

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

8 September 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), Simon Arnold, Vanessa Hurhangee, Eddie Lavery (In place of Devi Radia), Stuart Mathers (Opposition Lead), Ali Milani and June Nelson</p> <p>Also Present: Tahir Ahmed, Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust Sarah Bellman, Communications and Engagement Lead, The Hillingdon Hospitals NHS Foundation Trust Rachel Benton, Programme Director - Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Dr Ian Goodman, Chair - Hillingdon CCG, Hillingdon Clinical Commissioning Group Abbas Khakoo, Clinical Lead / Medical Director, The Hillingdon Hospitals NHS Foundation Trust Sir Neil McKay, Strategic Advisor, The Hillingdon Hospitals NHS Foundation Trust Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Jason Seez, Deputy Chief Executive, The Hillingdon Hospitals NHS Foundation Trust Chief Inspector Richard Watkinson, Neighbourhoods Partnerships and Tasking - West Area BCU, Metropolitan Police Service</p> <p>LBH Officers Present: Dan Kennedy (Director, Housing, Environment, Education, Performance, Health & Wellbeing), Jacqui Robertson (Service Manager for Community Safety) and Nikki O'Halloran (Democratic Services Manager)</p>
3.	<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 Devi Radia (Councillor Eddie Lavery was present as her substitute).</p>
4.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
5.	<p>MINUTES OF THE MEETING ON 11 FEBRUARY 2020 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 11 February 2020 be agreed as a correct record.</p>
6.	<p>MINUTES OF THE MEETING ON 14 MAY 2020 (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 May 2020 be agreed as a correct record.</p>

7. REDEVELOPMENT OF HILLINGDON HOSPITAL *(Agenda Item 6)*

The Chairman welcomed those present to the meeting and noted that no one would dispute the need for a new hospital in Hillingdon. Mr Jason Seez, Acting Chief Executive Officer at The Hillingdon Hospitals NHS Foundation Trust (THH), introduced the representatives present from THH. He advised that the CQC would be making an announcement on 9 September 2020 regarding the Trust's management of infection prevention and control measures. Mr Seez assured Members that he and his colleagues would be happy to attend a future meeting to discuss this matter fully.

After many years of trying to get a new hospital in Hillingdon, progress was being made through working in partnership with other stakeholders. It was anticipated that the proposed new hospital would be completed by 2025 and, as such, momentum needed to be maintained. Given the significant level of repairs that were needed on the current site, speed was imperative.

Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group (HCCG), advised that, from the organisation's inception, HCCG had built close relations with Hillingdon Hospital and that it would be important that a whole system holistic approach was taken to building a new hospital that was more convenient for residents. Progress had already been made with regard to reducing wait times by running paediatric clinics in many GP surgeries, improvements in same day hospital based emergency care and lean discharge planning.

To reduce the number of patients going to hospital, and deal with them in the community instead, Dr Goodman noted that HCCG had been working with consultants in an advice and guidance capacity. The Trust had also been working with other acute hospitals to address the backlog of elective care and work was underway with regard to sharing electronic patient records between hospitals.

Various site options had been considered and narrowed down to two options: the Brunel University site and a new build on the existing Hillingdon Hospital site. The latter option had been preferred as it could be delivered three years quicker and would cost less. However, Dr Goodman advised that links with Brunel University would still be strengthened and further opportunities extended.

Mr Seez believed that a new hospital on the existing site would be achievable by 2025 and that the associated finances could be secured. It was anticipated that the new hospital would have space for health and social care partners which would reduce disruption to patients. This would be explored further during the outline business case process. The THH Board had approved the draft Strategic Outline Case (SOC) which was now being finalised with the regulators before being published in October 2020 – the Committee would be kept updated on the progress of the SOC.

The regulators would need assurance from the Council that the development had not triggered the need for consultation as there was no substantial variation to the service. This had also been discussed separately with Healthwatch Hillingdon. Members agreed that the proposals would not trigger the need for public consultation if significant public engagement were undertaken throughout the process. Ms Sarah Bellman, Communications and Engagement Lead at THH, advised that any public engagement would be thorough and not just a tick box exercise. Regular newsletters would be produced which incorporated the feedback captured in a "You Said/We Did" format. The Committee would also be regularly involved in the process. Summarising the views of the Members, the Chairman stated that the development as set out would not trigger public consultation but that meaningful and effective engagement would be a

must throughout the process.

With regard to the operation of the existing hospital whilst the new hospital was being built, Mr Tahir Ahmed, Executive Director of Estates and Facilities at THH, advised that a decant strategy was already in development. He noted that improvements to the existing building would need to continue but that the intention would be to decant the west side of the site first so that it was freed up for the new development. It was anticipated that, in the short term, some of the hospital facilities would improve and that all services would remain fully operational during the project.

