



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

John Riley (Chairman)
Ian Edwards (Vice-Chairman)
Tony Burles
Brian Crowe
Phoday Jarjussey (Labour Lead)
Allan Kauffman
John Oswell
Michael White

Date: THURSDAY, 17
SEPTEMBER 2015

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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2015

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Putting our residents first

Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

PART I - MEMBERS, PUBLIC AND PRESS

Chairman's Announcements

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4 Minutes of the previous meeting - 14 July 2015 1 - 10

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10 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

14 July 2015

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Allan Kauffman, June Nelson (In place of John Oswell) and Michael White</p> <p>Also Present: Chris Miles - London Ambulance Service Pauline Cranmer - London Ambulance Service Kim Cox - Central and North West London NHS Foundation Trust Dr Pramod Prabhakaran - Central and North West London NHS Foundation Trust Richard Connett - Royal Brompton and Harefield NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust Bev Hall - The Hillingdon Hospitals NHS Foundation Trust Dr Reva Gudi - Hillingdon Clinical Commissioning Group Dr Eleanor Scott - Hillingdon Local Medical Committee / Londonwide LMC</p> <p>LBH Officers Present: Steve Hajioff (Director of Public Health) and Gary Collier (Better Care Fund Programme Manager) and Nikki O'Halloran</p> <p>Press and public: 1</p>
9.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor John Oswell. Councillor June Nelson was present as his substitute.</p>
10.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
11.	<p>MINUTES OF THE PREVIOUS MEETING - 17 JUNE 2015 (<i>Agenda Item 4</i>)</p> <p>It was noted that the witnesses and officers had been omitted from the minutes. It was also noted that the Working Group undertaking a review of underage alcohol related presentations at A&E would comprise three Conservative Councillors and two Labour Councillors.</p> <p>RESOLVED: That, subject to the above amendments, the minutes of the meeting held on 17 June 2015 be agreed as a correct record.</p>

12. **UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH**
(Agenda Item 5)

The Chairman welcomed those present to the meeting and congratulated Dr Steve Hajjoff on his recent media exposure and his role in the development of NICE guidelines to reduce the number of people who died as a result of late cancer diagnoses.

Central and North West London NHS Foundation Trust (CNWL)

Dr Pramod Prabhakaran, Divisional Medical Director for Hillingdon, stated that the CQC had undertaken an inspection of CNWL in February 2015. The resultant report, which had been included on the agenda, had been discussed at a summit meeting with the CQC on 18 June 2015. This report covered the community and mental health service provision so effectively comprised 14 reports which then determined the overall CQC rating (1 'inadequate', 10 'good', 1 'outstanding' and 2 'requires improvement'). In addition, CNWL had compiled a summary report for each of the boroughs for which it provided services - this had been circulated to Members in hard and soft copy prior to the meeting. Ms Kim Cox, Borough Director, would forward an updated version of this report to Democratic Services for circulation to the Committee.

Members were advised that the inadequate rating included in the CQC report had been in relation to acute wards for adults of working age and Psychiatric Intensive Care Units. It was noted that the general bed occupancy had been 120% but that the staffing levels had not reflected this increased activity. Furthermore, there had been instances where patients had been moved temporarily to older adults units. Dr Prabhakaran advised that action had since been taken to address this issue (for example, beds were now monitored by staff at least twice each day and bed occupancy in Hillingdon had reduced to 100% as a result of active monitoring and a clear escalation process).

It was noted that the bed pressures experienced by CNWL had been in relation to the general adult population. However, as there had been some excess bed capacity on the dementia ward, these beds had been used to alleviate pressure elsewhere, for example, in April and May 2015 there had been 125 occupied bed days in Hillingdon due to foreign nationals coming into the Borough via Heathrow airport. Ms Cox advised that it was important to proactively manage the bed spaces whilst ensuring that alternatives were available by strengthening the community mental health team offering and working closely with the local authority.

With regard to the 'requires improvement' rating for community based mental health services for adults of working age, it was noted that the CQC had looked at the capacity for community care coordination. Although there had been no waiting list by the time the CQC inspection had been undertaken, this had not always been the case. In addition, the ward for older people with mental health problems had been rated as 'requires improvement' due to the layout of the single sex accommodation in relation to the location of facilities and the condition of the walls, carpets, etc. These environmental issues were being addressed (for example, the configuration of the ward was being altered) and were expected to be resolved by the end of the week.

