



HILLINGDON
LONDON



External Services Select Committee

Date: TUESDAY, 14 JANUARY
2020

Time: 6.00 PM

Venue: COMMITTEE ROOM 5 -
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

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Contact: Nikki O'Halloran

Tel: 01895 250472

Email: nohalloran@hillingdon.gov.uk

Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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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 - 18 December 2019	1 - 10
5	Post Office Services In Hillingdon	11 - 16
6	Work Programme	17 - 24

PART II - PRIVATE, MEMBERS ONLY

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

18 December 2019

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Lynne Allen (In place of Kuldeep Lakhmana), Simon Arnold, Nicola Brightman (In place of Nick Denys), Vanessa Hurhangee, Ali Milani and June Nelson</p> <p>Also Present: Tina Benson, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) Kim Cox, Hillingdon Mental Health Borough Director, Central & North West London NHS Foundation Trust Robyn Doran, Chief Operating Officer, Central & North West London PCT - Mental Health Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Sarah Tedford, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust Dan West, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
30.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Nick Denys (Councillor Nicola Brightman was present as his substitute) and Kuldeep Lakhmana (Councillor Lynne Allen was present as her substitute). On behalf of the Committee, the Chairman wished Councillor Lakhmana a speedy recovery.</p>
31.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
32.	<p>MINUTES OF THE PREVIOUS MEETING - 9 OCTOBER 2019 (<i>Agenda Item 4</i>)</p> <p>At the Committee's last meeting, Members had discussed the provision of dental health services in the Borough. Concerns raised during this discussion had led to the topic being chosen as the Committee's new scrutiny review topic.</p> <p>Members were advised that, with regard to the review of the Mount Vernon Cancer Centre (MVCC), NHS England (NHSE) / NHS Improvement (NHSI) had undertaken a period of engagement. Expressions of interest were now being sought and, once evaluated, a recommendation would be made to NHSE. It was noted that Members of the Hertfordshire County Council health scrutiny committee would be undertaking a site visit to MVCC in the New Year. Once details of this visit had been finalised, Members of the External Services Select Committee would be invited to join them.</p>

Depending on the progress made, representatives from NHSE/NHSI would provide the Committee with an update at its meeting on either 11 February 2020 or 26 March 2020.

Concern was expressed by one Member that they had received reports from staff at MVCC about wards reopening in January 2020. Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), noted that she was unaware of any ward closures at MVCC and that this might be in relation to the reopening of the Michael Sobell House inpatient ward which would be reopening on 5 January 2020. Ms Morison would double check that there had been no ward closures at MVCC and provide the Committee with clarification.

It was noted that the GP Pressures review undertaken by the Select Panel would be considered by Cabinet at its meeting on 23 January 2020.

RESOLVED: The minutes of the meeting held on 9 October 2019 were agreed as a correct record.

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

Central and North West London NHS Foundation Trust (CNWL)

Ms Kim Cox, Hillingdon Mental Health Borough Director, advised that PC Victoria Hull had been unable to attend this meeting. As such, she would attend a future meeting with representatives from CNWL to provide the Committee with an update on the Serenity Integrated Mentoring (SIM) project.

Members were advised that work continued on the Integrated Care Connection Expansion Model with regard to physical and wellbeing/mental health needs. The Care Connection Teams (CCTs) would work with providers (i.e., the voluntary sector, Council, pharmacists and other specialist and hospital services) to coordinate physical, wellbeing and mental health services. A Mental Health Nurse would be the link worker with other mental health services.

New models of care had been introduced with the Primary Care Networks. The 45 GP practices in the Borough had been grouped into 9 neighbourhoods with each collectively serving a population of 30k-50k patients. The work involved partners from across the health system including acute, community, mental health, primary care, social care and third sector services. There was a clear focus on prevention which was supported by sharing data and information across all parts of the local system. Multi-disciplinary teams had been working across organisational boundaries and there had been some robust data driving developments, including the use of whole population risk stratification. Resources and workforce were being flexed and deployed to meet the needs of the population with care being delivered closer to home in the least restrictive environment.

Ms Cox noted that a new children's integrated therapy service was being mobilised which combined the current speech and language therapy, physiotherapy and occupational therapy pathways into a more streamlined service with one referral route.

