

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

27 January 2022



HILLINGDON
LONDON

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

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson</p> <p>Also Present: Sarah Bellman, Assistant Director Communications and Engagement, NWL ICS and NWL CCG Rachel Benton, Programme Director - Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Graham Harris, Director, IBI Group Professor Abbas Khakoo, Clinical Lead, Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Caroline Morison, Managing Director, Hillingdon Health and Care Partners (HHCP) Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
38.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
39.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
40.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
41.	<p>MINUTES OF THE PREVIOUS MEETING - 23 NOVEMBER 2021 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 23 November 2021 be agreed as a correct record.</p>
42.	<p>UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE - GP PRESSURES (<i>Agenda Item 5</i>)</p> <p>It was noted that the GP pressures review had been completed in 2020 and the Committee had received an update on the implementation of recommendations at its</p>

meeting on 9 February 2021. As the pandemic had hindered the implementation of some of the recommendations in the report, Members had requested that a further update be provided in 2022. The Committee agreed that, with the continued influence of the pandemic, a further update on the implementation of the recommendations be brought back to the Committee in 2023.

Included in the recommendations was reference to the use of virtual GP consultations. Members were aware that North West London Clinical Commissioning Group (NWL CCG) was currently looking at the provision of virtual GP consultations. As this appeared to be a topic of interest to many residents, it was agreed that this issue be included on the agenda for the meeting on 22 February 2022 and that Mr Richard Ellis be invited to attend to speak to the item.

RESOLVED: That:

- 1. an update on the implementation of the recommendations from the GP Pressures review be considered at the meeting in February 2023;**
- 2. virtual GP consultations be included as an item at the meeting on 22 February 2022; and**
- 3. the discussion be noted.**

43. **HILLINGDON HOSPITAL REDEVELOPMENT** (*Agenda Item 6*)

The Chairman welcomed those present to the meeting. It was noted that the Committee had received a brief update on the development of the new Hillingdon Hospital at its meeting on 7 October 2021 and a fuller update at its meeting on 28 April 2021.

Ms Rachel Benton, Hillingdon Hospitals Redevelopment Programme Director at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the project involved a three-stage business case process: Strategic Outline Case (SOC); Outline Business Case (OBC); and Full Business Case (FBC). An indicative timeline was shared with the Committee. The SOC stage had been completed and the project was currently in the OBC stage which involved a more detailed work up of the preferred way forward and progression of the planning application. The FBC would involve a further detailed work up of the plans before entering into contracts.

The Hillingdon Hospital team had been working closely with the New Hospitals Programme (NHP) team. Development of the OBC had started in late 2020 and it was anticipated that this would be finalised and taken through internal governance processes in May and June 2022. Subject to Trust Board approval, this would then be ready for submission to regulators. The submission date would be subject to agreement with the NHP team.

A lot of detailed work had been undertaken in relation to the design. This work had included input from clinical teams from across the hospital as well as from clinical representation from outside of the hospital. Feedback had also been received from staff and members of the public and the detailed designs were now nearing completion. The estates strategy had been endorsed by the North West London Integrated Care System (NWL ICS) Estates Board and there had been a refresh of the clinical services strategy with partners to support the OBC.

Five pre-application meetings had been held with local authority planners which had informed subsequent iterations of the new hospital design ready for anticipated submission of the planning application in April 2022. Challenge had been made in

relation to a range of issues including landscaping, tree retention, flood risk minimisation and buffer zones. It was noted that the project would be in a stronger position if the OBC was completed with planning approval already in place. The redevelopment team would be meeting with the Greater London Authority in the week commencing 31 January 2022.

Ms Benton advised that a public exhibition had been held in June 2021 which had helped to inform the development plans. Although some of this engagement had been face to face, a large proportion had been undertaken online.

Mr Graham Harris, Director at IBI Group, advised that the design had moved from the 1:500 stage (where the right type of accommodation was put in the right place) to the 1:200 stage, involving a more detailed work up of the designs. A lot of work had been undertaken in the initial stages of the design to ensure that costs did not increase during the development of the plans. Although there were some tensions to ensure that the project stayed within the anticipated budget envelope, allowances had been made for inflation and risk (optimisation bias).