Other issues raised in the CQC report included:

- Nurses attending to patients before removing their own coats - staff had been reminded of the need to remove their coats before starting work;
- Inappropriate bags being used to carry equipment - new bags had since been purchased and distributed to staff;

- Care coordinators not being identified - duty team leaders had since been allocated a small caseload to ensure that care coordinators were identified for all cases; and
- Resourcing and waiting time issues in relation to CAMHS - CNWL had been working closely with Hillingdon Clinical Commissioning Group (HCCG) to implement a waiting list initiative which could be extended into 2016/2017, subject to funding being provided by HCCG. Whilst Members were pleased that this issue was being addressed, concern was expressed about the long term sustainability of these measures if funding was only available until 2016/2017. It was noted that longer term measures would be planned at a North West London level.

Members were advised that 30 actions had already been undertaken following the publication of the CQC report to address the issues highlighted therein. Only a few actions were still outstanding. Dr Prabhakaran stated that the Trust had an ongoing quality assurance process in place and, as such, CNWL had already been aware of some of the issues identified by the CQC and had started to put measures in place to address these.

Concern was expressed that, if the issues for action had already been identified by the Trust prior to the CQC inspection, why had these not previously been resolved. Ms Cox advised that, whilst these issues had been identified, some issues had not been easy to resolve. It was suggested that the Committee look at the possibility of holding a special meeting to discuss this matter further.

With regard to resourcing, it was noted that there was both a staffing and a funding shortage at CNWL. Ms Cox stated that, although funding in Hillingdon was not as good as for Westminster, Kensington and Chelsea or Brent, it was on a par with Harrow (although approximately £4m less). The majority of funding received by CNWL for Hillingdon was from HCCG.

Dr Steve Hajioff, the Council's Director of Public Health, advised that, whilst Harrow was a geographical neighbour, it was not a statistical neighbour and therefore not comparable with Hillingdon. That said, he acknowledged that HCCG's contribution to CNWL was marginally less than its statistical neighbours which was reflective of its historic allocation for mental health.

Dr Reva Gudi, Vice Chairman of HCCG, noted that, approximately 8 months ago, it had been acknowledged that Hillingdon was historically underfunded and that funding had subsequently increased, although it was still approximately 7% adrift from its neighbours. She recognised that funding was less when compared to some of the Borough's neighbours for mental health, but advised that she had not seen the actual report that CNWL referred to, so could not comment on the actual figures and gap. She was happy to return to a future meeting to update the Committee once the report had been received and to provide Members with further information about any impact that the underfunding might have had on patient outcomes. It was agreed that this be considered at the Committee's next meeting on 17 September 2015.

Dr Gudi noted that, with regard to CAMHS, there appeared to be more complex Tier 3 cases in Hillingdon presenting to services. As a result, there was a need for HCCG, CNWL and the Council to work closely to address this demand through the adoption of preventative and early intervention measures. Consideration would also need to be given to the way that services were commissioned and prioritised to identify the greatest current need as well as the greatest future need. Dr Prabhakaran added that

it was a matter of prioritising based on limited resources.

Ms Cox advised that CNWL had no waiting list for hospital mental health beds in Hillingdon, despite having the highest number of referrals into secondary mental health services from GPs, etc, of the five London boroughs covered. In addition, Hillingdon had the shortest waiting times of these London boroughs. Ms Cox noted that she would be happy to return to a future meeting to update Members on the service redesign that was being undertaken in relation to community mental health services for adults.

Dr Steve Hajioff advised that a recent Public Health detailed assessment report had identified that the number of people with mental health issues would grow faster than the overall population in Hillingdon. It was anticipated that the demand would be particularly pronounced in relation to CAMHS, acute mental illness and dementia. As such, these issues would require ongoing investment.

Concern was expressed that the CQC inspection had highlighted variations in standards, practice and environments between services which meant that some patients did not always received services of an acceptable standard. Dr Prabhakaran advised that, although there was a programme in each service which looked at any new guidance that emerged, he would not agree that there was a huge variation between services. He noted that structures and systems were in place but that the organisation had expanded and was in the process of standardising these across the extended Trust. Members queried whether this expansion had resulted in CNWL becoming too big and whether it should be broken up into to more manageable pieces. Ms Cox advised that she would provide Democratic Services with a written update in relation to this issue for circulation to the Committee.

