Minutes

EXTERNAL SERVICES SELECT COMMITTEE

29 April 2021

VIRTUAL

	Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Raymond Graham, Stuart Mathers (Opposition Lead) and June Nelson **Also Present**: Richard Ellis, Joint Lead Borough Director, North West London Clinical Commissioning Group (NWL CCG) Boyd Fisher, Assistant Director of Operations - North West, The London Ambulance Service NHS Trust Caroline Morison, Managing Director, Hillingdon Health and Care Partners Vanessa Odlin, Director of Hillingdon and Mental Health, Central and North West London NHS Foundation Trust (CNWL) Dan West, Managing Director, Healthwatch Hillingdon **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager)
50.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillors Vanessa Hurhangee and Ali Milani.
51.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in items coming before this meeting.
52.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
53.	**HEALTH UPDATES** *(Agenda Item 4)* The Chairman welcomed those present to the meeting. <u>North West London Clinical Commissioning Group (NWL CCG)</u> Mr Richard Ellis, Joint Lead Borough Director at NWL CCG, advised that the report had provided information about the merger of the eight North West London (NWL) CCGs which had become effective on 1 April 2021. The new team had been made up of individuals including some that the Members had worked with over the years. Mr Ellis noted that Ms Caroline Morison was now the Managing Director of Hillingdon Health and Care Partners so had not been lost to the Borough. NWL CCG would be returning to the long term plan and developing the Integrated Care

System (ICS) across North West London's 2½ million residents. Locally in Hillingdon, there would be a focus on the Integrated Care Partnership (ICP). Although the related legislation had not yet been through parliament, NWL CCG had been behaving as if this would be the direction of travel and had been building on the successes that had already been achieved. Mr Ellis noted the importance of the committees such as External Services Select Committee and the Health and Wellbeing Strategy in measuring performance against objectives.

With regard to the Covid-19 vaccination programme, it was noted that more than 100k residents had been vaccinated. However, additional communication and a campaign involving community champions, the local authority and social care teams had been undertaken in four wards in the Borough with the lowest vaccination rates and steady progress had been made.

It was noted that there were two PCN sites in Hillingdon, both of which were in the top four best performing sites in NWL. There were also five community pharmacies in the Borough that had been providing vaccines. A lot of joint working had been undertaken to deliver the vaccination programme and it was anticipated that this would continue.

GPs were continuing to see more patients and work had started to address the cancer and elective waiting lists and organise investigations that had been put on hold during the pandemic. Hillingdon continued to see a reduction in the number of positive Covid-19 tests in the community and in hospital. It was thought that this had, in part, been linked to the vaccination programme and social distancing.

It was queried whether the new NWL CCG structure would provide improvements with regard to the commissioning of services for local people with associated economies of scale. Mr Ellis advised that it was a little too early to see any dramatic changes but that there had been a reduction in the overall CCG headcount. There had been a shift towards joined up working as health moved away from the commissioner / provider split.

NWL CCG had worked across the Borough with NHS London and the Department of Health on the vaccination programme. All eight NWL boroughs had worked well together to maximise the supply of vaccine across the whole area more effectively than they would have on their own. The Chairman asked that the Committee be provided with an update on the vaccination programme in six months.

Is was queried how the local needs were being met so as not to be lost amongst the bigger plan now that the eight NWL CCGs had merged. Mr Ellis noted that there were differences between the boroughs which meant that one size did not fit all. The Public Health Strategy and Health and Wellbeing Strategy had identified what was needed locally and Mr Ellis was committed to getting more for local residents whilst addressing local comments and demand. It was noted that the Committee would like an update on the development of the NWL CCG and impact that this had had on local priorities in the next 3-6 months.

