarching delivery areas which are key to improving health outcomes in North West London. Delivery area 1 pertains to 'Prevention and Wellbeing' with good children's dental health forming an integral part of it. This is to be facilitated by transformation theme 7, 'Integrated Care for Children & Young People', a key outcome of which is to improve the dental health of 0-4 year olds to reach the national average by 2021. Children's dental health formed part of the strategy in direct response to the high proportion of children in the Borough with dental decay.

### REFERENCES

Public Health England - National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 - A report on the inequalities found in prevalence and severity of dental decay:

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<sup>4</sup> Public Health - Caries related effects of a tax on sugar-sweetened beverages

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768368/NDEP\\_for\\_England\\_OH\\_Survey\\_5yr\\_2017\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_for_England_OH_Survey_5yr_2017_Report.pdf)

NHS Digital: Hospital Admitted Patient Care Activity, 2017-18:

<https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2017-18>

*Sugars and Dental Caries: Evidence for Setting a Recommended Threshold for Intake.*, Advances in Nutrition. 2016 Jan; 7(1): 149–156

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4717883/>

*The caries-related cost and effects of a tax on sugar-sweetened beverages*, Public Health. 2019 Apr; 169: 125–132

<https://www.sciencedirect.com/science/article/abs/pii/S0033350619300344>

Hillingdon's Health and Wellbeing Strategy 2018-21 (Appendix B)

### **3). EVIDENCE & ENQUIRY**

#### **Methodology**

At a meeting of the External Services Select Committee on 9 October 2019, it was agreed that a Select Panel be set up to consider background information and receive evidence from officers and external witnesses in relation to the topic of the review. As the review progresses, additional research into relevant documents and websites will be undertaken to furnish Members with further context and evidential material.

#### **Possible lines of enquiry and witness testimony**

As the review progresses and Members seek information and evidence, possible witnesses that could be invited to present to the Committee include:

- Whittington Health NHS Trust (current community dental services provider)
- Central and North West London NHS Foundation Trust (previous community dental services provider)
- The Hillingdon Hospitals NHS Foundation Trust (maternity and A&E)
- Hillingdon Local Dental Committee (representing dental practices in the Borough)
- NHS England (commissioner of all dental services)
- Shikha Sharma, Consultant in Public Health
- Rajneet Viridi, Community Dental Officer
- Dr Steve Hajioff, Director of Public Health, LBH
- Dentists, including those in private practice



- Representatives from nurseries / schools / Children's Services (regarding current dental services for LAC)
- Parents

Members are reminded that this is not an exhaustive list and that additional witnesses can be requested at any point throughout the review. Additional stakeholder events, one-to-one meetings and site visits may also be set up to gather further evidence.

#### **4). REVIEW PLANNING AND ASSESSMENT**

Once a report's recommendations have been agreed by the Cabinet, officers and external witnesses will be requested to commence the delivery of any required changes. The monitoring of such work is a fundamentally important aspect of the Committee's duty and, as such, regular reports on progress can be requested by Members and a full update report will be added to the future work programme of the Committee.

## Appendix A

Meeting	Action	Purpose / Outcome
ESSC: 18 December 2019	Agree Scoping Report	Information and analysis
Select Panel: 1 <sup>st</sup> Meeting - 6.30pm 12 February 2019	Introductory Report / Witness Session 1 -  <ul style="list-style-type: none"> <li>• <b>Where are we now?</b></li> </ul> <p>(Gaining evidence to establish the current situation in Hillingdon)</p>	Evidence and enquiry:  <ul style="list-style-type: none"> <li>• NHS England</li> <li>• HCCG</li> <li>• Local Dental Committee</li> <li>• Council officers</li> </ul>
Select Panel: 2 <sup>nd</sup> Meeting - 6.30pm TBC	Witness Session 2 -  <ul style="list-style-type: none"> <li>• <b>Where are we now and where do we want to be?</b></li> </ul> <p>(Gaining evidence to establish the current situation in Hillingdon)</p>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• Dentists</li> <li>• Public Health</li> <li>• Community Dental Services</li> <li>• Council officers</li> </ul>
Select Panel: 3 <sup>rd</sup> Meeting - 6.30pm TBC	Witness Session 3 -  <ul style="list-style-type: none"> <li>• <b>What can we do and how do we achieve it?</b></li> </ul>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• Hillingdon Hospital - maternity</li> <li>• Council officers</li> <li>• Dentists</li> <li>• Patients</li> <li>• Nursery / school reps</li> </ul>
Select Panel: 4 <sup>th</sup> Meeting – 6.30pm TBC	Witness Session 4 -  <ul style="list-style-type: none"> <li>• <b>What can we do and how do we achieve it?</b></li> </ul>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• NHS England</li> <li>• HCCG</li> <li>• LDC</li> </ul>
Select Panel: 5 <sup>th</sup> Meeting - 6.30pm TBC	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: TBC	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: TBC	Consider Final Report	Agree recommendations and final report

### Resource requirements

This is a review of external services and will be undertaken within current resources. The plan set out above will be co-ordinated and delivered by Democratic Services. The additional resource of staff time required to present, collate and format evidence for witness sessions will also need to be taken into consideration.

## EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Chief Executive's Office
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	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 11 February 2020;
2. determines when it will consider the following issues:
  - a. bowel, cervical and breast screening in the Borough; and
  - b. Mount Vernon Cancer Centre review;
  - c. the challenges faced by THH (to be preceded in the week before by a site visit to Hillingdon Hospital); and
3. 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	CR5
Thursday 5 September 2019, 6pm	CR5
Wednesday 9 October 2019, 6pm	CR5
Thursday 7 November 2019, 6pm	CR5
Tuesday 19 November 2019, 6pm	CR6
Wednesday 18 December 2019, 6pm	CR6
Tuesday 14 January 2020, 6pm	CR5
Tuesday 11 February 2020, 6pm	CR5
Thursday 26 March 2020, 6pm	CR5
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. Members will be aware that the Committee meeting on 7 November 2019 was initially rescheduled for Tuesday 19 November 2019 and then rescheduled again for Wednesday 18 December 2019.

### **Topics to be Scheduled into the Work Programme**

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 11 February 2020.
5. At its meeting on 12 June 2019, Members agreed that consideration would need to be given to scheduling an additional meeting to consider bowel, cervical and breast screening in the Borough. Members need to agree a date for this meeting.
6. The Committee received an update from NHS England (NHSE) / NHS Improvement (NHSI) at its meeting on 9 October 2019 in relation to the review of the Mount Vernon Cancer Centre. Following a period of engagement, expressions of interest are now being sought. Once these expressions have been evaluated, a recommendation will be made to NHSE. It is likely that representatives of NHSE will be in a position to provide the Committee with an update at its meeting on either 11 February 2020 or 26 March 2020.
7. Members have previously stated that they would like to hold a special meeting in December 2019 to specifically focus on the challenges faced by The Hillingdon Hospitals NHS Foundation Trust (THH). As well as determining a date for when this meeting might be held, Members have also requested that the meeting be preceded by a site visit to Hillingdon Hospital. As such, a second date for this visit in the week before the meeting takes place needs to be identified.

### **Live Broadcasting of Meetings**

8. 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. Where possible, these meetings have been moved into Committee Room 5 to facilitate better views of the meetings.

### **Reviews**

9. 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.

10. Following the recent completion of a review by a Select Panel that looked at GP pressures, consideration now needs to be given to possible topics for the next in depth scrutiny review. At its meeting on 9 October 2019, the Committee agreed that it would like to set up a Select Panel to look at children's dental health. A separate scoping report on this issue has been included on the agenda.

## **BACKGROUND PAPERS**

None.

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**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  <i>Report Deadline: 3pm Friday 31 May 2019</i>	<b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• Community Sentencing</li> </ul> <b>Update on Cancer Screening and Diagnostics</b>  <b>Update on Potential Changes at Moorfields City Road Site</b>  <b>Mount Vernon Cancer Centre Review Update (NHS England)</b>  <b>Update on the Implementation of Congenital Heart Disease Standards (NHS England)</b>
9 July 2019  <i>Report Deadline: 3pm Thursday 30 June 2019</i>	<b>Health</b> Performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> <b>Hospice Provision in the North of the Borough – Update</b>  <b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• Hospital Discharges (SSH&amp;PH POC)</li> </ul>
5 September 2019  <i>Report Deadline: 3pm Friday 23 August 2019</i>	<b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> <li>1. Metropolitan Police Service (MPS) – specifically knife crime and safer neighbourhoods, drugs and a police perspective on Serenity Integrated Monitoring.</li> </ol>