With regard to mental health services, it was noted that there continued to be an increase in the number of referrals to the service. A major transformation plan had been put in place to improve the urgent and acute care and community care offer. However, Ms Cox advised that this had been impeded as a result of the Council withdrawing from the Section 75 (s75) integrated services agreement. Ms Robyn Doran, Chief Operating Officer at CNWL, advised that the Trust had been disappointed

with way the s75 issue had been handled and the way that it had come out of the blue. She suggested that the action would not improve the service provision and that it would have implications for funding which would then impact on health colleagues. Ms Doran also stated that this model had been implemented elsewhere and had not proved as effective as when the social workers were managed by CNWL.

Ms Cox expressed concern that the caseload would now need to be split between those with a predominant social care need and those with a predominant mental health need. Furthermore, CNWL would now need to look at securing alternative premises from which to operate the service within the next six months.

Section 75 was an arrangement / ongoing contract for the sharing of staff whereby social care staff were embedded in that contract. Although these social care staff were no longer embedded as part of the contract, there was no reason why they could not still work together. It was noted that the decision to take action with regard to s75 had been taken at a high level and had been based on concerns that had been raised with regard to the appropriateness of the use of the expertise provided. Although the Council would now manage the social care aspect of the service itself, it was hoped that the two organisations would work together with the same level of integration to the benefit of residents. The effectiveness of this new way of working would need to be kept under review.

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that the Trust would likely need to consult on the changes that would result from the action being taken in relation to the s75. The Committee would be included in any consultation that was undertaken.

It was noted that additional funding had been secured with regard to instigating a bespoke community service for people with a personality disorder and separate funding had been received to enhance the mental primary care offer in conjunction with the neighbourhood teams. The latter would see an increase in the number of primary care nurses from four to ten. CNWL was commended for the positive advances it had made with regard to personality disorder services.

Members were advised that a new five borough CAMHS team had been put in place which aimed to avoid admission, deliver care closer to home and focus on a home treatment model for the family and young person. Advance Care Planning (ACP) had meant that additional clinical support had been provided within community health services to keep people in their usual place of residence. ACP's Coordinate My Care system was accessible to the London Ambulance Service with a Multi-Disciplinary Team supporting this to provide wrap around services. This was currently being rolled out to 5/6 care homes that had been prioritised as high users of services in the Borough. It was anticipated that the services would be Borough-wide by the end of the financial year.

Ms Cox noted that Lavender Walk had recently celebrated its one year anniversary and had received excellent outcomes and feedback from patients. During its first 12 months, the ward had been used by 12 patients from Hillingdon who would otherwise potentially have been placed a long way outside of London.

CNWL had missed the 18 week CAMHS referral target for the last quarter. However, a recovery plan had been put in place and the target had been brought back on track in December.

Members were advised that workforce recruitment and retention remained a challenge.

There had been a national increase in the number of positions available so plans had been put in place to look at the skills mix and review the training offer.

With regard to patient feedback, CNWL had received an average of 4.86 complaints per 1,000 patients in relation to Hillingdon mental health services, which equated to about 1-2 per month. Compliments for these services averaged at about 8.96 per 1,000 patients. Insofar as Hillingdon community health services were concerned, there had been 0.33 complaints per 1,000 patients and 2.33 compliments. Although, in both service areas, the compliments far outweighed the complaints, learning had been gleaned from this feedback. The majority of complaints had been in relation to communication, processes and information issues rather than the service that had been received. As a result, action was being taken to: increase communication between staff; clearly convey the complaints procedure; create more opportunities for staff to reflect on behaviours; communicate promptly and clearly; inform patients if staff were running late; and coordinate and act on care plans in a timely manner.

Insofar as complaints were concerned, it was noted that those received during 2018/2019 had been mostly in relation to issues such as letters arriving late and clinics running late. Furthermore, complaints were more likely from community mental health patients as the nature of the service meant that a large number were not happy about being patients. Only about 15-20% of the complaints were in relation to the actual services provided.

