Minutes

EXTERNAL SERVICES SELECT COMMITTEE

10 July 2018

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

	Committee Members Present: Councillors Nick Denys (Vice-Chairman, in the Chair), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia **Also Present**: Judi Byrne, Chief Executive, Michael Sobell Hospice Charity Kim Cox, Hillingdon Borough Director, Central & North West London NHS Foundation Trust Imran Devji, Director of Operational Performance, The Hillingdon Hospitals NHS Foundation Trust Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Councillor John Hensley, Michael Sobell Hospice Charity Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Dr Veno Suri, Assistant Vice Chair, Hillingdon Local Medical Committee (LMC) Rosalind Williams, Chair of the Board of Trustees, Michael Sobell Hospice Charity **LBH Officers Present**: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager) **Press and Public: 1**
9.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor John Riley and it was noted that Councillor Devi Radia would be arriving a little late.
10.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
11.	**MINUTES OF THE PREVIOUS MEETING - 13 JUNE 2018** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 13 June 2018 be agreed as a correct record.**
12.	**HEALTH UPDATES** *(Agenda Item 5)* The Chairman welcomed those present to the meeting. <u>Michael Sobell Hospice Charity</u> Ms Judi Byrne, Chief Executive at Michael Sobell Hospice Charity (MSHC), advised that an announcement had recently been made that the building housing the Hospice

was no longer fit for purpose and the patients had been temporarily relocated to acute cancer wards within Mount Vernon Hospital. The structure had originally been bought by MSHC 40 years ago and had been given a life expectancy of 20 years. It was immediately gifted to Hillingdon NHS Trust which rented the facility out to East and North Herts NHS Trust (ENH) for the Hospice service provision. THH was the landlord and had a rental agreement to share the site, property and services with ENH.

Councillor John Hensley, a Trustee of MSHC, advised that there had been no formal communication regarding the reasons for the closure of the Hospice. On 24 May 2018, NHS Property Services (NHSPS) had advised the MSHC Board that it would close the Hospice. Although an offer had been made by MSHC to undertake joint communications with NHSPS about the closure, this offer had not been taken up and, as a result, fundraising by the charity had been hampered. Volunteers had been asked to continue to support the charity which would continue to fully fund the day centre provision.

It was noted that, although the charity had been supporting the Hospice for 40 years, the service was provided by ENH. Listening and engagement events were being planned for patients, staff and volunteers to look at the service and review the model of care for the future. The MSHC Board would be looking at the model of care to ensure that it was fit for purpose and would be reviewing possible alternative locations. Ms Byrne advised that the charity was very keen to work with health colleagues to review the palliative and end of life services provided in the North of the Borough.

Harlington Hospice in the South of the Borough provided very similar services to Michael Sobell Hospice and these were equally valuable to residents. However, for some residents in the North of the Borough, travelling to Harlington Hospice would become a significant event if this were the only service available. Dr Veno Suri, Assistant Vice Chairman at Hillingdon Local Medical Committee, advised that effectively managing the current situation would be essential to end of life patients in the North of the Borough. He noted that GPs would regularly contact the MSH for advice and that, as this relationship was critical for the care of patients, it was essential that a suitable alternative was found.

A petition with 6,000 signatories about the closure had been presented to the charity, which Ms Byrne had then passed to ENH on 9 July 2018.

Mr Imran Devji stated that The Hillingdon Hospitals NHS Foundation Trust would support the charity in any way it could. He went on to note that the recent protest that had taken place had been well managed by the charity.

Mr Devji advised that there was a lot of backlog estate on the Mount Vernon Hospital (MVH) site, some of which was very old and some of which contained asbestos (although enclosed asbestos did not provide a significant risk). As there was a need to undertake significant refurbishment at MVH, the creation of a Brunel Health Campus would have been an ideal alternative. However, this was an aspiration for the future and would not address the current situation.