Meeting Date	Agenda Item
<p>9 October 2019</p> <p><b>Report Deadline:</b> 3pm Friday 27 September 2019</p>	<p><b>Dental Health Services – Single Meeting Review</b></p> <p><b>Mount Vernon Cancer Centre Review Update (NHS England)</b></p> <p><b>GP Pressures Select Panel</b> Consideration of draft final report.</p>
<p>18 December 2019</p> <p><b>Report Deadline:</b> 3pm Monday 28 October 2019</p> <p><i>Previously scheduled for 7 November 2019 and 19 November 2019</i></p>	<p><b>Health</b></p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> <li>8. MPS: Serenity Integrated Monitoring Officer</li> </ol> <p><b>Michael Sobell Hospice - Update</b></p>
<p>December 2019 - TBA</p> <p><b>Report Deadline:</b> TBA</p>	<p><b>Challenges Faced by The Hillingdon Hospitals NHS Foundation Trust</b></p> <p>To be preceded by a site visit to Hillingdon Hospital in the week before this meeting takes place.</p>
<p>14 January 2020</p> <p><b>Report Deadline:</b> 3pm Thursday 2 January 2020</p>	<p><b>Post Office Services – Single Meeting Review</b></p>
<p>11 February 2020</p> <p><b>Report Deadline:</b> 3pm Thursday 30 January 2020</p>	<p><b>Crime &amp; Disorder</b></p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. London Fire Brigade</li> <li>5. London Probation Area</li> <li>6. British Transport Police</li> <li>7. Hillingdon Clinical Commissioning Group (HCCG)</li> <li>8. Public Health</li> </ol> <p><b>POSSIBLE: Mount Vernon Cancer Centre Review Update (NHS England)</b></p>



Meeting Date	Agenda Item
<p>26 March 2020</p> <p><b>Report Deadline:</b> 3pm Monday 16 March 2020</p>	<p><b>POSSIBLE: Mount Vernon Cancer Centre Review Update (NHS England)</b></p>
<p>29 April 2020</p> <p><b>Report Deadline:</b> 3pm Friday 17 April 2020</p>	<p><b>Health (1)</b> Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
<p>30 April 2020</p> <p><b>Report Deadline:</b> 3pm Monday 20 April 2020</p>	<p><b>Health (2)</b> Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
<p>June 2020</p> <p><b>Report Deadline: TBA</b></p>	
<p>July 2020</p> <p><b>Report Deadline: TBA</b></p>	<p><b>Health</b> Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> <li>8. Local Medical Committee</li> </ol>
<p>September 2020</p> <p><b>Report Deadline: TBA</b></p>	<p><b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. Public Health</li> </ol>
<p>October 2020</p> <p><b>Report Deadline: TBA</b></p>	

Meeting Date	Agenda Item
November 2020 <i>Report Deadline: TBA</i>	<b>Health</b> Performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> <b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• GP Pressures</li> </ul>
January 2021 <i>Report Deadline: TBA</i>	
February 2021 <i>Report Deadline: TBA</i>	<b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. Public Health</li> </ol>
February 2021 <i>Report Deadline: TBA</i>	<b>Hospice Provision in the North of the Borough</b> <ol style="list-style-type: none"> <li>1. Michael Sobell Hospice Charity</li> <li>2. The Hillingdon Hospitals NHS Foundation Trust</li> <li>3. Hillingdon Clinical Commissioning Group</li> <li>4. Healthwatch Hillingdon</li> </ol>
March 2021 <i>Report Deadline: TBA</i>	
April 2021 <i>Report Deadline: TBA</i>	<b>Health (1)</b> Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>

Meeting Date	Agenda Item
April 2021  <i>Report Deadline: TBA</i>	<b>Health (2)</b> Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
<b>Possible future single meeting or major review topics and update reports</b>	
<ul style="list-style-type: none"> <li>• Telecommunications - plans in place by BT regarding advancements made in mobile technology</li> <li>• Mental health discharge</li> <li>• Collaborative working between THH and GPs in the community</li> <li>• Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough</li> <li>• Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride</li> </ul>	

## MAJOR REVIEW (SELECT PANEL)

### Members of the Select Panel:

- Councillors Vanessa Hurhangee, Kuldeep Lakhmana, June Nelson, Jane Palmer and John Riley

**Topic:** Children's Oral Health – scoping report to be agreed

Meeting	Action	Purpose / Outcome
<b>ESSC:</b> Date TBA	Agree Scoping Report	Information and analysis
<b>Select Panel:</b> <b>1<sup>st</sup> Meeting</b> - Date TBA	Introductory Report / Witness Session 1	Evidence and enquiry
<b>Select Panel:</b> <b>2<sup>nd</sup> Meeting</b> - Date TBA	Witness Session 2	Evidence and enquiry
<b>Select Panel:</b> <b>3<sup>rd</sup> Meeting</b> - Date TBA	Witness Session 3	Evidence and enquiry
<b>Select Panel:</b> <b>4<sup>th</sup> Meeting</b> - Date TBA	Witness Session 4	Evidence and enquiry
<b>Select Panel:</b> <b>5<sup>th</sup> Meeting</b> - Date TBA	Consider Draft Recommendations	Agree recommendations
<b>Select Panel:</b> <b>6<sup>th</sup> Meeting</b> - Date TBA	Consider Draft Final Report	Agree final draft report
<b>ESSC:</b> Date TBA	Consider Draft Final Report	Agree recommendations and final draft report
<b>Cabinet:</b> Date TBA	Consider Final Report	Agree recommendations and final report

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