The number of patients seen by community health services and mental health services in Hillingdon had increased over the last year. In the last twelve months, Hillingdon mental health services had made 72,270 face-to-face contacts, undertaken 20,584 new appointments, admitted 523 patients to patient wards and completed 387 Section 136 assessments.

Zero Suicide Alliance e-training had been uploaded onto CNWL's intranet so that it could be accessed by all staff. The majority of staff had now completed this training. In addition, CNWL had secured funding for community health staff to have enhanced mental health training.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Mr Sarah Tedford, Chief Executive Officer at THH, advised that the Hillingdon Improvement Plan had been put in place following the CQC inspection. The Plan had focussed on actions to address the 'should do' and 'must do' actions highlighted within the CQC report and had grouped these into 13 work streams.

Improvements had been seen in relation to baselines assessments and deep dives had been undertaken in relation to sepsis management and infection prevention and control. A policy refresh was being undertaken and the Plan was being reviewed every two weeks to ensure that sufficient progress was being made. External partners were being included in monthly review meetings to ensure that any action being undertaken was joined up and an evidence committee had been established.

A peer review had been undertaken in non-clinical areas at Hillingdon Hospital on 4 December 2019. This process had identified a number of areas of good practice and some areas where improvements needed to be made. Ms Tedford advised that she would share the results of the peer review with the Committee.

Ms Tedford circulated a handout to Members that summarised the THH winter plan. It set out the anticipated increased demand this winter based on historic trend analysis. Additional capacity had been planned based on a range of schemes that had also been

included in the handout (Admission Avoidance Schemes – how THH managed patients; Optimised AEC Schemes – ambulatory pathway expansion; and Effective Discharge Schemes – getting patients to the right place).

It was noted that the hospital was under tremendous pressure. There had been a 20% increase in A&E attendances in the last ten days. Bed meetings were being undertaken 3-4 times each day to ensure that bed usage was being optimised. Walk throughs were being undertaken during the day and a nurse had now been stationed in the A&E waiting area to ensure that the patients were safe and comfortable. Staffing levels in A&E were being monitored and reviewed throughout the day to ensure that they were optimised.

Up to mid-November 2019, the Trust has been achieving around 88% against its 4 hour A&E waiting time target. However, following the increase in the number of patients being seen, this percentage had dropped to the mid-70s but without increasing the number of admissions. It had become apparent that the additional pressure/demand was coming from outside of Hillingdon.

Ms Tedford advised Members that THH was not currently contracted to provide tuberculosis vaccinations.

With regard to complaints, two leaflets were circulated to Members: *PALS: Patient Advice and Liaison Service...we are here to help*; and *Raising a concern or making a complaint*. These documents provided information on how to make a complaint.

The Chairman noted that the Committee had been concerned for some time about THH's performance and the Trust's response to criticism. Whilst it was acknowledged that the estate played a contributory factor, the additional pressure felt by the Trust could not be solely attributed to the estate. With regard to the issue raised by the CQC in relation to discharges from hospital, residents were still complaining about poor discharge processes. Ms Tina Benson, Chief Operating Officer at THH, advised that patient discharge was now being planned the day before. This meant that medication was already available for the patient to take home and all that needed to be completed on the morning of discharge was a quick medical assessment. Although this procedure was already being practiced, staff still needed to get into the habit of doing it.

It was suggested that THH concentrate on improving in a small number of impactful areas rather than trying to tackle everything at once. Ms Tedford recognised that the estate could not be blamed for all of the issues being faced by the Trust. THH now had a new management team and clear objectives had been set for each year with refinements for each ward so that all staff were clear about what these objectives meant for them.

Previously, there had been no senior individual overseeing the effectiveness of patient administration processes. This had now been rectified and standard operating procedures were being put in place.

It was noted that, irrespective of what action was taken, emergency and elective patients still came to the hospital and needed to be balanced in a more effective and measured way. Ms Tedford advised that she would be happy to return to a future meeting to talk to Members about this in more detail.

