

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE



HILLINGDON
LONDON

26 January 2023

Meeting held at Committee Room 5 - Civic Centre

Committee Members Present:

Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Shehryar Ahmad-Wallana (In place of Alan Chapman), Tony Burles, Reeta Chamdal, June Nelson (Opposition Lead) and Barry Nelson-West

Also Present:

Tina Benson, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH)

Rachel Benton, Programme Director - Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust

Andy Goodwin, Interim Financial Planning Manager, London Borough of Hillingdon
Professor Abbas Khakoo, Clinical Lead / Medical Director, The Hillingdon Hospitals NHS Foundation Trust

Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England & Improvement - East of England

Gemma McNamara, Director - Service Finance & Transformation, London Borough of Hillingdon

Kelly O'Neill, Director of Public Health, London Borough of Hillingdon

Niall Smith, Redevelopment Communications and Engagement Manager, The Hillingdon Hospitals NHS Foundation Trust

Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP)

Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust

LBH Officers Present:

Nikki O'Halloran (Democratic Services Manager)

47. APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence had been received from Councillor Alan Chapman (Councillor Shehryar Ahmad-Wallana was present as his substitute).

48. DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (Agenda Item 2)

There were no declarations of interest in matters coming before this meeting.

49. MINUTES OF THE MEETING HELD ON 22 NOVEMBER 2022 (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 22 November 2022 be agreed as a correct record.

50.	<p>MINUTES OF THE MEETING HELD ON 7 DECEMBER 2022 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 7 December 2022 be agreed as a correct record.</p>
51.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That all items of business at this meeting be considered in public.</p>
52.	<p>NWL ORTHOPAEDIC INPATIENT SURGERY REVIEW UPDATE (<i>Agenda Item 6</i>)</p> <p>Ms Tina Benson, Chief Operating Officer at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that North West London Integrated Care System / Integrated Care Board (NWL ICS / ICB) commissioned orthopaedic inpatient surgery in NWL. The ICS / ICB had been working with the four acute Trusts to identify the best way forward that would improve patient outcomes. THH sat on the Acute Care Board so had been involved in the discussions – THH staff had also been able to provide input and would continue to do so.</p> <p>The report was largely an excerpt from the business case and stated that the proposal aimed to tackle the backlog in waiting lists and improve the quality of orthopaedic care as quickly as possible. The backlog mainly comprised those with pain and/or mobility issues (mainly in relation to knees and hips) and who were unlikely to need additional support (ASA level 1 or 2).</p> <p>When looking at site, consideration had been given to the deprivation index and travel times. An extensive consultation had been undertaken, the results of which would be taken to the NWL Joint Health Overview and Scrutiny Committee (JHOSC).</p> <p>Members noted that the concept of a specialist unit where patients could be seen quicker and receive a higher quality of care was supported. However, the Committee had significant concerns about travel times and questioned whether any action was being taken to address the travel time from Hillingdon to the proposed site. The Committee would be unable to support the proposals until the transport issues had been resolved satisfactorily.</p> <p>Ms Benson advised that the proposal was now in the post-consultation phase and that a transport strategy was being worked up. Patient groups across NWL had been engaged in the transport workstream as it would not just be Hillingdon residents that would be facing longer travel times. As part of this process, the practices of other elective orthopaedic centres had been investigated and it had been established that there were times where taxis had been paid for.</p> <p>Members queried how often patients would need to travel to Central Middlesex Hospital (CMH). Ms Benson advised that the proposed clinical model would result in surgery being undertaken at CMH but that post-operative care could be undertaken at the patient's local hospital so there would be an element of choice.</p> <p>RESOLVED: That the update on the review of planned orthopaedic inpatient surgery in North West London be noted.</p>
53.	<p>MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW UPDATE (<i>Agenda Item 7</i>)</p> <p>Ms Jessamy Kinghorn, Head of Partnerships and Engagement at NHS England and</p>

Improvement (NHSE/I) – East of England, advised that non-surgical cancer services were currently provided at Mount Vernon Hospital. An independent clinical review of the service had been undertaken in 2019 followed by significant patient and public engagement which had resulted in identifying the preferred option to relocate to a site next to Watford General Hospital. Alongside this had been the development of proposals to deliver some care closer to home, for example chemotherapy at Hillingdon Hospital and improved radiotherapy in the north of the East of England area.