Consideration had been given to decanting some of the services to another site during the development work. Mr Ahmed advised that THH had been in discussion with a number of hospital contractors very early in the process who had provided buildability advice and identified that there was evidence to support the retention of all services on site during the build. A complete decant had also been considered and discounted as the provision of temporary facilities would take more time to organise. Instead, it was proposed that the services provided in the dilapidated estate be moved to modular accommodation on site with a life expectancy of 5-10 years which would exceed the project timelines.

There were significant concerns expressed over the decant programme, and the notion of building whilst health and medical services were still present on site. It was a built up area with local residents living very close by and the surrounding roads were already very busy with access, local and University traffic. Building a new hospital whilst retaining some buildings which were already unfit for purpose and/or moving in temporary buildings appeared to Member to be a high risk operation for hospital users, patients and staff. Members could not grasp the concept that a total temporary decant to another site would be more costly and time consuming when the benefits of a clear site were apparent. There were considerable concerns expressed as to the complexities' and risks involved in such a build with all that entails and maintaining services on the same site. Member believed that the THH team should reconsider this aspect of the project.

In addition, the development would follow the Considerate Constructors Scheme initiative to reduce the impact on the existing hospital and the residents in the area. Engagement would also be undertaken with schools and authorities to ensure the least amount of disruption to the local community.

Sir Neil McKay, Strategic Advisor to THH, noted that, although the development was a huge opportunity to modernise the hospital, it also needed to be a catalyst for the delivery of care in a more integrated way to include primary care, nursing and residential homes and social care. This had been supported by the broad mindedness of the clinicians who had clear views about the need to work differently. To this end, it was suggested that consideration should be given to the inclusion of facilities such as a dementia centre and dental centre in a health and care campus on site.

Dr Abbas Khakoo, Clinical Lead at THH, advised that a number of clinical working groups had been set up to look at the pathways into and out of hospital and it was noted that he had been developing a clinical strategy for future service provision. Currently, some complementary services were not positioned in close proximity in the existing estate. As such, consideration would need to be given to their location in the new build. This would also provide an opportunity for the Trust to work with partners in community care to further reduce the number of patients in hospital and capitalise on the delivery of care in the community by using enhanced diagnostics.

Concern was expressed regarding the impact of the merger of the eight North West London (NWL) CCGs on the development of a new hospital in Hillingdon. Dr Goodman advised that there would be minimal impact as HCCG was currently at a more advanced stage than the other seven CCGs with better arrangements in place which was partly due to coterminosity. He noted that 80-85% of Borough residents would use Hillingdon Hospital in its current state which was higher than other hospitals in neighbouring areas. In addition, Mr Seez stated that the Integrated Care System and support from the Mayor's Office was in place to help the development move at pace.

It was suggested that the proposed timeframe to deliver a new hospital was ambitious and that this had resulted in a limited range and growth of services for the proposed development. Members were keen that the short timescales did not prevent the Trust from undertaking full and thorough engagement with the diverse range of residents in the Borough. As different parts of the community had different experiences, Members were keen to hear about plans for engagement with sub sections of the community, such as black pregnant women, to ensure that the planned engagement reflected the diversity of the local population.

Ms Bellman advised that the Trust was starting to work with residents associations in the Borough and had been using the Nextdoor social networking platform. In addition, contact was being made with faith groups and patient groups. Community leaders were also being engaged to reach out to their own communities and encourage feedback.

With COVID-19 preventing the Trust from undertaking large scale face-to-face engagement, alternative methods of communication would need to be employed. The COVID-19 pandemic had resulted in more people becoming more familiar with technology and this had meant that more individuals who had not previously engaged in consultation were coming forward with their views. Members urged caution with the reliance on technology for engagement as there were still a large number of individuals who were not comfortable with it and who would not engage using this medium.

Mr Seez advised that investment objectives and stakeholder engagement would be key in building a new hospital. This had been discussed with the regulators who had been happy with the robust process that had taken place to date. These discussions would need to continue with partners as the project moved forward whilst also being cognisant of the timelines. The Trust had been securing the best individuals to lead on the different elements of the project to enable to project to move forward quickly.

It was suggested that the Trust would need early engagement with Hillingdon Planning Department to work through any possible issues. Given that the site was not the easiest to reach by public transport, it was also suggested that the Trust liaise with Transport for London (TfL) and the Mayor's Office. Mr Ahmed advised that the Trust had already engaged with TfL, a transport consultancy and the local authority regarding the Green Travel Plan and had proposed an enhanced bus connection service within the confines of the site. THH had also already had sizeable engagement with the Council's planning team and was currently shaping a Planning Performance Agreement (PPA).