Members were keen to set up an additional meeting to solely talk to THH about measures that had been put in place and progress that had been made. Ms Tedford would welcome the opportunity to talk to the Committee.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that, from 1 July 2019, GPs had been working to establish primary care networks (PCNs). In Hillingdon, HCCG had endorsed seven PCNs covering the majority of the GP-registered population: HH Collaborative PCN; North Connect PCN; Colne Union PCN; MetroCare PCN; Synergy PCN; Celandine Health PCN; and Long Lane including First Care Group PCN. Of the 45 GP practices in Hillingdon, 43 had signed up to PCNs (Church Road Surgery and West London Medical Centre had not signed up). Although GP practices were not required to sign up to a PCN, there was a requirement that all patients must be covered by a PCN to ensure that they received equal access to the available health services. Each PCN had appointed a local Clinical Director who would be responsible for the development of the network and would need to ensure that it worked closely with the other local services serving its population. These Clinical Directors would also cover the 'neighbourhoods'.

The following would be included as part of the PCNs:

- Increased access to clinical pharmacists to advise on medication (many practices already had clinical pharmacists);
- Access to additional appointments (by phone, online and face-to-face) with a GP or nurse;
- Benefits of a combined multi-disciplinary team across general practice, community services and local authority support;
- Additional support through a referral to non-medical or voluntary sector support (e.g., weight loss groups, exercise classes, walking groups, etc) via ten Social Prescribing Link Workers (which was a new role to facilitate links with the voluntary sector); and
- Access to specialist skills from GPs, nurses and other professionals within the whole of the PCN, rather than from a single practice.

The Hillingdon PCNs had already been asked to work on projects to enable their development. Where these projects had worked well, they could be scaled up and included:

- Long Lane PCN: identifying and improving support for adults who repeatedly turned up at A&E or those who were at risk of deterioration; and
- North Connect PCN: establishing remote telephone advice clinics across multiple practices.

'Neighbourhoods' (each comprising 30k-50k patients) had been created to bring together primary care community physical and mental health, social care services and the voluntary and community sector partners. They existed to avert and avoid unnecessary hospital care, particularly for people with multiple health, care and wellbeing needs. PCNs sat alongside core neighbourhood teams and wider provider services. It was anticipated that the neighbourhood teams would work holistically with GPs to meet the needs of the entire practice population, but to specifically identify and manage the 15% of patients that were at greatest risk of future admission to hospital.

PCNs would continue to identify local priorities and ways of working with local partners to improve service quality. Extended hours arrangements were also being set up so that patients had consistent access to appointments throughout the week. It would become increasingly important to ensure that residents were aware of this service and it was suggested that practice out-of-hours answerphone messages could highlight the availability of the service. The service was currently commissioned by HCCG but would be transferring to PCNs and online access was being investigated further.

Online consultation had been effectively introduced in other boroughs such as Brent and, whilst it was recognised that these types of consultations would not suit everyone, could reduce the demand for face-to-face appointments and free them up for those patients with more complex conditions.

Members queried whether the introduction of PCNs had reduced the waiting times for patient GP appointments. Ms Morison advised that it was still early days but that telephone triage had also been introduced in the North of the Borough to address the issue. The introduction of PCNs was key to address the varied effectiveness by standardising the access to / availability of services provided across the 45 practices in Hillingdon.

Ms Morison noted that HCCG were preparing the following 2-4 year service specifications from April 2020 and that further information on them would be available later in the year:

1. Structured Medicines Review
2. Enhanced Health in Care Homes
3. Anticipatory Care
4. Personalised Care
5. Support with Early Cancer Diagnosis

A further two service specifications were planned for 2021/2022:

1. Prevention and Diagnosis of Cardio-Vascular Disease
2. Tackling Neighbourhood Inequalities

It was noted that, in September 2019, the governing bodies of the eight North West London (NWL) CCGs had agreed that they would work towards a single CCG from April 2021 in line with the direction set by the NHS Long Term Plan. In addition, each of the CCGs had made a commitment to cut administrative costs which would require a change in working practices rather than continue with smaller teams. Any changes made would form the start of the transition to integrated care partnerships (ICPs) in NWL. Ms Morison noted that consideration would need to be given to where growth was coming from and that, insofar as integrated care was concerned, it would be important to look beyond Hillingdon to ensure the Borough did not become an island as there were interdependencies across borough boundaries.

