

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

8 October 2020

VIRTUAL - Live on the Council's YouTube channel: Hillingdon London



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Nicola Brightman (In place of Simon Arnold), Alan Chapman (In place of Vanessa Hurhangee), Stuart Mathers (Opposition Lead), Ali Milani, June Nelson and Devi Radia</p> <p>Also Present: Ruth Derrett, Programme Director for MVCC Review, NHS England and NHS Improvement - East of England Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England - East of England</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
10.	<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 Councillor Simon Arnold (Councillor Nicola Brightman was present as his substitute) and Councillor Vanessa Hurhangee (Councillor Alan Chapman was present as her substitute).</p>
11.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
12.	<p>MINUTES OF THE PREVIOUS MEETING - 8 SEPTEMBER 2020 (<i>Agenda Item 4</i>)</p> <p>It was agreed that the minute on the redevelopment of Hillingdon Hospital be amended to include reference to the diversity of the Borough and to ask that Members make suggestions to The Hillingdon Hospitals NHS Trust about possible minority groups that should be involved in the engagement activity.</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 8 September 2020 be agreed as a correct record.</p>
13.	<p>MOUNT VERNON CANCER CENTRE REVIEW - VERBAL UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. He noted that the Mount Vernon Cancer Centre (MVCC) review had started about eighteen months ago which had been prior to the announcement that Hillingdon would be getting a new hospital. It had been thought unwise to wait for the development of a new Hillingdon Hospital to be agreed as this had been mooted as an aspiration for many years but had never been progressed. The development of a new Hillingdon Hospital provided additional opportunities to join up services with MVCC. It was queried whether the Mount Vernon site would be used during the development of the new hospital to decant/rehouse</p>

services on a temporary basis.

Ms Jessamy Kinghorn, Head of Partnerships and Engagement at NHS England (NHSE) – East of England, noted that the patient engagement report had been shared with Members of the Committee in the previous year and that action had been taken to progress with implementing the findings of the report. These actions had included the transfer of responsibility for staff and the transfer of the management of the cancer services to a cancer specialist. At the start of 2020, the proposals had been assessed by a panel, which had included Healthwatch Hillingdon, and University College London Hospital (UCLH) had been appointed to take over the management of MVCC from East and North Herts (ENH). It was stressed that it would only be the management of MVCC that would be passed over to UCLH and there were currently no proposals to relocate any of the services or staff elsewhere.

Once UCLH had been selected, the due diligence process had started which looked at the management of risks and the TUPE transfer of staff. It also looked for assurance that a long term plan for the provision of service had been secured. However, this process had been taking longer than anticipated as the COVID-19 pandemic had then gripped the nation, staff had been redeployed to help deal with the implications of the pandemic and the programme had been paused.

In August 2020, capacity became available to get the programme moving again and start Phase Two. Clinicians and patients had been looking at pathways and stakeholder engagement. Ms Kinghorn advised that system events had been undertaken to establish the local need (Integrated Care System (ICS) and Sustainability and Transformation Partnership (STP)) and a workshop had been held with the Healthwatch bodies from each of the 11 CCG areas covered by MVCC. It had been suggested that the size of groups involved in the engagement be reduced and the number increased. Consideration had been given to preventing the exclusion of groups from the engagement activities. The Consultation Institute had also been engaged to give assurance of good quality consultation.

The Committee was advised that the majority of patients seen at MVCC came from the areas covered by Herts Valley CCG (27%) and East and North Herts CCG (17%). Hillingdon CCG had the third largest cohort of patients at 13%.

Patients and clinicians would be involved in the development of options which was expected to conclude in December 2021. Detailed work on the options would need to be undertaken to ensure that they were doable before an Outline Business Case was presented in March 2021. It was anticipated that a public consultation would be undertaken in the summer of 2021.

Ms Kinghorn advised that Phase Two of the patient engagement had started with five general update events using Microsoft Teams and Zoom planned for October and November 2020. A survey (paper and online) would be undertaken and a range of patient focus groups and feedback workshops would be held using Teams and Zoom. This would be supported by a non-digital programme of engagement that would be developed with Healthwatch to ensure that the opportunities were there for as many people to get involved as possible.

Ms Ruth Derrett, Programme Director for MVCC Review at NHS England and NHS Improvement - East of England, advised that a Critical Infrastructure Group had been set up in addition to the due diligence process. Consideration would need to be given to, amongst other things, the condition of the equipment that would pass over to UCLH. Work had continued at Mount Vernon during the programme pause with the

recruitment of additional staff such as a full time ward consultant, a seven day consultant and 4.3 FTE nurses to support the Acute Oncology Service.

With regard to how services might change and improve, it was noted that the independent clinical review undertaken in 2019 identified that, in order to provide modern services, consideration would need to be given to the colocation of some services with critical care. For example, immunotherapies had proved very effective but had a higher risk of complications.