Mr Seez noted that there had been previous moves to secure the development of a new hospital in Hillingdon but that these had failed because attempts had been resourced as a cottage industry and because it had not been as joined up locally as it had needed to be. The project was now being properly resourced and all system partners (both locally and within NWL) were supportive of the development of a new hospital in Hillingdon.

The Chairman noted that the Committee would welcome further engagement with the Trust as the project developed, either within scheduled Committee meetings or at specially convened meetings. On behalf of residents, the Committee warmly welcomed the progress made so far in seeking to achieve a new build of Hillingdon Hospital and wholeheartedly endorsed the need for a new hospital, given the long desire of residents and the Council for a new hospital to be built – Hillingdon residents and other users deserved nothing less. The Committee looked forward to being able to provide a strongly supportive and constructively critical role at every stage of the process and development of what was envisaged would be a “state of the art” hospital facility to serve Hillingdon’s residents and wider community for the long term future.

RESOLVED: That:

- 1. the Committee supports the development of a new Hillingdon Hospital;**
- 2. the Committee agrees that there would be no need for a formal public consultation if thorough public engagement was undertaken; and**
- 3. the presentation be noted.**

8. **SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING** (*Agenda Item 7*)

Mrs Jacqueline Robertson, Service Manager – Community Safety Team, advised that, at the time the Safer Hillingdon Partnership (SHP) targets had been set for 2020/2021, it had been difficult to judge the impact of COVID-19 on crime levels. As such, the 2019/2020 targets had been rolled forward into the current year and would be reviewed as the year progressed.

Mrs Robertson noted that crime rates had reduced during the height of the pandemic and were now starting to increase again from a low base as restrictions were being lifted. The following targets were noted:

- Reduce residential burglary by 1% per annum for the next three years (2020/21 to 2022/23) – this figure had decreased by 35.2% between Q4 in 2019/20 (446) and Q1 2020/21 (289). It was suggested that this reduction could be related to the increased number of people being confined to their homes during lockdown which made it more difficult to burglarise their properties;
- Reduce non-residential burglary by 1% per annum for the next three years (2020/21 to 2022/23) – this figure had decreased by 19.7% between Q4 in 2019/20 (122) and Q1 2020/21 (98);
- Reduce knife crime with injury by 5% per annum for the next three years (2020/21 to 2022/23) – this figure had reduced by 8.7% between Q4 in 2019/20 (23) and Q1 2020/21 (21);
- Reduce ASB reported to the police by 5% per annum for the next three years (2020/21 to 2022/23) – there had been 5,976 ASB reports to the police during Q1 2020/21 compared to 2,016 in Q4 of the previous year. It was thought that a large proportion of these report would be in relation to individuals not abiding by social distancing rules rather than typical ASB reports;
- Reduce repeat victims of domestic abuse by 5% - all areas and services had seen an increase in reporting. It had been recognised by the Council’s Domestic Abuse Steering Executive and bodies such as MOPAC that the lockdown would likely give rise to an increase in honour-based violence and domestic abuse (DA). As such, work had been undertaken with Crimestoppers and a six week media campaign had launched on 21 May 2020 to signpost victims to support and to encourage perpetrators to look at their behaviour and the impact that it had on others. The campaign also looked to encourage

bystanders to speak up through a combination of digital billboards and leaflets and the use of Facebook and Instagram. All DA services such as the refuge, HESTIA, IDVA service and Richmond Fellowship had continued to provide their services during lockdown although, in some instances, this had been remote provision. As remote provision had provided a number of challenges, work was underway to revert to face-to-face services as soon as was safely possible.

During lockdown, a number of charitable organisations had promoted their services to those subject to DA. Members asked whether consideration had been given to joining up Hillingdon's efforts to promote the support available in relation to DA with the efforts of other councils or charities to maximise the effectiveness of any action taken. It was also suggested that consideration be given to partners across the country contributing to a national television campaign to raise awareness and tackle DA. Mrs Robertson advised that HESTIA was a national organisation and that safe spaces for victims had been provided in places such as Boots the Chemist and supermarkets. As such, links had been made with national organisations during lockdown and this had been disseminated through stakeholder briefings.

Mr Dan Kennedy, the Council's Director of Housing, Environment, Education, Performance, Health and Wellbeing, advised that, over the last few months, the authority had drawn on the commissioned services that had been in place as well as the voluntary sector and the police. Work was now underway to learn from lessons experienced locally and elsewhere around the country in a coordinated approach and to draw on best practice at a local level.

Members were assured that the local MARAC (Multi Agency Risk Assessment Conference) enabled local services to work in partnership to review particular cases / high risk individuals and agree a coordinated community response to domestic abuse. Mr Kennedy believed that the increase in demand had been managed well in Hillingdon with input from services such as housing. Whilst the Council was confident that it continued to draw on best practice and provide a joined up effort to protect and safeguard victims, it would never be complacent.

