Minutes

EXTERNAL SERVICES SELECT COMMITTEE

22 February 2022

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

	Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson **Also Present**: Kevin Byrne, Head of Health and Strategic Partnerships Steve Curry, Chief Executive, Harlington Hospice & Michael Sobell Hospice / H4All Richard Ellis, Joint Lead Borough Director, NWL Clinical Commissioning Group (NWL CCG) Caroline Morison, Managing Director, Hillingdon Health and Care Partners (HHCP) Kirstie Neale, Primary Care Delivery Manager (Uxbridge & West Drayton), North West London CCGs Vanessa Odlin, Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust (THH) **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager)
45.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* There were no apologies for absence.
46.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
47.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
48.	**MINUTES OF THE PREVIOUS MEETING - 27 JANUARY 2022** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 27 January 2022 be agreed as a correct record.**
49.	**HILLINGDON HEALTH AND CARE PARTNERS (HHCP) UPDATE** *(Agenda Item 5)* The Chairman welcomed those present to the meeting and noted that Ms Caroline

Morison, Managing Director at Hillingdon Health and Care Partners (HHCP), and Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, had joined the meeting virtually.

Ms Morison advised that HHCP was a partnership of organisations that worked across the health and care system in Hillingdon. It comprised a range of organisations (including The Hillingdon Hospitals NHS Foundation Trust (THH), Hillingdon GP Confederation, Central and North West London NHS Foundation Trust (CNWL) and H4 All) who had been working together for approximately two years under an alliance agreement. In addition to these partners, HHCP worked very closely with London Borough of Hillingdon (with regard to work such as Joint Health and Wellbeing, older adults and children and young people) and North West London Clinical Commissioning Group (NWL CCG).

HHCP had developed three strategic aims which had stemmed from the Joint Health and Wellbeing Strategy: improving outcomes for Hillingdon residents; delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans; and delivery of the NWL Integrated Care System (ICS) priorities through local models.

Dr Prasad noted that work had been undertaken over the last five years or so to develop more person-centred care. Six Neighbourhood Teams had been set up which each comprised a group of GP practices that covered approximately 35k-80k patients. In addition, the Care Connection Teams worked with GPs to provide community based care to those who had been identified by their GP as needing case management as part of their care (based on their physical, mental or social needs). This work had been joined up with the mental health liaison teams and was helping to provide a model of care without organisational boundaries.

Increasingly, services were being developed with their delivery being joined up across the Borough. This had resulted in integrated discharge which had helped to prevent A&E admissions and streamlined the discharge process with improved capacity in the community. H4All had provided dedicated support to prevent A&E admissions and work had been undertaken with Michael Sobell Hospice and Harlington Hospice in relation to end of life care.

Ms Morison advised that the national health and social care policy was now focussing on integration at ‘place’ level (e.g., Hillingdon borough). This meant stronger partnerships in local places between the NHS, local government and primary care and the development of strategic commissioning with a focus on outcomes.

The direction of travel for integrated care had been set out at a system (NWL) and place level. This would include establishing shared outcomes and priorities at a local level alongside national commitments and effective local leadership with governance in place by spring 2023 with a single individual accountable for shared outcomes working with partners. HHCP had been working with NWL ICS to shape and align to the governance that would be required for spring 2023.

During the pandemic, the work that had already been undertaken to achieve these outcomes had had a positive impact. Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services – Goodall Division at CNWL, advised that this had been illustrated through the delivery of one of the highest vaccination rates in London with teams working together across primary, community and secondary care, alongside the Council and the third sector. There had been a joined up coordination of response to pressures across the system (including in care homes) and a flexible use of teams and

services to effectively support Covid and non-Covid pathways. 'Advice and Guidance' for planned care had also been implemented to free up secondary care capacity to focus on addressing waiting lists and those at greatest need.

Ms Odlin noted that population data and engagement work undertaken across health and social care had started to build on partners' joint understanding of communities to develop the offer to residents. Supportive and effective relationships were being strengthened across all partners with shared outcomes and joint ownership but each of the partners retained its sovereign identity.