Local teams would continue to retain responsibility for working with GP members, primary care and community-based services and maintaining local relationships, for example, with local authorities, Healthwatch and the voluntary sector. These local teams would support the development of PCNs and ICPs with provider partners and local authorities. The structures for the local and 'Once for North West London' teams were being developed and were likely to be published for staff consultation at the middle/end of January 2020. It was possible that there would be four teams: Brent and Harrow; Ealing and Hounslow; Westminster, Kensington & Chelsea and Hammersmith & Fulham; and Hillingdon. It was anticipated that the new management model would be implemented in March/April 2020.

Concern had been expressed by residents that they were unable to get an appointment at their local GP practice, yet the practice was still taking on new patients. Ms Morison advised that workforce pressures in Hillingdon were greater than elsewhere in London. If residents were struggling to get a GP appointment, there were people that they could speak to / report this. It was noted that the Committee had set up a Select Panel which had undertaken a lengthy review into GP pressures and which had made a number of recommendations. GPs appeared confident that, once the pressures had been addressed, more doctors would come to work in the Borough. The final report would

be presented to Cabinet on 23 January 2020.

Ms Morison advised that plans were in place to reopen the Michael Sobell House (MSH) inpatient unit on 5 January 2020 and that it would now be run by Harlington Hospice working with Michael Sobell Hospice Charity. Staffing had been arranged and the equipment for use in the unit was available as expected so there were no outstanding concerns. It was noted that events to mark the reopening had been held on 14 and 16 December 2019.

Members were aware that the reopening of the MSH inpatient unit was a medium term measure and that consideration was being given to a more long term end of life care strategy that reflected the needs of patients. HCCG would be speaking to residents to establish what the future provision should look like.

Healthwatch Hillingdon (HH)

Mr Dan West advised that he had recently been appointed as the new Managing Director at HH and that Mr Turkay Mahmoud had reverted back to the HH Vice Chairman. He noted that HH's sexual health services review had been published on its website – the review had highlighted issues with regard to confidentiality.

Young Healthwatch continued to work well. Ms Kim Markham-Jones had been working with the young people to roll out the mental health and wellbeing programme in schools across the Borough.

Healthwatch Hillingdon had again been commended in relation to its hospital discharge report at the Healthwatch Annual Conference.

In November 2019, a roadshow concept had been piloted. The HH Board had been provided with feedback and the presentation had been refined so that it could go out again in the new year and continue to be used on an ongoing basis.

Mr West noted that further information about the extended access hubs needed to be provided to residents.

RESOLVED: That:

- 1. Ms Tedford share the results of the peer review of non-clinical areas undertaken on 4 December 2019 at Hillingdon Hospital;**
- 2. Ms Tedford attend a future meeting to talk about action to taken to better balance elective and emergency care in a more effective and measured way; and**
- 3. the presentations be noted.**

34. CHILDREN'S DENTAL SERVICES (*Agenda Item 6*)

It was noted that Mrs Liz Penny would be supporting this review which had been highlighted as an issue at the Committee's last meeting on 9 October 2019. Contact had already been made by a dentist offering to attend a meeting to provide Members with their perspective. Members had nothing further to add to the scoping report.

RESOLVED: That:

- 1. a Select Panel be established to look at dental services in the Borough; and**
- 2. the scoping report be agreed.**

35. **WORK PROGRAMME** (*Agenda Item 7*)

Consideration was given to the Committee's Work Programme. It was noted that Mr Owain Mumford, the Post Office's Public Affairs Manager for London and the South East, had confirmed his attendance at the Committee's next meeting on 14 January 2020.

The Committee's meeting on 11 February 2020 would be primarily focussed on crime and disorder. In addition to the usual update report, Members were asked to contact the Democratic Services Manager by 10 January 2020 with suggestions of specific crime and disorder topics that they would like discussed at this meeting.

The Democratic Services Manager would liaise with Members of the Committee to determine the date for an additional meeting for consideration of the challenges faced by The Hillingdon Hospitals NHS Foundation Trust.

RESOLVED: That:

- 1. Members contact the Democratic Services Manager by 10 January 2020 with crime and disorder topic suggestions or the meeting on 11 February 2020;**
- 2. the Democratic Services Manager liaise with Members to organise an additional meeting date to consider THH challenges; and**
- 3. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 7.50 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 - POST OFFICE SERVICES IN HILLINGDON

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

HEADLINES

To enable the Committee to receive an update on the availability of post office services across the Borough.