University College London Hospital (UCLH) had been identified as the new provider of cancer services at Mount Vernon Cancer Centre (MVCC), working with the current provider, and had submitted a proposal for the new hospital site. There continued to be a lot of competition for the eight spaces on the new hospital scheme so consideration had been given to what would happen if MVCC was not included as one of these eight. The options had been revisited and consideration had been given to the 'What ifs'. Although the potential to add capacity elsewhere in the system had been looked at, this was not thought to be a viable solution so a new centre at Watford had remained the best option (which was also supported by everyone). However, Ms Kinghorn continued to work with the national team as well as UCLH to exhaust all possible alternative options.

Although the project just needed the funding to be approved, Members asked whether this would be a straight yes or no. Insofar as inclusion in the new hospital programme was concerned, it was likely to be a straight yes or no. With regard to the capital funding, work had already been undertaken to look at building a smaller cancer centre in the East of England. However, the financial model had been developed and it had identified that there was no benefit over the preferred option so work would continue with the preferred option.

Ms Kinghorn advised that Healthwatch Hillingdon had been involved and had sat on the Programme Board. The increase in radiotherapy at Hammersmith and chemotherapy at Hillingdon would provide residents with a wider choice and £7.5 million had been invested at MVCC to improve the Chemotherapy Suite and the main Outpatients Department. Following feedback from patients, the introduction of Chemotherapy at Home would provide patients with even more choice whilst reducing the number of times that they would have to visit a cancer centre. However, once available, this treatment would not be suitable for everyone but would be particularly helpful to those in areas of high deprivation with a strong reliance on public transport. Members asked that they receive an update on the timescales for bringing this online and that this be added to the Committee's work programme for a future meeting.

Members were advised that each NHS region had its own Clinical Senate which reviewed changes to clinical services and was made up of doctors and nurses. Four new cancer treatments had been approved nationally in recent months. This would result in around 260 additional patients being able to receive treatment at MVCC, equating to an estimated additional 2,577 visits to MVCC to receive treatment and 2,827 outpatient appointments.

Members were advised that patients who were transferred to MVCC continued to be monitored to ensure that the transfer was appropriate and to identify any learning. Census data was being interrogated to review the equalities impact assessment and post-Covid activity predictions had been revisited, indicating that MVCC performance continued to be strong.