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that the local authority was seen as integral in taking health and social care forward in Hillingdon. Just before Christmas 2021, the new Joint Health and Wellbeing Strategy (JWHS) had been published, providing a strategy for Hillingdon. The JHWS reported to the Hillingdon Health and Wellbeing Board (HWB) which had been developed into a partnership board rather than a Council committee and had been working well. Ms Morison co-chaired the HWB along with Councillor Jane Palmer. The Board received a single performance report based on the plan which brought everything together.

Mr Steve Curry, Chief Executive of Harlington Hospice and Michael Sobell Hospice, advised that the partners had been developing a roadmap for HHCP that aligned with national policy and delivered new, integrated models of care for Hillingdon residents. This work had looked at pathways that split across providers which had led to gaps and/or duplication and where patients' needs had not been met. There had been a shift to a more integrated population focus. Instead of teams working around existing structures and processes to try to join care up, individuals were now being put at the centre of their health and wellbeing, with proactive plans in place and services structured around residents and their needs.

These transformation plans had been built into the new hospital business case assumptions. Mr Jason Seez, Deputy Chief Executive / Director of Strategy / Senior Responsible Officer for the Hospital Redevelopment Programme at THH, advised that all of the partners had been working together (rather than in isolation) to shape services around the patient, which would be key to transformation at place level. He noted that the grounding for all of the hospital development work had been at a place level and that the new hospital needed to be able to house the new system of care that was being developed.

Emergency care activity at Hillingdon Hospital had continued to increase. As this exponential increase was not sustainable, partners had come together to provide a more joined up approach with regard to things like end of life care, children and young people's services and mental health services.

Ms Morison advised that the next steps would focus on population health and engagement, establishing priority areas from the refreshed joint strategic needs analysis. The models of care and integrated neighbourhood operating model would be developed and the mapping and delivery of transformation schemes against the JHWS and new hospital activity would continue. Further work would also be needed to build on the joint approach to enabling workstreams such as workforce, digital and estates.

It was noted that alignment was a positive step that would help to reduce the complexity faced by residents when dealing with the NHS. Members queried the significance to residents of putting place at the centre of health and social care. Consideration needed to be given to why services were used rather than which

services were used and then look at coordinating the care provided to wrap around the patient. This would be helped by Community Champions and the Community Connector model in Hillingdon.

It was important to understand the needs of patients (population health). Feedback was needed to ensure that providers were aware of any gaps in the care being provided and clear signposting would be important. It was recognised there were was not one thing that put people at the centre of care which meant that this needed to be continuously reviewed to proactively plan for the needs of residents.

Mr Curry noted that historic data currently being used was from a system level (NWL) so consideration needed to be given to the shift to place. Although the health and wellbeing alliance was in place with voluntary and community membership, barriers to technology still needed to be broken down. Patients needed to be seen as a whole person rather than one of numerous disconnected conditions dealt with in isolation and consideration was needed as to how the system was preventing residents from getting well so that this could be addressed.

From a patient perspective, Dr Prasad noted that residents needed to be empowered and included as part of the team that made decisions about their care. Their needs were not always health related (they could be social care or mental health related) and patients should not have to retell their story over and over. It would be useful to know about the current patient experience and then find out how this had changed in twelve months and whether or not objectives had been met.

Insofar as data was concerned, Members asked how it could be used to create a better health and social care system in Hillingdon. Ms Morison advised that the Whole System Integrated Care (WSIC) database was used in Hillingdon to join up social care, primary care, community care, mental health and secondary care services. The data was anonymised but was able to help with issues such as disease management (clinicians were able to obtain more detailed information). In addition, HHCP had access to granular public health data which had been used during the pandemic but which did not quite align to the neighbourhood model areas. Effort was being made to try to align with the neighbourhoods to monitor performance at an operational level.

At a place level, HHCP was looking to target interventions towards inequalities and things such as falls, frailty and chest pain. It would be important to look at how emergencies could be prevented and plan this work rather than dealing with crises / emergencies.

Members queried what happened if partners on HHCP were unable to agree on particular issues. Ms Morison advised that decisions were generally driven by the data and that all of the partners had signed up to what good looked like and what outcomes they wanted to achieve rather than activities. The framework was in place to support the work as well as the outcomes based JHWS action plan. Difficult conversations had been undertaken but the partners had come together and built a stronger relationship as a result.