The Hospice inpatient unit had been deemed irreparable as a result of asbestos in the building and water coursing down the inside of the walls when it rained. Although the structure had been reinforced during the previous year, it appeared that there were also structural issues. It was queried how the unit was functioning one day and then closed the next with no significant warning. It was suggested that the NHS be asked to identify an appropriate alternative dedicated site from which a new hospice could operate and also asked to identify the works that needed to be undertaken to make the

current structure fit for purpose – this would need to comprise a structural survey, timeframes and costings. Members also requested a copy of the estates plan for Michael Sobell House. Although THH had already requested a report from ENH as to why they had closed the Hospice, Members agreed that the Committee would also ask for a copy of this report.

Ms Rosalind Williams, Chair of the MSHC Board, advised that there appeared to have been no communication between THH and ENH. In the meantime, news of the closure of the unit had resulted in members of the Board being vilified.

Ms Caroline Morison advised that Hillingdon Clinical Commissioning Group (HCCG) had received no formal communication from ENH about the closure. HCCG would be meeting with ENH on 12 July 2018 to work through the options available to address the short term and Ms Morison advised that HCCG was looking to also meet with Ms Byrne. The Chairman requested that the Committee be advised of the outcome of these meetings and any contingency plans that would be put in place.

Lessons learnt from this issue were around the need for improved communications and it would be important to ensure that alternative pathways were available. Non-cancer end of life provision was now in place and HCCG had been working with partners to address the issue with spot purchase opportunities.

HCCG was looking to visit the wards at Mount Vernon Hospital to which the Hospice patients had been transferred and would be seeking assurance regarding the appropriateness of the Mount Vernon Cancer Centre beds. The Trust was also working with the Palliative Care Team to ensure that they were happy with the referral pathways.

Ms Byrne stated that MSHC was keen to fully engage with healthcare partners as a collective to ensure that the charity was part of the solution.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>
Mr Imran Devji, Director of Operations at THH, advised that the Trust's main area of concern was in relation to A&E pressures. He noted that there had been days where 207 patients had visited A&E and, in the last week, there had been 195 patients on one day and 198 on another. Currently, Hunter Consulting Group was working with THH to review the A&E processes, site management, etc. It was anticipated that the work undertaken by Hunter would involve the sharing of best practice and the identification of additional capacity.

The Trust's planning application to expand Hillingdon's A&E department to increase patient capacity had been approved and work was anticipated to be completed by October 2019. The proposal would include a new extension to the front of the main hospital building on Pield Heath Road, the relocation of the Urgent Treatment Centre (UTC - formerly known as the Urgent Care Centre (UCC)), a reconfiguration and modernisation of the Fracture Clinic space and the relocation of some of the outpatients clinics to improve patient flow. Mr Devji advised that this work would also result in an additional seven major cubicle spaces in the current UTC space and ambulance streaming.

Mr Devji stated that the A&E development was expected to help the Trust work towards seeing 90% of patients presenting in A&E within 4 hours by September 2018 and 95% by March 2019 as this was what regulators had requested. It was noted that streamlining clinical processes would be as important as the expansion of the space. It was also thought that the 95% target by March 2019 was ambitious.

It was thought that the planned improvement works would cost more than £2m, with £1.5m of this coming from the Department of Health which recognised that Hillingdon's A&E department was too small to cope with the volume of patients being seen. The remaining £½m would need to be match funded. It was noted that the combined A&E and UTC had been commissioned in 2013 to accommodate up to 350 patients per day but that they were now dealing with an average of 450 patients per day (peaking at over 500 patients per day).

Work had already started and the UTC had been relocated to the private patients' suite. However, Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon (HH), suggested that additional resource would be needed to ensure that UTC patients were in the right place at the right time.

Although there had been some successes, it was noted that recruitment of nursing and medical staff continued to be a national challenge – there were approximately 25,000-40,000 nursing vacancies nationally. However, recruitment to middle grade and consultant posts had been completed. It was anticipated that the recruitment challenges might be impacted by Brexit.

April had not been a good month in relation to the achievement of cancer performance targets. However, there had been an improvement in May in relation to cancer targets. Ms Vanessa Saunders, Deputy Director of Nursing and Patient Experience at THH, advised that performance in May against targets for MRSA and Clostridium Difficile (C. diff) had been good. However, there had been one case attributed to the Trust in April with regard to C. diff but that this had not been as a result of a lapse in care.