RECOMMENDATION:

That the External Services Select Committee notes the report.

SUPPORTING INFORMATION

The Post Office was separated from Royal Mail in 2012 and is owned by the UK Government. The Post Office has been undergoing a major network transformation programme. The company had been reforming itself in order to become self-sustaining. This has included reducing central costs, increasing revenues and modernising branches in the network.

In 2016/2017, the Post Office reported its first annual profit in sixteen years, with a modest profit of £13 million. In 2017/2018, this increased to £35 million. However, Post Office revenue fell by £57 million in 2016/2017 to £1,037 million, and to £1,031 million in 2017/18. This was largely the result of the reduction in Government Network Subsidy Payments.

Between 2010 and 2017, the Government allocated £2 billion to fund the Post Office's modernisation and transformation programme. In December 2017, the Government agreed a new funding package of £370 million for the Post Office to run until 2021. As part of this funding package, the Government Network Subsidy continues to be reduced.

Modernisation has seen the number of Crown Post Offices (those run directly by the Post Office) decrease in recent years. Some branches have been franchised to partners such as WHSmith. Many non-Crown Post Offices have been converted, moved or modernised into new types of branches.

The number of post offices has been relatively stable since 2009, though the overall network size had declined since the 1980s. The Post Office is a limited company, owned entirely by the Government (Department for Business Energy and Industrial Strategy holds responsibility). The vast majority (around 98%) of post offices are operated by franchise partners or sub-postmasters who are independent business people. Only Crown Post Offices are directly managed by Post Office Limited.

Classification: Public

External Services Select Committee – 14 January 2020

Contract Type	Branch Type	Description
Crown		Branches that are directly managed by Post Office Ltd. They are normally situated in the centre of large towns and offer the complete range of post office services.
Agency	Local	A branch where the post office is fully integrated in a retail outlet, such as a convenience store, petrol station or pharmacy. They have longer opening hours than other types of post office branch but do not provide the full range of post office services.
	Main	A branch run by an independent operator. These branches are larger and have dedicated post office counters. Main branches are therefore able to offer a wider range of services than post office locals.
	Franchised former Crowns	Modernisation plans are seeing franchise partners such as WHSmith take over the running of some Crown Post Office branches. Most franchised branches have relocated to premises nearby.
	Traditional Model	A branch where a sub-postmaster runs a post office as an independent business. Some sub-postmasters run small retail business alongside their post office business. Many traditional branches are being converted (or were converted) to newer style branches as part of the network transformation programme.
Outreach	Hosted	A neighbouring sub-postmaster will visit the village and provide the service for a set number of hours a week and will offer the service from a village hall, public house or local shop.
	The Mobile Post Office	Mobile vans visit over 250 villages in the UK at set times and on certain days of the week. These Mobile Post Offices offer almost all of the post office services.
	Partner Service	Post Offices offers services through a partner - e.g., a local shop. It means that customers can access over 80% of post office services, usually whenever the partner's business is open. This is distinct from the 'local' model.
	Home delivery service	This is a service for very small communities and enables customers to order a reduced range of Post Office products and services over the telephone. The products may either be delivered to a customer's home by the core sub-postmaster or are available for collection by the customer as a local Drop-In.

The size and geography of the post office network is determined by the 'post office access criteria' which are set by the Government. The current access criteria requires the Post Office to meet the following conditions:

Classification: Public

External Services Select Committee – 14 January 2020

1. 99% of the UK population to be within three miles of their nearest post office outlet (achieved 99.7% in 2017/18);
2. 90% of the UK population to be within one mile of their nearest post office outlet (achieved 92.8% in 2017/18);
3. 99% of the total population in deprived urban areas across the UK to be within one mile of their nearest post office outlet (achieved 99.6% in 2017/18);
4. 95% of the total urban population across the UK to be within one mile of their nearest post office outlet (achieved 98.3% in 2017/18);
5. 95% of the total rural population across the UK to be within three miles of their nearest post office outlet (achieved 98.3% in 2017/18); and
6. 95% of the population of every postcode district to be within six miles of their nearest post office outlet (postcode districts with less than 95% population within 6 miles = 7).