Members were pleased to note that a standardised IT system was being implemented by CNWL but queried why, after 13 years, consideration was only just being given to bringing this together.

With regard to ligature points, Ms Cox noted that CNWL would never be 100% ligature free. Despite risks being assessed, these had not necessarily been transferred into care plans. As such, consideration was being given to how risk could be managed more appropriately. Ms Cox would provide Members with a document in relation to this issue, specific to Hillingdon.

Although Ms Cox believed that CNWL had performed well locally with regard to risk assessments through monthly audits that were linked to care plans, the organisation had identified issues in relation to discharge and handover prior to the CQC inspection. It was noted that internal transfers had not been as smooth as the organisation would have liked and that this had resulted in a service redesign. Daily meetings were now held and any issues of concern were quickly escalated to Ms Cox.

Members were assured that, whilst they were tackling the 'musts' identified in the CQC report, CNWL was also looking to address the 'shoulds'. It was noted that the CQC would re-inspect the Trust at a later date to ensure that action was being taken to address the issues highlighted in the report.

London Ambulance Service NHS Trust (LAS)

Mr Chris Miles, LAS Ambulance Operations Manager, advised that Hillingdon had exceeded the London average in relation to response times to Category A 8 calls so far in the year to date. Furthermore, Hillingdon CCG was the 7th highest CCG in London

for Cat A incidents between April and June 2015 and the 5th busiest in 2014/2015.

Members were advised that Hillingdon had been included in a clock change trial which also revised the Red 1 calls to include incidents such as pregnant women about to give birth. Ms Pauline Cranmer, Assistant Director of Operations - North West Sector for the LAS, noted that all seriously unwell calls had not been affected and that the pilot had enabled an enhanced triage for a small cohort of lower acuity calls. Ms Cranmer stated that the nature of each call varied and that there were hundreds of triage determinants. The pilot had reduced the number of wasted journeys, therefore protecting the most life threatening calls, and had resulted in a 4.1% reduction in demand.

Mr Miles stated that Hillingdon's performance had been good in relation to identifying the most appropriate care pathway for callers which resulted in 21% of calls not being conveyed (against the London average of 15.1%). It was noted that this reduction would have reduced the pressure on primary care.

In terms of performance, Members were advised that service demand was now being managed more effectively by the Clinical Hub, where the priority of calls was adjusted as the call progressed. This had also resulted in a reduction in the multi attendance ratio to make best use of the available resources. Furthermore, as the Metropolitan Police Service (MPS) was one of the LAS's biggest service users, the LAS would now call the MPS back to glean further information about the requirements of the call and the response time needed.

With regard to recruitment, Mr Miles advised that the LAS was aiming to recruit 800 new staff during 2015/2016, some from Australia and New Zealand. Members were advised that these recruits would need to be registered with the Healthcare Professionals Council before they could transfer and then undertake a period of training to bring them up to the London standard (as there were differences in some treatments between the two continents).

Concern was expressed in relation to recent reports of staff leaving the LAS as a result of bullying and harassment. Ms Cranmer stated that there were many more opportunities now available to paramedics in alternative healthcare settings such as GP surgeries, UCCs, etc. This, coupled with the higher cost of living in London, had resulted in a large number of staff leaving the LAS.

Members were aware that the CQC had undertaken an inspection of the LAS during June 2015. It was anticipated that the CQC's report would be available in September/October 2015.

Insofar as complaints were concerned, it was noted that the 63 complaints received in Hillingdon during 2014/2015 accounted for 4.5% of the total number received by the LAS. Of these, the majority (45) had been in relation to delays, with 11 in relation to conduct, 4 about conveyance and 1 each with regard to road handling, clinical treatment and safeguarding. It was recognised that it was important to manage people's expectations as sometimes people's perception of what would happen was not necessarily what actually took place (for example, the patient may be told that they should call their GP the following day).

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Bev Hall, Deputy Director of Patient Experience and Nursing at THH, advised that a number of actions had been taken to ensure that patients were able to express their

worries and concerns. For example, posters were displayed on each ward to identify key members of staff, a booklet had been produced and given to all patients on admission ("Working Together") setting out the escalation process and new bedside information boards had been introduced with key information about each patient (linked to the recommendations in the Francis Report).