It was queried whether or not commissioning tended to involve the same two of three providers or whether competitive tendering attracted a broader range of providers. It was also queried whether the size of contracts was likely to increase in the future which would further reduce the number of tenders received. Members were advised that there were benefits associated with scale which would lead to benefits at a NWL level, for example, digital systems to support GPs. Developments such as this would need to be undertaken via a larger contract and would likely attract larger organisations to the

tender process. Furthermore, as the money was increasingly likely to be directed through publicly funded organisations such as hospitals, it was anticipated that there would be less requirement to procure competitively in the future.

Central and North West London NHS Foundation Trust (CNWL)
Ms Vanessa Odlin, Director of Hillingdon and Mental Health at CNWL, advised that her slides provided a high level snapshot of the work undertaken by CNWL. Work had been undertaken in relation to the transformation of community services which had included work on discharge out of hospital, the provision of additional stepped down Covid beds at intermediate care and older adult mental health units. Capacity was also being developed to enable a two-hour urgent care response time for End of Life visits. CNWL had played a big part in the vaccination programme and Ms Odlin thanked the team that had worked on this.

Transformation had also been undertaken in children's community services by working together more closely to provide a greater integration of services. A cross system transformation programme had been agreed as part of the Hillingdon Health and Care Partners (HHCP) Children and Young People Transformation Programme. This work would focus on: early intervention and support; Public Health service transformation; system integration and alignment; and urgent and emergency care / discharge step-down.

With regard to Hillingdon mental health transformation, there had been a focus on integration and what this would look like in practice. It was noted that support with discharge out of hospital had also been put in place and CNWL had been working with the Council on mental health reablement for the next year. Urgent care pathways had been put in place to ensure that beds were available when needed and the average length of stay had reduced to 30 days (from 50-60 days in the previous year) as a result of working more closely with partners such as the Council and CCG. A new community access service had also been set up to help patients settle back into the community. Over the next 12 months, CNWL would be focusing on older adults to increase community provision and work more closely with GP practices and the voluntary sector and improve bed management.

Ms Odlin advised that there had been a huge surge in the number of young people experiencing mental ill health. Although there had been two breaches of the Referral to Treatment times for CAMHS in the last four months, it was noted that this had been an improvement on the baseline mean. There had been an increase in referral rates during autumn 2020 and in March 2021 when children had returned to school and Covid had impacted on crisis presentations which had more than doubled in the second half of the year. Staff had worked hard to try to keep on top of this increase in demand and had been moved around within the CAMHS service to try to address this.

The waiting list nationally was more in relation to specialist treatments. Ms Odlin was hopeful that CNWL would be able to employ more staff in the near future to deliver specialist treatments. There had been challenges with regard to the recruitment of Band 5 nurses but not so much with specialist staff. As such, consideration was being given to things like digital solutions to help with recruitment.

Ms Odlin noted that CNWL had not had enough resources to put into CAHMS in Hillingdon. However, additional national funding had recently been secured which would be allocated locally for two new Mental Health Support Teams to provide early intervention and support for children based in schools. As well as providing care and support, it was hoped that this additional resource would be preventative.

It was noted that a Section 75 notice had been implemented about a year ago. Although the relationship had initially been a little tricky, this had improved and an open-door policy was now in place. This had provided a safe space for challenge and to identify and implement resolutions.

Over the last year, staff working patterns had changed and there had been an increase in working from home. Staff were now back in the workplace with a 60/40 home/office working split where face to face appointments were undertaken when needed.

Hillingdon Health and Care Partners (HHCP)

Ms Caroline Morison, Managing Director at HHCP, noted that the Committee had previously received information about integrated care. HHCP was a partnership of health organisations in Hillingdon that had been working together since 2016 to drive change. HHCP was able to pull down organisational barriers and help to tailor the care provided to the individuals. CNWL, GP Confederation, H4All, The Hillingdon Hospitals NHS Foundation Trust (THH) and the Council all worked closely with HHCP with regard to operational delivery and this was governed by an alliance agreement. HHCP did not have direct commissioning powers but brought together organisations which did have commissioning powers.