With regard to the Friends and Family Test (FFT), it was noted that, as had been previously requested by the Committee, the actual response numbers had been included in the presentation as well as the percentages. Ms Saunders advised that FFT response themes were chosen for additional analysis on a quarterly basis and the findings were then presented at the Experience and Engagement Group. As the maternity FFT figures were missing from the presentation, it was agreed that these would be brought to the Committee's next health related meeting on 13 November 2018.

Members were advised that THH was one of only seven trusts from across the country to be selected to take part in the new NHS Improvements (NHSI) 'Lean' programme. Lean was a well established quality improvement approach to delivering services which sought to streamline processes and cut out steps that added no value to patients. The process was about eliminating waste rather than cost cutting with a view to maximising patient outcomes and providing better quality services that delivered better value for money. It was agreed that evidence as to how THH evidenced this value for money through Lean would be brought to the next health related Committee meeting on 13 November 2018. THH would also provide additional information about its human resources strategy regarding the expansion of A&E.

The new Nursing Midwifery and Allied Health Professional Strategy had been launched. It had been designed in line with the ten commitments included in the national framework.

Following its inspection, the Care Quality Commission (CQC) had provided THH with the first draft of its report. The Trust had reviewed the report for factual accuracy and sent its proposed amendments to the CQC. The report would be completely confidential until publication by the CQC, which was expected to be later in the month.

THH was currently piloting the Care Information Exchange (CIE). This new system securely held a range of patient information that enabled patients to access their own health records from their own homes. The system could also be viewed by all healthcare professionals involved in a person's care. Although the system was currently only available to patients over 65 with multiple health conditions at three surgeries in Hillingdon, it was anticipated that it would be made available to everyone over a period of time.

Mr Devji advised that THH had recently participated in the NHS-wide 70 day challenge to help End PJ Paralysis which encouraged patients to get up, get dressed, get better. Professor Brian Dolan had visited Hillingdon and Mount Vernon hospitals during this time to meet staff and share ideas.

In June, Mr Simon Stevens, Chief Executive of NHS England, had visited Hillingdon Hospital. The purpose of the visit was to learn more about the proposal to build a new health campus at Brunel University. The Trust had also recently celebrated 70 years of the NHS.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Chief Operating Officer at HCCG, advised that the Trust was in the process of approving options appraisals for the development of out of hospital hubs for North Hillingdon and Uxbridge & West Drayton. The preferred sites were the Northwood and Pinner Community Hospital site and the Uxbridge Health Centre site. It was hoped that the hubs would be operational by early to mid 2021.

Referring to the previous discussions regarding estates, Members were advised that Hillingdon Hospital estate was very old and therefore cost a lot of money to maintain. If the hubs were able to support some new ways of working (for example, for outpatient care), capacity at the hospital could focus on those in need of a hospital setting and patients at the hub would be able to see a multi disciplinary team, thereby streamlining the patient pathway.

It was noted that the Hillingdon Primary Care Confederation (HPCC) continued to provide additional primary care capacity in the evenings and at weekends from three specific sites (extended hours). For 2018/2019, this would include more appointments as well as direct bookings from the UTC, London Ambulance Service and NHS 111 which would help to reduce the number of people presenting at A&E. Ms Morison was aware that there were a limited number of people that would want a GP appointment between 4pm and 8pm on a Sunday but advised that this provision was a requirement of the NHSE funding. However, it was suggested that changes might be possible in the future to meet the specific needs of Hillingdon residents and that this should be fed back to NHSE.

Increasingly, GPs wanted to work more flexibly, with sessional working patterns. This flexibility needed to be built into the system to accommodate them. Although the use of the extended hours GP appointments had been increasing, there was more work that needed to be undertaken in relation to communication as some practices were still not providing patients with information about the service.

