



HILLINGDON
LONDON



Virtual External Services Select Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Nick Denys (Vice-Chairman)
Councillor Simon Arnold
Councillor Vanessa Hurhangee
Councillor Stuart Mathers (Opposition Lead)
Councillor Ali Milani
Councillor June Nelson
Councillor Devi Radia

Date: TUESDAY, 10 NOVEMBER
2020

Time: 6.30 PM

Venue: VIRTUAL - LIVE ON THE
COUNCIL'S YOUTUBE
CHANNEL: HILLINGDON
LONDON

**Meeting
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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 - 8 October 2020 | 1 - 6 |
| 5 | Health Updates | 7 - 14 |
| 6 | Work Programme | 15 - 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

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 of 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.

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EXTERNAL SERVICES SELECT COMMITTEE - HEALTH UPDATES

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
Papers with report	None
Ward	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

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 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.

In August 2020, the CQC undertook an inspection of Hillingdon Hospital. The report and findings of this inspection were published on 12 October 2020.

Representative from THH attended the Committee's virtual meeting on 9 September 2020. At this meeting, Members were provided with an update on the progress of securing a new hospital in Hillingdon.

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
- 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 (13th 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

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:

- 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)

EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Resources and Services
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 considers the Work Programme at Appendix A and agrees any amendments.

SUPPORTING INFORMATION

- At its meeting on 8 September 2020, the Committee agreed that all future meetings be scheduled to start at 6.30pm for the remainder of the municipal year, to provide those attending straight from work with a little extra time to arrive. Should the need arise, the Committee will be able to vary the start time on an ad hoc basis. Given the current changing situation with regard to COVID-19, whether the meeting will be held in person or virtually will also be determined on an ad hoc basis.
- The meeting dates for the 2020/2021 municipal year were agreed by Council on 16 January 2020 and are as follows:

Meetings	Room
Thursday 11 June 2020 CANCELLED	CR6
Thursday 2 July 2020, 6.30pm (Private / Informal)	VIRTUAL
Tuesday 8 September 2020, 6.30pm	VIRTUAL
Thursday 8 October 2020, 6.30pm	VIRTUAL
Tuesday 10 November 2020, 6.30pm	VIRTUAL
Tuesday 12 January 2021, 6.30pm	?? CR6
Tuesday 9 February 2021, 6.30pm	?? CR5
Tuesday 23 March 2021, 6.30pm	?? CR5
Wednesday 28 April 2021, 6.30pm	?? CR5
Thursday 29 April 2021, 6.30pm	?? CR5

- 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

- 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).

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 were sought and evaluated and a recommendation has been made to NHSE. The Chairman of the Committee attended a site visit and workshop at Mount Vernon Hospital on Tuesday 4 February 2020. Representatives from a number of organisations attended including: East and North Hertfordshire NHS Trust, NHSE, University College London Hospitals NHS Foundation Trust (UCLH), The Hillingdon Hospitals NHS Foundation Trust (THH), Healthwatch Hillingdon, East and North Hertfordshire CCG and Hillingdon CCG.
6. It is anticipated that all Members of the health scrutiny committees at the London Borough of Hillingdon and Hertfordshire County Council will be invited to attend a site visit which, as a result of the COVID-19 pandemic, has yet to be arranged. Members should note that, given that there are a large number of Health Scrutiny Committees that may want to scrutinise proposals for the future of cancer services at Mount Vernon Cancer Centre, a Joint Health Overview and Scrutiny Committee (JHOSC) is likely to be established. The Committee will be kept apprised of any developments with regard to this issue.
7. 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) and the development of a new hospital. Although it was previously suggested that this issue be considered at the meeting on 8 October 2020, this has been rescheduled to be included on the meeting on 10 November 2020. Members have previously requested that the meeting be preceded by a site visit to Hillingdon Hospital but this is not currently advisable.
8. At its meeting on 8 October 2020, the Committee agreed that Network Rail services along the Great Western line would be considered at the meeting scheduled for 12 January 2021 with particular reference to the following issues:
 - a. the availability and effectiveness of communication with local residents about construction and noise for different works;
 - b. the lack of bus access to West Drayton station;
 - c. the lack of communication regarding access changes at Hayes station and station entrance closures;
 - d. action taken by British Transport Police to reduce and prevent crime on the rail network in Hillingdon;
 - e. the maintenance of the Network Rail land between properties and the line and dealing with fly tipping and vermin; and
 - f. the impact of delays around the Crossrail development on the businesses and residents in the area.
9. Post office services were last considered by the Committee at its meeting on 14 January 2020. Following the recent court action regarding a faulty IT system, Members have requested an update from the Post Office at a future meeting on:
 - a) whether this would impact the likelihood of businesses signing up to provide post office services;
 - b) how it has impacted existing services; and
 - c) whether this will leave some areas without a service.