Ms Hall explained the Trust's complaints process and advised that consent would need to be sought from the patient if a complaint was made by a friend or relative involving them. All complaints were investigated, even if they were not raised by the patient themselves. It was noted that complaints could be made in writing, by email or over the telephone and were dealt with by the Complaints Team which comprised three members of staff. The Manager of this team had made significant improvements since starting in 2014, with a reduction in the number of complaints reopened from 32 in 2013/2014 to 9 in 2014/2015.

With regard to response timescales, simple complaints could be investigated and a response provided to the complainant within 30 days. However, a target of 60 days had been set for more complex complaints that might involve a number of different agencies. Although responsiveness was important, it was thought equally important to ensure these deadlines were met at the expense of not undertaking a thorough investigation.

Members were advised that there were a number of key subjects raised in the complaints received by THH and that more than one of these issues may be present in a single complaint:

- Clinical care medical staff;
- Communication / information to patients;
- Clinical care nursing staff;
- Appointments (OPD & A&E);
- Attitude (nursing staff);
- Attitude (medical staff); and
- Discharge.

It was noted that a number of improvements had arisen from complaints which included:

- the availability of 50 new coin operated wheelchairs for public use at the hospital;
- the provision of Parkinson's Disease training for multi-disciplinary staff (this training would be repeated in 2015/2016) and the introduction of a Parkinson's Disease visual alert magnet for use in conjunction with the bedside information boards;
- the introduction of a transfer checklist;
- training diabeticare staff to remove plaster casts - Ms Hall would forward information in relation to the number of patients using the diabetes / podiatry service and whether the service tended to be for the more serious cases; and
- the introduction of a new subject code for end of life care and associated sub-subject codes.

Members were advised that, about eight weeks after a complainant had been contacted with the results of THH's investigation, they were sent a user satisfaction survey. Although the majority of responses to this survey indicated that the complainants were happy with the timeframe and helpfulness of staff when raising their complaints, there was still work to be done in relation to building confidence that raising

concerns would not lead to discrimination. Whilst it was recognised that raising confidence would be difficult, key generic information and broad expectations had been included in the Working Together booklet to ensure that patients were well informed.

It was suggested that, rather than reinventing the wheel, solutions to issues that had arisen through complaints be shared with other Trusts. Although each complaint was unique, it was recognised that there may be solutions identified which could be implemented by other Trusts. Ms Hall would establish whether this kind of information sharing was something that was undertaken by THH and forward this to the Committee.

Royal Brompton and Harefield NHS Foundation Trust (RB&H)

Mr Nick Hunt, Director of Service Development at RB&H, advised that, in 2014/2015, the Trust's hospital acute inpatient services had received 54 written complaints, 47 of which had been upheld. Of the 26 complaints received during the same period in relation to hospital acute outpatient services, 21 had been upheld.

It was noted that a large number of the complaints received by the Trust originated from family members of patients. This in itself sometimes proved complicated when the different family members themselves did not necessarily agree with the submission of the complaint.

Additional information in relation to the complaints received by RB&H during quarter 4 of 2014/2015 was circulated to Members. It was acknowledged that complaints about transportation had not been included within the information provided to the Committee as it added very little to the overall picture (generally these complaints were in relation to public transport at Harefield Hospital and car parking at Royal Brompton Hospital). Mr Hunt highlighted a number of issues that had arisen from complaints as set out in the information circulated. The document also gave the result of the investigation and the leaning outcome in each instance.

With regard to the development of the Harefield Hospital site, Members were advised that the planning application for Phase I had been granted. Consideration was now being given to the development of a traffic management plan to mitigate the impact of additional vehicles and reduce the usage of cars by patients and staff - it was anticipated that this project would be completed in the next financial year. Although the planning application for Phase II had been granted, consideration would now need to be given to the associated finances. With regard to Phase III, effort would be made to undertake private fund raising to support this project.

Concern was expressed that, with regard to patient transfer, patient records were not held centrally at a national level to ensure that they were accessible to all health professionals. It was noted that the NHS had spent a significant amount of money to try to achieve a national patient record system but that this project had been unsuccessful.