Ms Morison advised that HCCG had been working closely with Harrow CCG regarding the Walk in Centre at Alexandra Avenue becoming a pre-bookable hub service. There had been a national drive to standardise services with meant the decommissioning of walk in centres. Any Hillingdon residents that used the Alexandra Avenue service would be redirected to the Hillingdon Extended Access service.

Members were advised that the reconfiguration of services at the HESA Medical Centre had now been completed. This work meant that only one practice now operated from the site which had resulted in economies of scale and an increase in capacity in its first week of operation. Five patient engagement sessions had taken place and the practice would be working with HCCG to develop GP satellite services for residents in Heathrow Villages. Although there would be no extension to the building, it was anticipated that there would be room to accommodate the growing population in the area. The challenge faced by the practice was with regard to the recruitment of staff so that more patients could be seen each day and to ensure best use was made of the clinical space. This recruitment was made more difficult as there were so few training practices in the South of the Borough.

Members were advised that there were ongoing discussions between HCCG and the local authority in relation to the provision of GP services from the Nestles development. In addition, space had been earmarked at the Old Vinyl Factory for GP services.

Ms Morison noted that HCCG continued to work with partners on the system-wide plan for urgent and emergency care. A&E activity in the year to date had reduced by 4% in comparison to 2017/2018. Some of the key programmes of work contributing to this demand management included:

- working with the London Ambulance Service (LAS) to ensure community services were being utilised to best effect;
- ensuring that rates of referral from NHS 111 and 999 were within the required parameters;
- working in partnership with care homes to ensure medications were regularly reviewed and that staff were trained to spot signs of deterioration early and were aware of alternative routes for support (other than 999); and
- developing an enhanced care home support model with the HPCC.

It was noted that there was a cumulative underlying £40-50m deficit within the health and care system in Hillingdon this year (in 2018/2019, HCCG was expecting to break even, which would not address the deficit). A deficit was also projected for the next three years. As such, HCCG was working towards developing a joint financial view and a 3-5 year financial strategy. Additional work had been focussed on developing partnership and joint approaches to workforce development and business intelligence to support integrated working across all partners in Hillingdon. Both initiatives would help deliver continued improvements in 2018/2019 and would further develop integrated models over the next three years. It was anticipated that this work would reduce duplication and keep people well at home for as long as possible through self management of long term conditions such as diabetes to help reduce demand on services. Health interventions could be provided by the Care Connections Teams to free up hospitals to deal with people who had acute conditions. This would be better for patients in that it would be more effective but embedding the new approach would take time which was why HCCG had developed a 3-5 year strategy.

With regard to integrated discharge, HCCG, the Council, CNWL and THH continued to work together to deliver a joint model of discharge. Approximately 40-60 people were being helped to return home from hospital quicker each week. Partners had been building on the work already undertaken to increase the number of people that could be supported.

Members were advised that Hillingdon Health and Care Partners (HHCP) was a partnership which comprised CNWL, Hillingdon 4 All, THH and HPCC. HCCG had

been working with HHCP to bring together work that was being undertaken in the following priority areas: self care; urgent care; falls and frailty; end of life care; care home support; enhanced case management (physical and mental health); integrated musculoskeletal (MSK); and prescribing.

Ms Morison advised that HCCG and the Council would be hosting two Hillingdon Independent Living Roadshows on 21 July 2018 and 20 September 2018. The events would showcase a wide range of aids and equipment in a mocked up home setting to help residents with disabilities to live as independently as possible at home. All residents and carers would be welcome to attend the roadshows. Ms Morison advised that she would send information about the roadshows to the Democratic Services Manager for circulation to the Committee.

Royal Brompton and Harefield NHS Foundation Trust (RBH)
Mr Nick Hunt, Director of Service Development at RBH, had provided Members with a copy of the Trust's Quality Account 2017/2018 report. The report had included information about acute kidney injury and about learning from deaths.

RBH had been one of the few Trusts that had ended the year with a financial surplus. It was noted that RBH would struggle to meet the 18 week Referral to Treatment (RTT) target and Mr Hunt anticipated that this situation would get worse before it got better.