	<p>Staff turnover and vacancies continued to be monitored and it was noted that there had been some provision of mutual aid.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Ms Kinghorn liaise with the Democratic Services Manager arrange an update on the timescales for Chemotherapy at Home for a future meeting; and 2. the update on the Mount Vernon Cancer Centre strategic review be noted.
54.	<p>HILLINGDON HOSPITAL REDEVELOPMENT UPDATE (<i>Agenda Item 8</i>)</p> <p>Ms Rachel Benton, Programme Director – Hillingdon Hospital Redevelopment at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that good progress had been made with the three-stage business case process. Stage one had been completed with approval from Ministers in 2021 and the Stage 2 Outline Business Case had been approved by the Trust in October 2022. The team was now working with the Treasury regarding next steps with confirmation anticipated in March 2023 (although this timeline might shift).</p> <p>It was noted that, on 18 January 2023, Hillingdon's Major Applications Planning Committee approved the Trust's planning application for the redevelopment. This would now need to be considered through the Greater London Assembly's Stage 2 planning process. The poor condition of the building meant that there had been a significant maintenance backlog as well as issues with overcrowding and ventilation which all had an impact on staff morale as well as retention and recruitment. The poor layout inside the hospital also led to inefficiencies. Mr Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer for the Hospital Redevelopment Programme at THH, advised that decant and enabling work would continue through 2023/2024.</p> <p>Ms Benton noted that there had been significant underinvestment in Hillingdon Hospital over a number of decades which had driven the need for change. Temporary buildings had been put in place pre-war that were still in use today and only the first half of a two-stage development planned in the 1960s had been completed. Professor Abbas Khakoo, Clinical Lead for the Hillingdon Hospital Development at THH, advised that new departments and services had been added on over time wherever the space had been available, so the patient and staff experience was often a chaotic journey.</p> <p>The new hospital options had all been stress tested with the preferred option being a full new hospital in a single-phase development. The current hospital would remain open and operational during the build. It was anticipated that the new hospital development would be funded predominantly through Government central capital with the remainder being met from money raised from the sale of a small amount of land on the east of the hospital site for development.</p> <p>With regard to the practicalities of the impact of the build on neighbouring properties, Mr Seez advised that lessons had been learnt from other large developments in the area such as the school. The executive summary that had been presented to the Planning Committee had been around 200 pages; the full report had included fine detail such as the need to wash the wheels of lorries as they came off the site.</p> <p>Members were advised that the design of the building had been informed by the clinical model as well as by patients and the public. The result had been an eight-storey</p>

building with lots of access to natural light and related services located close together. The emergency department had been positioned on the ground floor and outpatients on the first floor of the new build (linked to the car park via a bridge) as these areas would have high footfall. Greater access to outdoor spaces had been included in the plans as well as an increase in the number of rooms which would be more flexible. Areas had also been developed to support staff wellbeing.

Professor Khakoo advised that the single rooms for adults and children would have exactly the same footprint but would be decorated accordingly which meant that they could easily be repurposed if needed. This meant that it would be easy to build the room units off site and then assemble them once they arrived on site.

Professor Khakoo reiterated the importance of natural light, particularly for areas such as the chemotherapy space. Children and parents had already been involved in the design of waiting areas and would continue to be involved as the project moved into the 1:50 stage.

The new hospital design would see the Emergency Department located near to specialist services, a new midwife-led maternity unit next to the labour ward and an increase in the number of scanners (increasing from one to three MRI scanners and from two to five CT scanners). There would also be a doubling of the number of critical care beds (to 20), which would help to care for the increasingly ageing population and digital technology would be used to help with things like wayfinding. A mobility hub would also be put in place to provide transport options.

Professor Khakoo thanked Members for the help that they had offered in suggesting community groups for the Trust to contact as part of the engagement process. A number of engagement events had been undertaken with community groups, the public and staff and leaflets had been distributed and feedback had been sought to changes in the design. This engagement would continue as the development plans progressed.

Members queried how the new development would support the continued integration of health and social care. Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that he worked on behalf of NHS and voluntary sector partners and had been involved in the development of a comprehensive Out of Hospital Strategy. The key would be to ensure that measures were put in place to prevent admission in the first place and the good work already undertaken in Hillingdon had resulted in the Borough having the lowest admission rate for over 65s and the lowest number of admissions from care homes.

Mr Seez noted that, in Autumn 2019, the Health Infrastructure Plan had named 40 hospitals for redevelopment which were then split into four cohorts. Hillingdon had been included in cohort 3 with seven other hospitals which were known as the pathfinders. Ms Benton noted that not all of the eight pathfinders had developed their Outline Business Case and that Hillingdon's had been the most recently approved.

Hillingdon had continued to work with NHS England to highlight the strength of Hillingdon's case and the strength at place level and as part of the wider integrated system. NHS London had been supporting strong bids from Whips Cross, Epsom St Hellier and Hillingdon with Hillingdon positioning itself as a Trust that was embracing new ways of working that would be a showpiece for what the NHS could do.