At the end of March 2018, the Post Office met five of its six access criteria. It missed the target for the number of postcode areas in which 95% of the population are within six miles of their nearest post office. This criterion is intended to ensure a minimum level of access for customers living in remote rural areas. There were seven postcodes where this was not met.

Where these access criteria make reference to distance, measurement is based on ‘as the crow flies’ distance. Additional research has been undertaken into the real road distances by the Citizens Advice Bureau (CAB) where it was found that the average consumer would have to travel two-thirds further to reach their post office by road than they would in a straight line. This means that, although over 9 in 10 people (93%) live within one mile of a post office as the ‘crow flies’, 8 out of 10 people (80 %) are within one mile by road. This 13 percentage point gap means that around 8.4 million people have to travel more than 1 mile by road to their nearest post office but are classified as living within 1 mile according to the official access criteria.

CAB has raised the concern about whether or not the criteria should be more based on the services that people have access to, rather than just a post office, because, while post offices deliver a range of services, they do not all deliver all of the services advertised.

At the end of March 2018, there were:

- 9,768 agency branches (85% of the network)
- 1,517 outreach services (13% of the total network)
- 262 Crown branches (2% of the total network)

Year	Crown	Agency	Outreach
2009	373	10,776	803
2010	373	10,599	933
2011	373	10,468	979
2012	373	10,428	1,017
2013	373	10,342	1,065
2014	350	10,255	1,091
2015	326	10,172	1,136

Year	Crown	Agency	Outreach
2016	315	10,062	1,266
2017	285	9,935	1,439
2018	262	9,768	1,517

Universal Service Obligation

Royal Mail is the designated provider of the Universal Postal Service: the six-day a week, one price goes anywhere postal service that Royal Mail delivers to 30 million UK addresses. This is often referred to as the Universal Service Obligation. Ofcom is the postal services regulator which is responsible for safeguarding the one price goes anywhere, affordable Universal Postal Service to all UK addresses.

The Postal Services Act 2011 sets out the statutory minimum requirements the Universal Service Provider must deliver. These requirements can only be altered with the consent of the UK Parliament. The minimum requirements for all postal items not subject to exemption are:

1. Delivery of letters or parcels (including those posted outside the UK)
 - At least one delivery of letters every Monday to Saturday to every address in the UK.
 - At least one delivery of other parcels every Monday to Friday to every address in the UK.
2. Collection of letters or parcels (including those for onward transmission outside the UK)
 - At least one collection of letters every Monday to Saturday from every access point in the UK used for receiving letters and parcels for onward transmission
 - At least one collection of other parcels every Monday to Friday from every access point in the UK used for that purpose.
3. Service at affordable prices at a uniform public tariff
 - Postal services – (including conveying, receiving, collecting, sorting and delivering) at an affordable, uniform public tariff across the UK; and to places outside the UK.
4. A registered items service at a uniform UK-wide, affordable public tariff.
5. An insured items service at a uniform UK-wide affordable public tariff.
6. A free-of-charge postal service to blind or partially sighted people.
7. Free carriage of legislative petitions and addresses.
8. Redirection, Post restante and Retention services.

Witnesses

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

- Post Office

Possible Key Lines of Enquiry

1. How many post offices are there in Hillingdon (of the different types: crown, agency, outreach) and how has this changed over the last 10 years?
2. Over the last 10 years, there has been a reduction in the total number of crown and agency services and an increase in outreach services across the country. What does this mean in practical terms for residents? Will this trend continue into the future?
3. What is the Government Network Subsidy and how will its reduction likely impact on the post office services provided?
4. The current six access criteria are set by the Government. To what extent, if any, do these targets detract from delivering other elements of the service?
5. 99% of the total population in deprived urban areas across the UK to be within one mile of their nearest post office outlet (achieved 99.6%) - what happens to the other 1% (0.4%)?
6. Where resources are limited, how are decisions made regarding how these resources should be targeted?
7. The CAB research about access criteria suggests that about 8.4 million people have to travel more than one mile by road to their nearest post office but are classified as living within 1 mile according to the official access criteria. Whilst it is appreciated that the Government has already discounted any possible change in the distance calculation, how much more would it cost to accommodate the revised calculations (ball park figure)?
8. How is it determined what type of post office service should be provided in an area? Is it circumstantial or is there some kind of formula?
9. How does the relationship between Royal Mail and the Post Office work in practical terms?
10. What recent developments have there been to improve the services provided by the Post Office?
11. What part does technology play in the delivery of Post Office services now and in the future?
12. Is any action being taken to ensure a post office provision in Heathrow Villages (excluding Heathrow Airport)? If so, what? If not, what is the rationale?
13. What developments can be expected in future?