Mr Hunt noted that RBH had received a Pre Inspection Request (PIR) letter from the CQC. This meant that, in the nine week period starting 4 September 2018, the CQC would visiting RBH to assess the Trust against the 'well led' measure. This visit would be preceded by an unannounced visit.

Members were advised that RBH was in partnership conversations with Brunel University, CNWL and THH about the Brunel campus proposals. Mr Hunt was very excited by the prospect of this new hospital but noted that the concept had been first aired in the 1960s. The proposal would see a new hospital built on Brunel University land which would free up the current Hillingdon Hospital site for redevelopment and affordable housing. There would be great synergies too as CNWL dealt with heart failure in the community and RBH dealt with transplants. Google and Apple had expressed an interest in being involved in the project as it would be fully digitally supported and both companies were interested in expanding into healthcare. The project had been supported by Mr Simon Stevens, the Chief Executive of NHS England, Boris Johnson MP and the former Secretary of State for Health. Barriers to the project were primarily in relation to funding and planning permission. The Treasury had been briefed and wanted to know where the funding would come from. Brunel University would be the project owner.

When Harefield Hospital had been created, it was unusual as it was in the middle of nowhere. When it became a heart attack centre, its positioning close to various motorways and with its own helipad became very attractive. Over 100 transplants were now performed each year as a result of technological developments and capital had been invested to expand the estate in pursuit of additional income.

Central and North West London NHS Foundation Trust (CNWL)
Ms Kim Cox advised that she was the Hillingdon Borough Director for mental health at CNWL. CNWL provided an integrated service and was able to provide mental health first aid training. The Trust had worked with the Council to introduce a new system of requesting review health assessments. This process had improved the timeliness of completing these assessments and meeting statutory requirements.

It was anticipated that the 'Your Life Line 24/7 Single Point of Access' and overnight nursing community adult service would go live in September 2018. This service would provide advice and support to patients in their last phase of life.

Hillingdon Hospital and CNWL had been working together to transform the musculoskeletal (MSK) service to create an integrated pathway. This would result in patients receiving the most appropriate level of care in the right place at the right time.

CNWL's Rapid Response Team had been working with the London Ambulance Service (LAS) to produce a video which described how the two organisations worked together to prevent unnecessary hospital admissions. Another example of how well the various trusts worked together was the inclusion of a dedicated mental health room in the Hillingdon Hospital A&E development works.

In the last year, Hillingdon mental health services had completed 79,462 face to face contacts, seen 20,578 new appointments and admitted 504 patients to CNWL's inpatient wards. There were a huge range of reasons for the new appointments which included depression and people generally struggling with life. To this end, patients could be seen by the service at Hillingdon Hospital 24/7. Every patient was different and their treatment pathway varied accordingly.

It was noted that there was a single point of access (SPA) also available 24/7 which triaged service users, categorised them and determined a course of action. This service had been relaunched in November 2016 with improved crisis support and a local response where clinicians were always available.

With regard to Child and Adolescent Mental Health Services (CAMHS), Members were advised that a Tier 4 (inpatients) project was underway. This specialist service had been outsourced to external providers and the number of available beds had been very limited and sometimes geographically distant. As such, CNWL would be opening its own 12 bed unit on the Chelsea and Westminster site by November 2018 (rather than placing service users in places such as Glasgow, Northampton or Colchester). The new unit would enable care to be offered closer to home for children living in the North West London (NWL) boroughs. The urgent care team would be able to offer support for up to four young people who would have access to day programmes to support them during a crisis. Young people had been key to the project and had been involved in recruiting staff (70% of the staff required had already been appointed), naming the unit and a National Gallery project for artwork for the unit. Ms Cox advised that, if any Committee Members wanted to visit the mental health unit, they should contact her and she would make the arrangements.

Although CAMHS was still not meeting all of its performance targets, huge progress had been made and CAMHS generic team waiting times had been reduced. A range of services were provided which included child mental health nurses, psychologists (with increased flexible working with remote access to records so that they could see service users in the community) and a 14-18 Psychosis Team. CAMHS also worked with the Children's Development Centre. The biggest challenge faced by staff was in relation to the transition from CAMHS to adult mental health services and the reduction in the intensity of the support provided in adult services. Ms Cox advised Members that she could provide a briefing for them on CAMHS and asked the Democratic Services Manager to circulate a report that had previously been considered by the Committee in 2017.