Ms Benton noted that the new build would improve the Trust's financial position,

	<p>supported by cash releasing benefits of £11.5m per annum through increased productivity, which would support in moving to an economically sustainable hospital. With regard to capital funding, the New Hospitals Programme was taking it through the National Projects Review Group with Treasury input to establish what the total capital allocation will be to then determine Hillingdon's share of that.</p> <p>Insofar as the future of Mount Vernon Hospital was concerned, Mr Seez noted that a range of services were being provided from the site which were likely to get busier over time, with a number of corporate services relocating to the site. In addition to the £7.5m that had been invested in the Mount Vernon Cancer Centre, other providers had made significant capital investment on the site over the last few years.</p> <p>RESOLVED: That the update on the Hillingdon Hospital redevelopment project be noted.</p>
55.	<p>CABINET'S BUDGET PROPOSALS FOR 2023/2024 (<i>Agenda Item 9</i>)</p> <p>Mr Andy Goodwin, the Council's Interim Financial Planning Manager, advised that, at the Health and Social Care Select Committee on 12 October 2022, he had presented the emerging challenges with regard to the Council's budget. On 15 December 2022, Cabinet had requested the comments of individual Select Committees on the draft budget proposals relating to their areas of responsibility.</p> <p>The Committee was advised that the budget had been affected by a challenging economic environment, both in terms of exceptional inflationary pressures and legacy Covid impacts as well as the impact of the cost of living crisis and the impact on residents' financial situation. Exceptional inflationary requirements for social care placements of around 8% had been partially mitigated by an underspend in the Health and Social Care portfolio, with an increase in income attributed to contributions from the CCG and the associated client contributions. The pay award would also have an impact on the services within the remit of the Committee.</p> <p>In February 2022, it had been anticipated that the Council would need to make £10m of savings in 2023/2024 but this had subsequently doubled to £20m, £2.4m of which would need to be found from services that fell within the Health and Social Care Select Committee's remit. The Council was looking to spend about £115.5m on services in 2023/2024 which was an increase of around 2½% on 2022/2023. The capital budget for 2023/2024 had been set at £14.5m.</p> <p>In terms of delivering savings, Members queried whether there had been any material change to the national funding position, whether there had been a reduction in demand or if there had been different ways of working employed. Mr Goodwin advised that there had been a provisional settlement figure in December 2022 which had showed a slight increase but that this would not have a material impact. Ms Gemma McNamara, the Council's Director – Service Finance and Transformation, advised that savings had been identified predominantly from mitigating actions in relation to the Covid legacy. She noted that savings were not about cutting services but were about using reablement to help residents to stay at home (which was a less expensive option).</p> <p>Members noted that voluntary sector grants would be moving to a commissioning basis and questioned whether action was being taken to ensure that these organisations were being helped to find other support. Ms McNamara stated that the key criteria of the voluntary sector grant review was to ensure that the work undertaken met key</p>

Council objectives. The move to a commissioning model provided benefits such as the certainty of a contract period rather than an annual review. There had been a general fund reduction and consideration was being given to where Public Health grants could be utilised.

Concern was expressed that the change from voluntary sector grants to a commissioning model would mean that smaller local service providers would not have the knowledge or resources to be able to compete with bigger organisations when submitting bids / tenders. Ms McNamara advised that it would be important to work with the local voluntary sector and assured Members that there would be a quota of contracts that would be let to smaller businesses.

With a general increase of 30% of fees and charges, Members questioned whether this would provide an adequate income. Mr Goodwin advised that the Council had taken a holistic view of its position and had looked at the Council Tax forecast. Although there were very few fees and charges in health and social care, service expenditure and fees and charges had been reviewed to identify how to bridge the gap.