Mr Seez noted that the NHS had had patient choice for the last twenty years and payment by results. Now the legislation was all about collaboration which had been baked into the new regulations. The key issue was in relation to how the finances worked at a place level. He believed that there was a maturity in Hillingdon which would be needed to make the money work by joining up on things like workforce.

	Ms Odlin advised that stronger partnerships were forged through being able to have difficult conversations in practice. This partnership working was already in place across the organisations in Hillingdon. There was a strong governance structure in place which also helped to determine specifics if needed. Members welcomed the greater integration and partnership working but queried whether this had reduced the multi directional pull on patients with comorbidities being cared for by different teams / Trusts (appointment clashes, etc). Mr Seez advised that this would hopefully improve with the use of technology moving forward. NHS transformation needed all of a patient's information in one place so it would be important to join up all of the digital systems. Members queried how the use of the neighbourhood model to deliver tailored health and social care to residents would tie in with areas such as Harlington which did not actually have a GP surgery. Many residents were elderly and access to West Drayton or Hayes via public transport was not an easy journey. Ms Morison noted that there had been a national challenge with regard to the availability of GPs and a constrained workforce. Consideration needed to be given to what action could be undertaken by the neighbourhood teams and looking at how partners worked across primary care at scale. Funding would be coming into primary care for Advanced Nurse Practitioners, paramedics, etc, which would then free up GP time to see patients and provide support elsewhere in the Borough. Primary Care Networks (PCNs) provided an opportunity to join up resources across practices. Primary Care Surge also supported additional demand on practices by providing additional resources. Work also needed to continue to help residents to register with GP practices. Dr Prasad advised that primary care had changed. The development of PCNs provided additional resources to help meet the changing needs and demands of residents. This then freed up the GPs to deal with medical complexities. Once a patient had been stabilised, they could be passed to another team for ongoing support. Members asked that the Committee receive an update in about a year to establish whether the HHCP was meeting its objectives. **RESOLVED: That:** **1. the Committee receive a further update on HHCP in approximately 12 months; and** **2. the discussion be noted.**
50.	**PROGRESS WITH GP ONLINE CONSULTATIONS IN HILLINGDON** *(Agenda Item 6)* Mr Richard Ellis, Hillingdon Joint Borough Director at North West London Clinical Commissioning Group (NWL CCG), advised that digital consultations provided an opportunity to reach out to underserved communities. GPs in NWL and Hillingdon had been using online consultations for 3-4 years following investment from the NHS. However, during the pandemic, each practice needed to develop and transform its own procedures and online consultation facility. Time and money had been invested in providing support to patients to help them engage with online consultations. As such, digital contact with healthcare was quite well advanced. Patients were now being asked to provide feedback on their

experience of online consultations, both good and bad.

It was noted that one of the benefits to online consultations was the ability to access their practice at any time of day or night (although there would not necessarily be an immediate response). GP surgeries had been open throughout the pandemic and Hillingdon had been one of the first areas in the country to get patients doing their own tests and transmitting them to the clinic.

Mr Ellis recognised that not everyone liked online consultations and that some patients did not like using the telephone to contact their surgery. NWL CCG had tried to engage with the various patient groups in Hillingdon to solicit feedback in relation to online consultations. Healthwatch Hillingdon had also been closely involved in this engagement work.

It was noted that the online consultation system was currently going through the re-procurement process so might change. Healthcare was being responsive to patient needs and would be able to provide opportunities such as mental health patients being able to have an online consultation quicker than they would if they wanted a face-to-face appointment. This digital offer would enable the workforce to work differently and would need to incorporate the estate.

Members queried whether residents would still be able to see a GP face-to-face if requested. Mr Ellis advised that they would. The move to digital had enabled additional appointments to be created since the pandemic started with 50% of the total now being online and the other 50% being face-to-face.

Mr Ellis noted that 34% of the eConsult contact had been in relation to admin assistance. This would have been in relation to requests for things like letters for passport applications, travel issues or housing.

It was queried whether, in the future, an online GP surgery would be set up that only did online consultations. Mr Ellis advised that there were no specific plans for this facility. In most practices, the day was organised with urgent call backs taking place first thing in the morning and then face-to-face appointments. The urgent call backs could be undertaken by any clinician so therefore could be made by another practice within the same primary care network (PCN). However, it would be important to understand the needs of the population in much more detail to be able to address them more effectively.