Clinicians from MVCC and UCLH and representatives from Cancer Alliance had been looking at the possibility of moving services closer to home for patients. Work had also been undertaken with Clatterbridge Cancer Centre to identify examples of good practice that could potentially be replicated such networked chemotherapy and chemotherapy in the workplace. Focus groups on specific pathways would be used to identify what might work well (or not). For example, the pathways for each group differed depending on the hospital that you went to: in Luton, patients could get chemotherapy at the hospital there and be overseen by the consultant at MVCC but this was not possible at Hillingdon Hospital or Watford Hospital. Consideration would need to be given to why some services were or were not provided in some areas and what would be best for residents in terms of service and local access.

The Chairman noted that the Mount Vernon Hospital site covered an enormous geographical area. Within this area, there were buildings that were both listed and condemned. A range of different organisations provided services from the site, including Michael Sobell Hospice and BMI Bishops Wood Hospital. It was queried whether it would be worth undertaking work to improve the buildings at an early stage before UCLH took over the contract as many of them were not fit for purpose,.

Ms Derrett noted that, when consideration was given to reprovision, thought would need to be given to what services needed to move to an acute hospital setting and what services would be provided from Mount Vernon. Consideration would then need to be given to the maintenance backlog as the investment would need to be balanced and would need to be provided by The Hillingdon Hospitals NHS Foundation Trust (THH) who owned the site. From a UCLH perspective, it was likely that assurance would be needed regarding future provision and associated funding before its Board would be comfortable about taking over the services.

Although Members wanted assurance that the current services available at MVCC would stay on site (with acute hospitals providing support services), Ms Derrett advised that the options had not been developed sufficiently to be able to provide assurance. Of the clinically acceptable models, consideration would need to be given to the preferred option and the benefits of each option which could include attracting additional research income and clinical staff. There would be a number of different factors to take into account including the difference in capital and revenue costs between a centralised versus a distributed model.

Ms Derrett noted that the ICSs were still quite new. NHSE had been engaging with the North West London (NWL) ICS to identify the population's needs and would be meeting with them on 9 October 2020. At this meeting, Ms Derrett would establish how many Hillingdon residents did not attend MVCC and where it was that they actually received their treatment. Members were assured that the NWL ICS included Hillingdon Hospital, Hillingdon CCG, the Council and local Primary Care Networks (PCNs) so a partnership approach was being undertaken on the review of services at MVCC.

Members were advised that a lot of work had been undertaken with regard to travel

times for each of the services provided. Ms Derrett noted that, if patients were required to travel further, consideration would need to be given to exactly which services would be affected, etc. Thought would also need to be given to the car and public transport travel times and the impact that these would have on individuals from deprived backgrounds.

The Committee was assured that all options would be considered. It was agreed that representatives from NWL ICS be invited to attend the next meeting at which an update on the MVCC review was being discussed to talk about population needs.

RESOLVED: That:

- 1. representatives from NWL ICS a future meeting about the MVCC review to talk about population needs; and**
- 2. the presentation be noted.**

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

Consideration was given to the Committee's Work Programme. It was noted that all of the Trusts had been invited to attend the Committee's next meeting on 10 November 2020. In addition to the usual updates, The Hillingdon Hospitals NHS Foundation Trust (THH) would be providing Members with an update on the hospital development proposals and the recent CQC inspection report which was expected to be published during October 2020.

At the Committee's last meeting, it had been agreed that Network Rail services along the Great Western line be considered at the meeting scheduled for 12 January 2021. Members agreed that the following suggested areas be considered:

1. the availability and effectiveness of communication with local residents about construction and noise for different works;
2. the lack bus access to West Drayton station;
3. the lack of communication regarding access changes at Hayes station and station entrance closures;
4. action taken by British Transport Police to reduce and prevent crime on the rail network in Hillingdon;
5. the maintenance of the Network Rail land between properties and the line and dealing with fly tipping and vermin; and
6. the impact of delays around the Crossrail development on the businesses and residents in the area.

It was noted that the provision of post office services had been considered by the Committee at its meeting on 14 January 2020. Following the recent court action regarding a faulty IT system, Members queried how this would impact on ensuring businesses signed up to provide post office services, how it had impacted on existing services and whether this would leave some areas without a service. The lack of service in Heathrow Villages was already recognised which meant that some residents were having to travel long distances to access services. It was agreed that this issue be considered at a future meeting.

RESOLVED: That:

- 1. rail services be included as an item on the agenda for the meeting on 12 January 2021;**
- 2. post office services be included as a future agenda item; and**
- 3. the updated Work Programme be noted.**

The meeting, which commenced at 6.30 pm, closed at 7.28 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.