It was suggested that a 30% increase in fees and charges would potentially cause some residents a lot of harm when they were already struggling financially. Members noted that blue badges would be increasing from £2 to £10 (an increase of 400%). Mr Goodwin advised that the blue badges fell within the remit of the Finance and Corporate Services Select Committee. Ms McNamara advised that Hillingdon had been charging significantly less for services than its neighbouring authorities and that not all services would be increasing by 30%. These increases would mean that Hillingdon Council Tax payers would no longer be subsidising services that they didn't use as they were more geared towards cost recovery.

Of the £13,346k savings within the 2022/2023 budget, 92% had been banked or were on track for delivery in full, with potential risks on 7% (£986k) relating to the leisure centre management fee, reflecting the particular impact of the pandemic on this sector and the ongoing challenges that faced the service. Ms McNamara advised that the Council had been in negotiations with the supplier so was now in a more stable place to deliver savings.

It was agreed that the Committee's comments on the 2023/2024 budget could include the following points:

- The Committee recognised the financial environment as well as the importance that health and social care had to large parts of the community;
- The Committee thanked officers for their work on the budget;
- The Committee thanked those staff who provided health and social care services for their good work;
- The Committee was keen that the Council monitored performance, impact of spending and lessons learnt (internally and with external partners), evidencing how this was done, especially over an area such as health and social care where there was such a big spend. The Committee would like a performance update report in six months;
- The Committee would like assurance that any new commissioning arrangements ensured that smaller local organisations were not being disadvantaged by the new regime;
- The Committee had received assurances about service continuity and improved ways of working; and
- The Committee would like the Council to continue to work proactively with the

	<p>voluntary sector in relation to the changed arrangements.</p> <p>The Committee agreed to delegate the drafting and submission of the Committee's budget comments to the Democratic Services Manager in conjunction with the Chairman and in consultation with Councillor Nelson.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the formation and submission of the Committee's budget comments be delegated to the Democratic Services Manager in conjunction with the Chairman, and in consultation with the Opposition Lead; and 2. the budget report received by the Committee in September 2023 include information about performance monitoring, impact of spending and lessons learnt (internally and with external partners), evidencing how this had been done.
56.	<p>PUBLIC HEALTH UPDATE (<i>Agenda Item 10</i>)</p> <p>Ms Kelly O'Neill, the Council's Interim Director of Public Health, advised that the public health function had moved to local authorities in 2013 as councils were deemed to be best placed to contribute to public health and wellbeing, with access to things like green spaces. To ensure that the team was as effective as possible, it was important that it was made up of people from a wide range of backgrounds rather than all from the health service. Ms O'Neill was currently building her team and recruiting people who understood public need, moving away from pure academics.</p> <p>Communities needed to be engaged to glean their insight and simple information was needed that informed decision making. This model had been introduced and public health was now working with the wider Council in a broader way, trying to develop more effective ways of working with the local authority, NHS and public.</p> <p>Ms O'Neill's role was to optimise any decisions to think about:</p> <ol style="list-style-type: none"> 1. Health improvement 2. Healthcare public health 3. Health protection <p>Although public health had previously been seen as a department that scrutinised data, it now held more of an enabling role in the wider determinants of health. With funding of around £18.5m in 2022/2023, the team had worked with the public to improve lifestyles and target inequalities.</p> <p>Ms Shikha Sharma, Public Health Consultant at the Council, had given Councillors a presentation at Member Development Day on 23 January 2023 and had mentioned about the inclusion of public health in all Council policies. Ms O'Neill advised that the Council tackled inequalities all the time so consideration was being given to ensuring that every decision made by the Council had a positive impact on health.</p> <p>Consideration needed to be given to promoting a better way of living by thinking about things like locations, etc (e.g., were things being placed within walking distance to reduce car use). To this end, thought was being given to the inclusion of a section in all reports to identify the health impacts of any recommendations. Members were supportive of this idea.</p> <p>Ms O'Neill stated that, for too long, public health had been a noun and that action was now being taken to make it everyone's responsibility. It was important that everyone</p>

had an understanding of the relative benefits and disadvantages when writing reports.