Hillingdon Clinical Commissioning Group (HCCG)

Dr Reva Gudi noted that the maternity services at Ealing Hospital had closed on 1 July 2015 and, it was anticipated, would result in an increase of approximately 800 births per year at Hillingdon Hospital. In preparation for this transfer, various assurance processes had been undertaken and THH appeared to be well prepared for the additional births. Staff would be transferred under TUPE from Ealing Hospital, active recruitment was underway and the maternity unit had been refurbished at Hillingdon. It was noted that the midwifery offering at Children's Centres in Ealing would continue.

Ms Hall would ask the Head of Midwifery at THH to provide the Democratic Services Manager with further detail about the challenges that this development had posed so that it could be circulated to the Members.

Dr Gudi stated that HCCG now had joint commissioning responsibilities with NHS England and that the organisation had also participated in two North West London Commissioning In Common meetings (Healthwatch had also attended these meetings). In addition, HCCG had held two local meetings and would be developing heat maps of pressure on GPs in the Borough.

Concern was expressed that, despite public engagement being incredibly important, many meetings held by HCCG were not open to the public. Dr Gudi stated that many HCCG meetings had lay member and Healthwatch representation. She concurred that it was important that the public understood how and why HCCG made decisions to maintain transparency and would take these comments back to the Board.

Hillingdon Local Medical Committee (LMC)

Dr Eleanor Scott, Secretary of the Hillingdon LMC and Medical Director of the Londonwide LMC, advised that there had been a number of challenges in the Borough. She noted that there was a GP recruitment crisis where young doctors were not choosing general practice as a career (as it was no longer seen as secure) and older doctors were looking to retire. It was estimated that there was a 25% shortage of GPs in training which was compounded by the number GPs that trained in London and then moved elsewhere.

Given the national move towards transferring patients from hospital to home under the care of their GP, GP lists were increasing along with the number of appointments needed by each patient. In 1995/1996, a GP would have an average of 4 consultations with a patient each year; in 2008/09 this went up to 5.5; in 2012/2013 this was 6.1; and it currently stood at 7 consultations per year. Furthermore, the complexity of issues had increased which had resulted in consultations needing to last longer than they had previously (for example, cancer could be identified over a period, with several consultations being undertaken by the same GP).

Dr Scott noted that GPs were not paid by results and that there had been a reduction in practice income over the last year despite the increasing workload. In addition, practices were often physically unable to expand their premises to accommodate the additional out of hospital work and, where premises were unable to adapt to enable disabled access, they were being shut down by the CQC.

Members were advised that the Government was looking to remove £90m from Personal Medical Services (PMS) over those services provided by General Medical Services (GMS) contracts. It was noted that this would seriously financially disadvantage PMS practices which was likely to result in closure or a reduction in numbers. Dr Scott suggested that the resultant reduction in income and the loss of patient services would be so great that there would be benefit in Healthwatch Hillingdon requesting a clearer picture from NHS England. The Committee agreed that consideration would be given to undertaking a review of the issues raised by Dr Scott.

Dr Scott noted that, with regard to the changes to the maternity services in Hillingdon, Ealing CCG had suggested that GPs take on at least three more antenatal appointments per patient to alleviate the pressure. Whilst GPs would accept taking this additional work on, as antenatal care had come under the auspices of midwives for so

long, GPs had become deskilled and would require additional training.

Members were advised that patients with serious and enduring mental health illness and common complex mental illnesses were now being followed up by GPs. There were huge risks associated with this move (GPs were not trained to take on this patient group and their workloads were already at capacity) which had been reflected in an increase in the insurances that GPs paid.

Dr Scott advised that GPs across Hillingdon were in the process of forming federations of groups of practices (either CICs or companies limited by guarantee). Whilst it was still early days, it was anticipated that the federations would be able to take contracts from the hospital for out of hospital care and would have the skills available to deal with this. However, she noted that there was still a degree of upskilling required.

RESOLVED: That:

1. Ms Kim Cox forward an updated version of the Hillingdon CQC summary report to Democratic Services for circulation to the Committee;
2. the Committee look at the possibility of holding a special meeting to discuss the outcome of the CNWL's CQC inspection;
3. the issue of HCCG underfunding and the impact on CNWL be considered at the Committee's next meeting on 17 September 2015;
4. Ms Cox attend a future meeting to update Members on the CNWL service redesign that was being undertaken in relation to community mental health services for adults;
5. Ms Cox provide Members with further information in relation to ligature points and risk management, specific to Hillingdon.
6. Ms Hall forward information in relation to the number of patients using the diabetes / podiatry service;
7. Ms Hall establish whether information sharing in relation to complaints solutions was something that was undertaken by THH and forward this to the Committee.
8. Ms Hall ask the Head of Midwifery at THH to provide the Democratic Services Manager with further detail about the challenges that the closure of Ealing maternity services had posed so that it could be circulated to the Members;
9. the Committee consider undertaking a review of GP funding and the associated pressures; and
10. the presentations be noted.