In 2015, there had been approximately 15 patients per month brought in under Section 136 (Section 136 gave the police the power to remove a person from a public place,

when they appeared to be suffering from a mental disorder, to a place of safety). This had now increased to 45-55 per month and the increase appeared to be a London-wide trend rather than being specific to Hillingdon - work was underway to address the rising figures. Of the 453 Section 136 assessments completed in the Borough, 50% of the service users were Hillingdon residents. Although the number of patients being brought in from Heathrow airport had not increased, the number of Hillingdon residents being seen had increased. It was also noted that very few of these patients were international students from Brunel University. CNWL had developed a good partnership working with the University whereby help was given to repatriate students where necessary.

Dr Suri noted that, if a patient refused a GP access to their home, there were still a lot of barriers for mental health interventions as the police would be needed with a section 136. Some GPs still struggled to get assistance in these situations. Ms Cox advised that there was also often only one social worker on call overnight and that the Council was looking at how this could be improved.

With regard to integrated services, it was noted that work had been undertaken in relation to long term conditions and older people's services. CNWL was now looking to at least align older people's mental health services as there were not enough staff to be able to split them between the 16 Care Connection Teams.

Members were advised that CNWL court services were provided at Polar Park police station. The Trust was able to divert service users to appropriate services or flag them before they were sent to prison. The Trust also provided addiction recovery services in Hillingdon and Ms Cox noted that over 40% of patients in mental health beds had substance misuse issues.

<u>Healthwatch Hillingdon (HH)</u>
Mr Graham Hawkes, Chief Executive Officer at HH, advised that the issues raised most frequently by Hillingdon residents were in relation to:

- access to GP appointments - this was a bigger issue in the South of the Borough than the North. There had been incidents reported where practices had told residents to call or attend the surgery at 8am to see if there was an appointment. This situation was frustrating for residents. It was noted that HCCG did not currently have the levers within GP contracts to have the same service provided by each practice. It was questioned why some practices advised residents that they would have to go on a waiting list to join whilst others met the expectations required of them. Dr Suri suggested that the small number of practices that were not functioning as required, should be supported to help them improve and meet the expected standards.
- communications – a lack of communication could cause patients problems.
- staff attitudes – complaints had been received about the way that patients were treated by some staff.

Mr Hawkes liked to think that HH was treated as an equal partner in the Borough. In the eight years that he had been with HH, partnership working between health and social care had significantly improved. Although partners did not necessarily always agree, the relationships were still very positive.

Mr Hawkes expressed concern about how Hillingdon residents' voices would be heard when the eight NWL CCGs merged together. Ms Morison explained that outer NWL comprised Brent, Harrow and Hillingdon and that inner NWL comprised Hounslow, Ealing, Hammersmith and Fulham, Kensington and Chelsea and Westminster and that the patient flow was fairly coterminous. In Hillingdon, things were a little different as

approximately 85% of Hillingdon residents used Hillingdon Hospital. The NWL CCG merger was more about collaborative working across NWL. Although there would be a Joint Committee of CCGs with some decision making abilities, Members were assured that each of the eight CCGs would remain a sovereign entity. These proposed changes were currently running in shadow form and would be voted on by the GP membership in September / October 2018. If the proposal was supported, it would be effective from December 2018. Ms Morison advised that she would bring an update to the next health related meeting on 13 November 2018.

Mr Hawkes advised that the eight Healthwatch organisations across NWL now had two seats between them on the Joint Committee of CCGs so that only two of the boroughs were represented. This was not deemed to be a very good reflection of joint working.

Although staff at Hillingdon Hospital were praised by residents, there were issues with the estate such as wind whistling through the windows in some areas. As such, residents were supportive of a new hospital on the Brunel University site.