It was noted that Modern Methods of Construction (MMC) was thought to be more than just fabricating parts of the build off site and then putting them together on the site, with consideration also given to standardising the construction. Members were advised that the project had been designed as a single phase build and decant which would mean that there would be minimal disruption to the ongoing workings of the hospital. Work was being undertaken to identify peripheral buildings on the site to determine whether they were used / underused. Decant plans were already in place and a number of service moves would be undertaken so that the build site was completely isolated from the working hospital entrances and the site was ready to be built on once the funding had been agreed. A communications plan would be put in place in advance to ensure that patients knew exactly where they needed to go whilst the old hospital was still operational.

Mr Harris noted that there had been a drive for the development to be net zero carbon which had meant that consideration had been required with regard to mechanical and electrical servicing. Other considerations had included the need to ensure that the project would be attractive to possible contractors. It was hoped that the procurement process (led by NHP) would seek tenders from about three contractors. However, over the last twenty years, hospital builds had been benchmarked so there were checks and measures in place to ensure that the tenders provided value for money.

Ms Sarah Bellman, Assistant Director – Communications and Engagement at North West London (NWL) Integrated Care System (ICS) and NWL Clinical Commissioning Group (CCG), advised that there had been a public exhibition between June and August 2021. Although there had been some face-to-face engagement, this exhibition had been largely undertaken online. However, there had been face-to-face engagement at the Love Uxbridge Festival where the feedback received had fed into the 1:500 and 1:200 work.

It was noted that three roadshows had been planned in the north of the Borough, Uxbridge and Heathrow Villages but that this had had to be shifted online. Insofar as the public feedback was concerned, analysis had been undertaken of the demographics and geographic location of respondents. It was noted that there had been a large number of responses from residents in the immediate vicinity of the hospital.

Concern was expressed that, although 30,000 people had visited the exhibition online, feedback had only been submitted from 360 individuals. Ms Bellman advised that not everyone who had engaged had felt strongly enough about a particular issue to provide feedback and that some had attended just out of interest. Although the response rate was thought to be quite good, engagement would continue to solicit additional responses. Consideration would be given to holding events such as roadshows in other locations across the Borough, such as Hayes, and targeting high footfall areas.

As well as working with clinical teams to undertake specific engagement, feedback would also be sought from attendees at two children's centres in the week commencing 31 January 2022. A survey had recently been undertaken in radiology to establish what patients wanted their waiting area to look and feel like. Further face-to-face engagement would be undertaken now that Covid restrictions had eased. Members were asked to contact Ms Bellman if they had any location suggestions. It was also suggested that Ms Bellman forward the details of any planned engagement events to the Councillors as they would be able to publicise the information.

Healthwatch Hillingdon had provided the project team with contacts in some health groups who had then been in communication with them. Ms Bellman would be happy to circulate a list of the groups that they had had contact with to the Committee. Members would then be able to identify which additional groups they were aware of that could be contacted.

Some of the comments received in the feedback had not yet been considered in detail by the project team. Areas for further engagement had included dementia friendly facilities, access for different disabilities, layout of waiting areas and reception areas and staff facilities. During the 1:50 stage, consideration would be given to the look of the rooms, etc. In the meantime, conversations would be undertaken with the same groups as the development progressed so that different questions could be asked.

Members queried whether the space in Accident and Emergency (A&E) would be configured to incorporate mental health. Professor Abbas Khakoo, Redevelopment Clinical Lead at THH, advised that five out of the twenty patients currently on the paediatric ward were there as a result of a mental health issue. Consultation on the new design had been undertaken with Central and North West London NHS Foundation Trust (CNWL) and in A&E and would incorporate a dementia friendly environment. As they were more aware of what happened on the ground, senior nurses had been leading on the inpatient areas and an Equality Impact Assessment would be signed off in the next couple of weeks.