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EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

To enable the Committee to track the progress of its work and forward plan.

RECOMMENDATIONS:

That the External Services Select Committee:

- 1. 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.

Topics to be Scheduled into the Work Programme

3. 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.
4. 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.
5. 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.
6. Members have previously stated that they would like to hold a special meeting 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

7. 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

8. 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.
9. The GP pressures review undertaken by the Select Panel will be considered by Cabinet at its meeting on 23 January 2020.
10. At its meeting on 18 December 2019, the Committee agreed the scoping report for its next review in relation to children's dental health. A Select Panel has been set up to undertake this review.

BACKGROUND PAPERS

None.

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

Meeting Date	Agenda Item
<p>9 October 2019</p> <p>Report Deadline: 3pm Friday 27 September 2019</p>	<p>Dental Health Services – Single Meeting Review</p> <p>Mount Vernon Cancer Centre Review Update (NHS England)</p> <p>GP Pressures Select Panel Consideration of draft final report.</p>
<p>18 December 2019</p> <p>Report Deadline: 3pm Monday 28 October 2019</p> <p><i>Previously scheduled for 7 November 2019 and 19 November 2019</i></p>	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon 8. MPS: Serenity Integrated Monitoring Officer <p>Michael Sobell Hospice - Update</p>
<p>14 January 2020</p> <p>Report Deadline: 3pm Thursday 2 January 2020</p>	<p>Post Office Services – Single Meeting Review</p>
<p>11 February 2020</p> <p>Report Deadline: 3pm Thursday 30 January 2020</p>	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health <p>POSSIBLE: Mount Vernon Cancer Centre Review Update (NHS England)</p>
<p>26 March 2020</p> <p>Report Deadline: 3pm Monday 16 March 2020</p>	<p>POSSIBLE: Mount Vernon Cancer Centre Review Update (NHS England)</p>

Meeting Date	Agenda Item
2020 - TBA <i>Report Deadline: TBA</i>	Challenges Faced by The Hillingdon Hospitals NHS Foundation Trust To be preceded by a site visit to Hillingdon Hospital in the week before this meeting takes place.
29 April 2020 <i>Report Deadline: 3pm Friday 17 April 2020</i>	Health (1) Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
30 April 2020 <i>Report Deadline: 3pm Monday 20 April 2020</i>	Health (2) Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
June 2020 <i>Report Deadline: TBA</i>	
July 2020 <i>Report Deadline: TBA</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon 8. Local Medical Committee
September 2020 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. Public Health
October 2020 <i>Report Deadline: TBA</i>	

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

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

MAJOR REVIEW (SELECT PANEL)

Members of the Select Panel:

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

Topic: Children's Oral Health

Meeting	Action	Purpose / Outcome
ESSC: 18 December 2019	Agree Scoping Report	Information and analysis
Select Panel: 1st Meeting - 12 February 2020	Introductory Report / Witness Session 1	Evidence and enquiry
Select Panel: 2nd Meeting - Date TBA	Witness Session 2	Evidence and enquiry
Select Panel: 3rd Meeting - Date TBA	Witness Session 3	Evidence and enquiry
Select Panel: 4th Meeting - Date TBA	Witness Session 4	Evidence and enquiry
Select Panel: 5th Meeting - Date TBA	Consider Draft Recommendations	Agree recommendations
Select Panel: 6th Meeting - Date TBA	Consider Draft Final Report	Agree final draft report
ESSC: Date TBA	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 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.