As HCCP was not an organisation in its own right, Ms Morison was employed by CNWL but accountable to the Hillingdon system and Board members. Ms Morison's role was to problem solve and to get partners to work collaboratively and identify opportunities to do things that the partners would not ordinarily be able to do on their own. It was about the development of the capabilities and functions of the ICP to ensure that it was fit for purpose: a conduit from the system level to what was happening on the ground to make a difference for people in Hillingdon.

HHCP had started by looking at how the partners had worked with residents over the age of 65, e.g., Care Connections Teams (CCTs) which also had links to the hospital. Other work had included the delivery of impressive outcomes with regard to the vaccination programme and proactive care to reduce the number of people going into hospital, particularly from care homes. Work around mental and physical health was being brought together.

Six neighbourhoods had been established at the centre of integration in Hillingdon. Neighbourhood teams had been set up comprising GP practices, Care Connection Teams, primary care mental health teams, adult social care and the third sector as well as secondary care support for paediatrics, end of life care and care for the elderly. HHCP's focus had been on reducing inequalities and improving outcomes and this would be supported through neighbourhood planning and delivery.

HHCP had demonstrated the positive impact of integrated working on patient care and services in Hillingdon. This partnership working had been delivering one of the most successful vaccination programmes in London with more than 94% of those aged 60+ in Hillingdon having been vaccinated. There had also been a reduction of 44 hospital admissions in 2019/20 compared to 2018/19, with a further 126 reduction forecast for 2020/2021.

The NHS Long Term Plan had been published in January 2019 and had set out the vision for Integrated Care Partnerships (ICPs) and Integrated Care Systems (ICSs). This had created more opportunities for collaborative working and resources were being moved around to ensure that they were in the right places to make the most of

this. Place based care and ICPs were thought to be the future and the policy direction had been enshrined in a White Paper which had been working its way through Parliament and was likely to be agreed during the current legislative term.

Ms Morison advised that there was value in keeping some things local as well as having economies of scale that could be realised from decentralisation. She noted that devolved budget responsibility was likely to be introduced locally in the near future.

It was thought that opportunities would lie within the ICP and that this would be aligned with NWL priorities. The local authority was a partner on the ICS Board which set place-based priorities for delivery. The ICP would then locally support the delivery of the programmes.

In response to a query about how many GP practices in the Borough had integrated with private partnerships, Ms Morison advised that the GP Confederation was a social enterprise model. As such, none of the practices had integrated with private providers. Ms Morison stated that, if Councillor Nelson had a specific issue that she would like to discuss, she would be happy to talk to her outside of the meeting.

<u>The London Ambulance Service NHS Trust (LAS)</u>
Mr Boyd Fisher, Assistant Director of Operations – North West at LAS, advised that the LAS had been meeting its statutory targets in Hillingdon for the different call types with response times for the period from 1 April 2020 to 31 March 2021 as follows:

- Category 1 calls – response within 6 minutes (the target was 7 minutes)
- Category 2 calls – response within 17.16 minutes (the target was 18 minutes)
- Category 3 calls – response within 38 minutes (the target was 2 hours)
- Category 4 calls – response within 2 hours 22 minutes (the target was 3 hours)

Other noteworthy performance included:

- "See and treat" whereby 40% of 40,000 Hillingdon patients that had been seen face to face in the last year (16k patients) had not been taken to the emergency department.
- "Job cycle time" in Hillingdon, the average time taken to complete a call, was 84.1 minutes which was the lowest time across the LAS and indicated efficiency.
- "Blue call on scene" was the time taken to get the sickest patients conveyed to the hospital resuscitation room via blue lights and sirens. In Hillingdon, this had averaged at 34.8 minutes which was the lowest in the LAS.
- "Arrival to handover at Hillingdon Hospital" had averaged at 14.79 minutes in the last year which had been within target.

Members were advised that the LAS had two stations in Hillingdon: Hillingdon and Hayes. Standby sites had been located at Ruislip and Heathrow but it was noted that Ruislip would be permanently closed during the summer as the site had been earmarked for development by the landlord. In Hillingdon, there were 135 staff at the peak of operations, 14 ambulances and 4 fast response vehicles to deal with 40,069 calls.