Mr Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme at THH, noted that a clinician had raised the issue at one of the roadshows and confirmed that mental health was being integrated into the design. He advised that THH had been liaising with the teams from other Trusts that were going through the same hospital development process. This had meant that they had been able to share and compare and THH had been able to adapt its design accordingly. It was agreed that the Chairman would put Mr Seez in contact with the local mental health lead from the Metropolitan Police Service, who needed to be included in the consultation for the development of elements of A&E to support mental health.

A huge programme of work had been undertaken with regard to the Covid vaccine roll out. This work had provided an opportunity to develop good relations with GPs across the Borough which would help regarding engagement with those patients that were

harder to reach. Members asked that outcomes of this action be evidenced.

Mr Seez noted that an announcement had been made in the autumn of 2020 of the 40 named hospitals for redevelopment. In the autumn of 2021, a bidding process had been undertaken for an additional eight, taking the total to 48. Mr Seez advised that THH was trying to position itself for the next tranche of new hospitals coming through. Hillingdon had worked hard to meet all of the New Hospital Programme criteria and hoped to be one of the earlier hospitals to have its funding approved. The nuance had now changed to 'when' the new hospital would be built, rather than 'if'.

Members queried whether or not there was a Plan B if the funding for a new hospital was not secured (for example, private investment). Mr Seez advised that Plan A had been developed to reflect all key requirements and that this should give it the greatest chance of success. The development had been set out as a series of chapters and it was noted that the one stage build would provide a better return on investment (the current building had been planned as a two stage development but had stopped after the first stage so had only been half completed). New hospitals had previously been funded through private finance which had then been paid off like a mortgage. National policy had shaped the programme and now, to get best value for money, this generation of new hospitals were funded through public dividend capital.

The Hospital Development Team had been pushing the timelines and had been working with colleagues at a local and national level to progress the project at pace. Support had been forthcoming at a Hillingdon level as well as support from the NWL ICS, NHS London and national colleagues.

It was recognised that Hillingdon needed a new hospital but it was queried how this new hospital would be better than the current one. Mr Seez advised that the new physical building was only part of the improvement and that the new development would see improvements to the layout and service adjacencies. The clinical engagement in the new design had been very good and action would continue to maximise public engagement to elicit the patient perspective.

Professor Khakoo advised that there would be no change to the services that would be delivered from the new hospital but that they would be delivered differently as they would be more joined up with things like mental health services and social care. It would be important to ensure that the hospital was part of the local system of care rather than a stand-alone entity. Patients would want their hospital to be great but would be able to avoid going there at all if the services provided by different partners were synergised.

Professor Khakoo noted that the Hospital Redevelopment Team had been looking at the models of care provided elsewhere and patient flows. The buildings then became the vehicles to deliver those models of care. To this end, the critical care unit would be doubled in size and a benchmarking exercise had been undertaken in relation to elective care which had resulted in a proposed increase in the diagnostics available including three MRI scanners and five CT scanners.

With regard to infection prevention and control, the new hospital would have 70-80% of patients in single rooms. Not only would this enable a continuation of service in the event of a virus outbreak, but it would also provide better privacy and dignity for patients.

The 1:50 stage would be undertaken after the OBC had been approved and would

show patient flows in more detail. Walk through visuals would also be available to show the results of patients and clinicians co-creating the hospital with the architects.

It was noted that the IT infrastructure was being developed to give patients the option to wait in an onsite coffee shop for an appointment rather than in a waiting room.

Mr Harris advised that, when determining the capacity of the multi storey car park, consideration had been given to the number of parking spaces needed for staff, visitors and patients. Thought had also been given to the public transport network as there had been a balance that had needed to be struck.

There had been some suggestion at the beginning of the process that Hillingdon should join with Brunel University and become a university hospital but this would have complicated and prolonged the process. Professor Khakoo worked with Brunel University and was looking to open a new medical school there soon. The hospital site and the university site were geographically very close to each other which had helped with the opening of a new nursing school at Brunel. The focus was on developing the workforce, particularly primary care. This ongoing work demonstrated the strong collaboration between the two organisations.