HH had undertaken a review of GP extended hours which had been attached to the agenda. It was noted that the review highlighted the need to solicit feedback from residents before this type of service was implemented and resources committed to ensure that the services were designed to meet the patient needs. Mr Hawkes noted that promotion of the service had been somewhat lacking and Dr Suri advised that, in the previous week, 62 nurse appointments and 13 GP appointments had been unused. Ms Morison thanked HH for an excellent report and advised that she had shared it with the other NWL CCGs as they did not have this type of valuable information available.

In the last week, with HH's agreement, HCCG had taken children's mental health off its risk list and put it back into 'business as usual' for the first time in five years. CAMHS had increased its work with schools, which had helped to make significant improvements in the service provision.

Mr Hawkes advised that, subject to securing funding, HH was able to help schools with a peer-to-peer programme to raise awareness about emotional wellbeing. It was noted that HH had recently secured funding from Health Partners Charitable Trusts to undertake this programme in four more schools in the Borough. In the programme that had been run at Barnhill Community High School, 19 young people had been identified as self-harming and HH had been able to identify help and support for them. Learning from this pilot had included the need to run the programme over six weeks rather than 12 and the need for greater support / buy in from senior management at the school. To this end, Guru Nanak would be signing a Memorandum of Understanding before their programme began.

HH continued to provide advice from its shop in the Pavilions. Mr Hawkes was pleased to advise that the lease on the premises had been extended for another 14 months (until August 2019).

It was noted that Young Healthwatch Hillingdon had been created and recruited to. The young people involved had decided to create a campaign on how a young person / you could become the best you. The campaign would be about mental health, public health, cooking and how young people could look after themselves physically and mentally.

With regard to reviews undertaken by HH, it was noted that some recommendations would be implemented, some did not get off the ground and some were modified by the relevant partners. Implementation of any changes were undertaken by the subject

	partner organisation rather than by HH. The CAMHS review undertaken by HH had been a catalyst for change in the service provision. Conversely, Mr Hawkes believed that the recommendations in the HH hospital discharge review would have been realised even if the review hadn't been undertaken but that the report was still able to make a contribution to the changes. Although HH was based locally, HH officers communicated / liaised with other health organisations around the country. Mr Hawkes advised that he would be happy to provide Members with a briefing if required. **RESOLVED: That:** **1. the NHS be asked to identify an appropriate alternative dedicated site for Michael Sobel House and also asked to identify the cost of works that needed to be undertaken to make the structure fit for purpose, including timings and a structural survey;** **2. NHSPS/ENH be asked to provide a copy of the estates plan for Michael Sobell House;** **3. ENH be asked to provide a report as to why they had closed the Hospice;** **4. HCCG provide the Committee with an update on the outcome of its meetings with MSHC and ENH and any contingency plans put in place;** **5. THH provide the maternity FFT figures at the meeting on 13 November 2018;** **6. THH provide information on how value for money through Lean was evidence to the meeting on 13 November 2018;** **7. THH provide additional information about its human resources strategy regarding the expansion of Hillingdon A&E;** **8. HCCG send information about the Hillingdon Independent Living Roadshows to the Democratic Services Manager for circulation to the Committee;** **9. the Democratic Services Manager circulate a CAMHS briefing report that had previously considered by the Committee in 2017;** **10. HCCG provide the Committee with an update on the Joint Committee of CCGs at its meeting on 13 November 2018; and** **11. the presentations be noted.**
13.	**WORK PROGRAMME** *(Agenda Item 6)* Consideration was given to the Committee's Work Programme. It was noted that the next meeting on 6 September 2018 would be looking at crime and disorder. Chief Superintendent Paul Martin from the local Basic Command Unit (BCU) had been invited to attend the meeting to provide Members with updates on knife crime in the Borough, the closure of the child friendly suite in Northwood and the effectiveness of the new BCU arrangements. If there were any areas identified at this meeting for more in-depth scrutiny, this could be scheduled into the work programme. It was agreed that the Committee would undertake a review of cancer screening and diagnostics in the Borough and that a scoping report would be drafted for consideration at the Committee's next meeting on 6 September 2018. **RESOLVED: That the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 8.47 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.