Chief Inspector Richard Watkinson, Neighbourhoods Partnerships and Tasking - West Area Basic Command Unit (BCU), advised that, although the increased levels of DA during lockdown had been lower than anticipated, the numbers were still too high. The Metropolitan Police Service (MPS) had been working with the Council to identify victims so that plain clothed IDVA support could be offered to them to provide them with an opportunity to speak to someone away from their aggressors. Members were pleased with the DA work that had been undertaken over the last few months but were cautious that this needed to be maintained as the current situation was likely to have a cumulative effect.

CI Watkinson advised that it was unclear what would happen now that young people were going back to school. As such, officers would be visiting all schools in the Borough over the next couple of weeks to identify 'at risk' children. The Council had been working closely with the police schools officers to engage with head teachers across the Borough who were seeing this as an important issue.

During lockdown, police officers had engaged with offenders to talk to them about how to avoid offending. About 20% of those offenders that had been visited had showed an interest in joining the scheme to stop them from committing crime.

It was noted by Members that there did not appear to be a target on the SHP performance scorecard summary for hate crimes related to race/ethnicity. Officers

advised that they would need to get back to the Committee with this information as it had been omitted. CI Watkinson confirmed that there had been very few instances of race/ethnicity related hate crime reported in the last quarter.

Members noted that there had been changes in leadership in the West Area BCU and queried whether this had had an impact on the delivery of services. CI Watkinson advised that the direction of travel for the West Area BCU had been set by MOPAC and the local authorities so it mattered not who the Borough Commander was. It was to be expected that senior leadership figures would be moved to more challenging positions if they had demonstrated strong performance but this did not lead to a drop in local performance.

CI Watkinson advised that no one borough was prioritised over another in the West Area BCU. There were now more than 40 officers in each of the three response teams in Hillingdon and there had been 23 days sickness per day (excluding COVID-19 related absences) which compared favourably to the same period last year when there were 28-30.

Members were advised that the COVID-19 pandemic had highlighted the need to work with the London Borough of Hillingdon and teams on the ground. It was noted that a group of new probationers would be attached to Hillingdon from the end of September 2020 for six months to increase police visibility in the Borough. However, the previous week and this weekend would see fewer officers in the Borough as they were needed to provide support elsewhere in London.

CI Watkinson advised that all officers needed to start somewhere and that probationers currently made up around 40% of the response teams. The uplift in Safer Neighbourhood officers had been as a result of the recruitment of probationers who were placed in a Ward where they would be working with experienced officers. Mentors were also always available to ensure that probationers were completing the learning and development that they needed. The majority of these new officers had been recruited from London so they were aware of the issues being faced locally.

With regard to the recruitment of additional police officers promised by the Prime Minister, the West Area should have increased to 1,159 officers but had already increased to 1,246. As such, the pace of recruitment had been slowed. It was noted that there had been a huge reduction in the number of officers leaving the MPS as a result of the COVID-19 pandemic.

Members were advised that, over the last few months, a lot of work had been undertaken to get virtual Ward Panels up and running in the Borough. Residents had been getting involved in these virtual meetings.

Concern was expressed that police vehicles were not always available for officers to use in the West Area BCU and that the siting of specialist officers outside of Hillingdon might slow down response times to incidents in the Borough. CI Watkinson advised that there were police vehicles available to the officers to use. He also noted that CID was based in Hounslow as that was where the prisoners were taken and that detective cars were put out to Hillingdon.

RESOLVED: That:

- 1. Officers provide the Democratic Services Manager with performance against the target for hate crimes related to race/ethnicity for circulation to the Committee; and**
- 2. the presentation be noted.**

9.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>It was agreed that the Chairman and Democratic Services Manager would look into the CQC report being published on 10 September 2020 in relation to the management of infection prevention and control at Hillingdon Hospital. Consideration would then need to be given to when Members would meet with representative from the Trust to discuss the matter further. This could be an additional meeting or, if it could wait, could be included on the agenda for the meeting scheduled for 8 October 2020.</p> <p>Members were advised that the review of services at Mount Vernon Cancer Centre (MVCC) had now restarted. As such, an update would be requested for inclusion on the agenda for the meeting scheduled for 8 October 2020.</p> <p>Members agreed that Network Rail station development would be included on the agenda for the meeting on 12 January 2021. Councillor Mathers would provide the Democratic Services Manager with more details about the issue so that the scope could be focussed.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. representatives from Hillingdon Hospital be invited to attend a meeting to talk about the recent CQC report on the management of infection prevention and control; 2. an update on the review of services at MVCC be included on the agenda for the meeting on 8 October 2020; 3. Councillor Mathers provide details about Network Rail station development so that the issue could be considered at the meeting scheduled for 12 January 2021; and 4. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.33 pm.</p>

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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