THH comprised Hillingdon Hospital and Mount Vernon Hospital (MVH). MVH had become busier in the short term due to the Hillingdon Hospital development. Although THH owned the MVH site, there were a number of organisations that provided services there including Mount Vernon Cancer Centre (MVCC) – MVCC was currently bidding to become one of the 8 additional named hospitals as part of the national new hospitals programme. At some point in the future, consideration would need to be given by THH and its partners to the future of MVH.

RESOLVED: That:

- 1. Ms Bellman forward the details of any planned engagement events to the Democratic Services Manager for circulation to the Committee;**
- 2. Ms Bellman provide a list of the groups that they had had contact with to the Democratic Services Manager for circulation to the Committee;**
- 3. the Chairman put Mr Seez in contact with the local mental health lead from the Metropolitan Police Service; and**
- 4. the discussion be noted.**

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

Consideration was given to the Committee's Work Programme. It was noted that the Committee's next meeting on 22 February 2022 would be looking at the new way of working that had been introduced through Hillingdon Health and Care Partners (HHCP). Members would be looking at the reasons for the introduction of the place based partnership (HHCP) and any improvements that it had initiated. Ms Caroline Morison, Managing Director of HHCP, would provide examples of how service delivery had been improved. She would be talking about the wider context and about how the redevelopment of Hillingdon Hospital had provided the opportunity to increase the pace of change in the Borough.

North West London Clinical Commissioning Group (NWL CCG) had brought together the CCGs from all NWL boroughs including Hillingdon CCG. The Integrated Care Partnerships (ICPs) and NWL were now aligned and supportive of the Hillingdon Hospital rebuild. Mr Richard Ellis, NWL CCG, would also be invited to attend the meeting on 22 February 2022 to talk to Members about the provision of virtual GP

consultations.

It was agreed that an update would be sought on the implementation of the recommendations from the GP Pressures review at the Committee's meeting in February 2023.

Members discussed the best way to review the Trusts' Quality Account reports. In the past, there had been two meetings scheduled at the end of April with the Trusts' attendance split between the meetings. However, this had not proved to be the most effective use of time as the reports were not always ready to be discussed at those meetings. As such, only one meeting had been scheduled and Members would need to determine how they would like to focus this meeting. The Committee's responses to each of the Trust Quality Account reports would be agreed outside of the meetings and submitted within the subsequent 30 day permitted response time.

The Committee's meeting on 22 March 2022 would be focussed on crime and disorder. Members asked that a Neighbourhood Watch representative be invited to attend again for further discussion. It was also suggested that the main focus of the meeting be on crime and disorder relating to licensed premises. For example, in relation to the 172 licensed premises in the Borough, how was the associated crime and disorder being managed.

It had become apparent that there were a limited number of Health Based Places of Safety (HBPoS) and that this impacted on police time. The Chairman had had some informal meetings over the last couple of months with a range of different partners about this issue. Although CAMHS had been provisionally scheduled for the meeting in June 2022, it was agreed that this be moved to July 2022. In June, it was agreed that the Committee would consider a summary report of the findings regarding the role of the police in dealing with mental health patients at Hillingdon Hospital Emergency Department. Representatives from CNWL, THH, HHCP, NWL CCG, MPS and the Council would be invited to attend.

RESOLVED: That:

- 1. Mr Richard Ellis, NWL CCG, be invited to attend the meeting on 22 February 2022 to talk about the provision of virtual GP consultations;**
- 2. an update on the implementation of recommendations from the GP Pressures review be considered in February 2023;**
- 3. a Neighbourhood Watch representative be invited to attend the meeting on 22 March 2022 and that the focus of the meeting be on crime and disorder relating to licensed premises;**
- 4. CAMHS be rescheduled from the meeting in June 2022 to July 2022;**
- 5. the role of the police in dealing with mental health patients at Hillingdon Hospital Emergency Department be scheduled for the meeting in June 2022 and that representatives from CNWL, THH, HHCP, NWL CCG, MPS and the Council be invited to attend; and**
- 6. the Work Programme, as updated, be agreed.**

The meeting, which commenced at 6.30 pm, closed at 8.11 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.