Over the last year, electronic patients care records (EPCR) had been used to digitise patient records. Over 90% of LAS staff were already using EPCR and training was ongoing. Cleric, a computer aided dispatch system, was also being introduced to integrate with other systems and provide a patient orientated experience. London Care Record was also being introduced the enable LAS clinicians to view more comprehensive patient records across the whole of London with information included on the system from other health services including 111 and social care.

Pioneer Services provided alternative response models to ensure that the patient had the most appropriate type of response, post assessment on Cleric. The types of incident that this would be useful for included: end of life care; mental health; maternity, regular fallers and urgent response. Most of these models involved a paramedic working with a specialist such as a midwife or mental health nurse.

Body-worn cameras were being rolled out to all staff in response to the increasing number of assaults on LA staff and the resulting low conviction rate. It was hoped that these cameras would act as a deterrent and that there would be an increase in the number of convictions.

Wellbeing conversations were being offered to all members of staff post-Covid. 2+ hours had been set aside for each clinician if they wanted to speak with their line manager about their welfare. This could lead to individual signposting for appropriate care and follow up but was also an opportunity for them to talk about their experiences of Covid.

The pandemic had accelerated the rate of innovation within the LAS and had untied some governance knots. As such, clinicians could now better understand patient crisis and could provide better signposting.

Mr Fisher advised that life was now starting to return to a new normal and predictions for the demand for LAS services post-Covid were not easy. Work on this was continuing. During the pandemic, Australian paramedics working for the LAS had been unable to return to their home country because of travel restrictions. As these restrictions started to lift, it was likely that a number of these staff would return to Australia. To compensate for this, the LAS had been looking to overstaff in response to what was anticipated would happen.

It was noted that there would be far more opportunities for primary care paramedics. These paramedics were now widely sought outside of the ambulance service.

It was unclear whether or not there would be a third wave of Covid. During previous waves, good relations had been developed with the London Fire Brigade (LFB) who had driven ambulances alongside paramedics. This process had taken a long time to set up so a regular supply of LFB drivers was being organised so that it could be scaled up quickly if needed in the future.

<u>Healthwatch Hillingdon (HH)</u>
Mr Dan West, Managing Director at HH, advised that HH had partnered with NWL to undertake a survey with residents on the Covid-19 vaccine between November 2020 and late February/early March 2021. A report of the findings for Hillingdon would be published in due course. Mr West advised that the survey findings had been shared on a weekly basis with NWL.

Of the 5,600 respondents across NWL, about 1k had been Hillingdon residents. Issues raised were generally in relation to BAME, age (young) and geography. HH had run a focus group in partnership with REAP, the CCG and the BAME community to better identify and understand the issues being raised. The dissemination of information had been raised as an issue so HH was looking to undertake more focus groups and surveys.

Mr West advised that access to dental services had been a recent hot topic with

	residents being unable to register with an NHS dentist. HH had met with NHS England but this issue had not yet been resolved. There had also been some issues for residents with regard to the shift from face-to-face GP appointments to a triage and virtual appointment process. It was noted that the recruitment process had been completed to replace HH's Children and Young People Outreach Officer. The new appointment would need to look at CAMHS and the impact of Covid on young people. Mr West noted that HH had been included in all of the conversations that had been going on across Hillingdon, largely thanks to HHCP and NWL CCG. As such, action on issues that had arisen had been undertaken quickly. **RESOLVED: That:** **1. Mr Ellis provide the Committee with an update on the Covid-19 vaccination programme in six months;** **2. Mr Ellis provide the Committee with an update on the development of the NWL CCG and impact that it had on local priorities in the next 3-6 months; and** **3. the presentations and discussion be noted.**
	The meeting, which commenced at 6.30 pm, closed at 7.58 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.