The public health grant was allocated by the Office of Health Improvement and Disparities (part of the Department of Health and Social Care) and payment was based on size and need. The funding settlement for 2023/2024 was expected to be announced around February / March 2023 and would have to be used to provide a number of prescribed functions, e.g., 0-19 Healthy Child Service, as well as discretionary services.

Each year, local authorities had to submit a return on how the public health grant had been spent, with a signed assurance that it had been spent appropriately. Ms O'Neil noted that there would be capacity and flexibility to work with Council services to make investments to provide improved public health outcomes on local issues. This work would need to set deliverables and outcomes to provide the best possible return on investment.

Members were advised that the report set out the eight integrated public health grant funded contracts and one aligned contract funded by the Council and NHS commissioners. In July 2022, Cabinet agreed to extend those contracts that were due to end by 18 months. This extension had allowed officers to undertake a comprehensive review of the public health contracts to establish whether or not the contract had been delivering what was needed. Consideration was being given to maximising returns as well as looking at where additional resources could be placed and whether current funding levels would deliver the outcomes needed.

Ms O'Neill advised that thought was being given to how Council services could be better aligned with public health priorities to get the best outcomes, e.g., aligning the work of the Anti Social Behaviour and Community Safety teams and drug and alcohol services. It was thought that a one-stop-shop approach would result in better outcomes from engagement with services.

Concern was expressed that the amount of money spent on some of the public health contracts seemed rather low considering the importance of the issue, e.g., less than £6k on the childhood obesity programme and £25k on the lifestyle weight management service for adults. Ms O'Neill noted that this funding was lower than that of neighbouring boroughs but also recognised that mechanisms for reducing childhood obesity could be included in the 0-19 healthy child service which had a budget of just under £5m. Consideration needed to be given to a whole system approach to obesity, using assets in the community to do things differently to get more from the contracts without having to spend more money.

Members recognised the need to try to do things differently to deliver more with less but questioned how it would be determined whether or not these new approaches were working. Although there was a two year lag on the national annually published data, local data was available for services. Ms O'Neill advised that the Council would not always get the exact information that it wanted but was able to gather data in relation to local measures for specific pieces of work.

After the tendering process had been determined, consideration would be given to how residents wanted to access services. Ms O'Neill advised that the needs and perceptions of the public would need to be established and engagement with local communities would need to be undertaken. This had been more difficult with regard to the substance misuse service and the outcomes had been lower than anticipated.

	<p>Action would be taken to establish whether or not services were achieving their desired outcomes. Existing data would need to be used so it would be 18-24 months into the contract before it could be determined whether or not it was achieving the desired outcomes.</p> <p>RESOLVED: That the update on Public Health integrated service contracts be noted.</p>
57.	<p>SCOPING REPORT (<i>Agenda Item 11</i>)</p> <p>It was agreed that it would be really important to include Healthwatch Hillingdon in the review. Members would seek benchmarks on where the process was now compared to before.</p> <p>RESOLVED: That the scoping report be agreed and the review initiated.</p>
58.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Cabinet Forward Plan. It was agreed that the officers be asked to talk about the Carer Support Services being determined by Cabinet on 20 April 2023 when they presented the Carers Strategy Update to the Committee in June 2023. It was noted that the Annual Report of Adult and Child Safeguarding Arrangements would be considered by the Committee at its meeting in October 2023.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
59.	<p>WORK PROGRAMME (<i>Agenda Item 13</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was noted that the first witness sessions for the review would take place on 21 February 2023. The update from the Cabinet Member for Health and Social Care had been moved from the meeting on 26 April 2023 to the meeting on 21 March 2023.</p> <p>It was agreed that the Committee receive an update on the introduction of Chemotherapy at Home in due course.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Democratic Services Manager liaise with Ms Jessamy Kinghorn at NHSE/I to schedule an update on the introduction of Chemotherapy at Home into the Committee's Work Programme; and 2. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.47 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.