10. The lack of post office services in Heathrow Villages has already been recognised and has resulted in some residents having to travel long distances to access services. It was agreed that this issue be considered at a future meeting.

Live Broadcasting of Meetings

11. 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, all formal 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. If the meeting is held virtually, it will also be streamed and broadcast live.

Reviews

12. 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.

13. Due to the COVID-19 pandemic, meetings of the Select Panel have been put on hold for the time being. It is hoped that these will resume in the near future.

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
11 June 2020 <i>Report Deadline: 3pm Monday 1 June 2020</i>	CANCELLED
2 July 2020 <i>Report Deadline: 3pm Monday 22 June 2020</i>	VIRTUAL INFORMAL MEETING
8 September 2020 <i>Report Deadline: 3pm Thursday 27 August 2020</i> <i>Previously scheduled for 2 September 2020</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) Hillingdon Hospital Development Update To receive an update on the progress of proposals for a new Hillingdon Hospital.
8 October 2020 <i>Report Deadline: 3pm Monday 28 September 2020</i>	Mount Vernon Cancer Centre Update To receive an update on the progress of the review of the services provided at Mount Vernon Cancer Centre.
10 November 2020 <i>Report Deadline: 3pm Thursday 29 October 2020</i>	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection and Hospital Development 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

Meeting Date	Agenda Item
<p>12 January 2021</p> <p>Report Deadline: 3pm Wednesday 30 December 2020</p>	<p>Great Western Rail Line Issues relating to British Transport Police, Network Rail Crossrail.</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • GP Pressures
<p>9 February 2021</p> <p>Report Deadline: 3pm Thursday 28 January 2021</p>	<p>Post Offices???</p>
<p>23 March 2021</p> <p>Report Deadline: 3pm Thursday 11 March 2021</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>28 April 2021</p> <p>Report Deadline: 3pm Thursday 15 April 2021</p>	<p>Health (1) Quality Account reports, performance updates and updates on significant issues:</p> <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
<p>29 April 2021</p> <p>Report Deadline: 3pm Friday 16 April 2021</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>June 2021</p> <p>Report Deadline: TBA</p>	

Meeting Date	Agenda Item
July 2021 <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
September 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. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health
October 2021 <i>Report Deadline: TBA</i>	
November 2021 <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. MPS: Serenity Integrated Monitoring Officer
January 2022 <i>Report Deadline: TBA</i>	

Meeting Date	Agenda Item
February 2022 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: 9. London Borough of Hillingdon 10. Metropolitan Police Service (MPS) 11. Safer Neighbourhoods Team (SNT) 12. London Fire Brigade 13. London Probation Area 14. British Transport Police 15. Hillingdon Clinical Commissioning Group (HCCG) 16. Public Health
March 2022 <i>Report Deadline: TBA</i>	
April 2022 <i>Report Deadline: TBA</i>	Health (1) Quality Account reports, performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
April 2022 <i>Report Deadline: TBA</i>	Health (2) Quality Account reports, performance updates and updates on significant issues: 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
<ul style="list-style-type: none"> • 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 John Riley (Chairman), Ian Edwards, Vanessa Hurhangee, Kuldeep Lakhmana and June Nelson

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 - 11 March 2020 CANCELLED	Witness Session 2	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.

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