Although there seemed to be a larger number of GPs using online consultations, some patients still ended up having to have face-to-face appointments. Mr Ellis advised that NWL CCG received data on this and suggested that this would sometimes be because a patient wanted a repeat prescription but needed to come in for routine checks before this could be reinstated. Although this data could (in principle) be broken down by ward, the data was fairly uniform across the Borough. He advised that he could follow up on specific incidences offline.

Ms Kirstie Neale, Primary Care Delivery Manager (Uxbridge and West Drayton) at NWL CCG, advised that some practices would have a lot of elderly patients so might be more likely to focus on telephone and face-to-face appointments rather than virtual. Members noted that the virtual meeting facility worked really well in some GP practices but that it was still sometimes difficult to get a face-to-face appointment.

Mr Ellis advised that proactive outreach had been undertaken as part of the population

	health management work in the Borough. Although some residents were happy to engage with things like the Covid vaccination programme, there were will some who were not and it was likely that these patients were also not having things like cervical smear tests or childhood immunisations, etc. In terms of the virtual consultation system, Members queried whether there was a facility for the digital triage to be translated into other languages. Mr Ellis advised that this had been raised with software providers as more could be done to mitigate this barrier. He noted that, of the 107 language categories identified in the last Census, Hillingdon residents had representation from all 107. Consideration could be given to graphic translations and conversations were ongoing with Healthwatch but there did not appear to be an obvious solution. The Committee agreed that it would like to receive a further update on this issue at a future meeting. **RESOLVED: That:** **1. a further update in relation to online GP consultation be considered at a future meeting; and** **2. the report and discussion be noted.**
51.	**DEVELOPMENTS IN ADULT PHLEBOTOMY PROVISION IN HILLINGDON** *(Agenda Item 7)* Mr Richard Ellis, Hillingdon Joint Borough Director at North West London Clinical Commissioning Group (NWL CCG), noted that he had previously spoken to the Committee about the transfer of phlebotomy to general practice. This had been very well received by residents who were now able to access phlebotomy closer to home as every practice now had a practice-based phlebotomist. It was noted that there had been shortage of vacutainers (the vials used to hold drawn blood) which had impacted on performance but that this was now getting back on track. As there had been a 60% reduction in demand for the service at Mount Vernon Hospital (MVH) Phlebotomy Clinic since the service became available in general practice, it was proposed that all routine blood tests be undertaken in general practice and that MVH concentrate its phlebotomy activity solely on its own outpatient clinics. It was also proposed that urgent weekday bloods be moved to the community (although the numbers were likely to be small) with back up provided by MVH and Hillingdon Hospital. Members noted that Ms Kirstie Neale, Primary Care Delivery Manager (Uxbridge and West Drayton) at NWL CCG, was currently looking at undertaking consultation with the practices and a detailed engagement plan was being finalised. In July and August 2022, patient feedback would be sought in relation to the benefits and impacts of the service changes. Once analysed, this feedback could inform any necessary changes needed to improve the service. **RESOLVED: That:** **1. the options for urgent blood tests to be taken at practices/PCN level rather than Mount Vernon Hospital be noted;** **2. the separate proposals by Mount Vernon Hospital for use of their phlebotomy outpatient estate be noted; and** **3. the report be noted.**

52.	**POLICE AND MENTAL HEALTH ATTENDANCE AT A&E** *(Agenda Item 8)* The Chairman advised that he had been collecting information from informal meetings with various partners over the last few months about the police and mental health attendance at Hillingdon's Emergency Department. Members agreed that a witness session be held at the meeting scheduled in June 2022. Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services – Goodall Division at CNWL, advised that she had been setting up meetings with partners (including the police) to discuss this matter. She would be happy to attend the meeting in June to provide an update. **RESOLVED: That a witness session in relation to the police and mental health attendance at A&E be held at the Committee's meeting in June 2022.**
53.	**WORK PROGRAMME** *(Agenda Item 9)* Consideration was given to the Committee's Work Programme. **RESOLVED: That the Work Programme be noted.**
	The meeting, which commenced at 6.30 pm, closed at 8.18 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.