13. **UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM THE POLICING AND MENTAL HEALTH REVIEW** (*Agenda Item 6*)

Consideration was given to the update provided by Councillor Corthorne in relation to two of the recommendations that had arisen from the Policing and Mental Health review and agreed by Cabinet at its meeting on 23 April 2015. It was noted that updates in relation to the remaining recommendations from this review (and those from other reviews undertaken by the Committee and agreed by Cabinet during the 2014/2015 municipal year) would be presented to the Committee towards the end of this municipal year.

RESOLVED: That the update be noted.

14.	<p>WORK PROGRAMME 2015/2016 (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme for 2015/2016. It was noted that the following issue would be included for consideration by the Committee during this municipal year:</p> <ul style="list-style-type: none"> • GP finances and the associated pressures - what would GP practices look like in five years? <p>Consideration would be given to whether this would need to be undertaken as a single meeting or major review.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the topics agreed by the Committee be added to the Work Programme; and 2. the report be noted.
	<p>The meeting, which commenced at 6.00 pm, closed at 8.48 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.

Agenda Item 5

EXTERNAL SERVICES SCRUTINY COMMITTEE - UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Healthwatch Hillingdon Annual Report 2014/2015

REASON FOR ITEM

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

Members are able to question the witnesses and make recommendations to address issues arising from discussions at the meeting.

INFORMATION

As representatives from Healthwatch Hillingdon were unable to attend the External Services Scrutiny Committee meeting on 14 July 2015, they have been invited to attend this meeting to present their Annual Report and update the Committee on the work that it is currently undertaking/has planned.

Healthwatch Hillingdon

Healthwatch Hillingdon is a new health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and care services and give them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

From April 2013, Healthwatch Hillingdon replaced the Hillingdon Local Involvement Network (LINK) and became the new local champion for health and social care services. It aims to give residents a stronger voice to influence how these services are provided. Healthwatch Hillingdon is an independent organisation that is able to employ its own staff and volunteers.

Healthwatch aims to listen to what people say and use this information to help shape health and social care services. It will help residents to share their views about local health and social care services and build a picture of where services are doing well and where they can be improved. It will use this information to work for improvements in local services. Healthwatch Hillingdon will also provide residents with information about local health and care services including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Healthwatch Hillingdon has recruited eight Board Members to join the Chairman, Jeff Maslen, on the Board. This Board contains a balance of strong strategic leadership, governance, organisational and financial skills required to lead the new organisation. The Board will be able

to represent the communities which it serves and ensure there is a good understanding of the broad areas of health and social care.

Healthwatch Hillingdon's 2014/2015 Annual Report has been attached as Appendix A.

Witnesses

Representatives from the following organisation have been invited to attend the meeting:

- Healthwatch Hillingdon

Healthwatch Hillingdon

Annual
Report

2014/2015





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Note from the Chair



Welcome to the second Annual Report from Healthwatch Hillingdon. We made real progress in 2014/15. There is no doubt that the people of Hillingdon now have a stronger voice to influence the health and social care services that matter to them.

One of the most pleasing things about the past year is the extent to which we made a difference to the quality of care services in the borough. Thanks to our intervention, healthcare agencies have improved the way they work in the treatment of individual cases, and also more generally by improving standards in some services. Details of some of the changes we have helped to bring about with the help of local feedback are set out in this report, but there is still much to be done. Healthwatch Hillingdon must use its limited resources carefully to achieve maximum impact.

Much of our work is carried out behind the scenes by engaging with local health and social care agencies on issues where improvement is needed. Working in this cooperative, partnership-based way has worked well in most cases. But there were exceptions that demanded a different approach - for example, we publicly highlighted the serious deficiencies in mental health services for children and adolescents. Some of the issues raised for these services called for immediate improvements and concerted action by all relevant partners.

Our achievements this past year have only been possible as a result of the tireless work and effort of our Chief Executive Officer, Graham Hawkes, his staff, our hard working volunteers and helpers and the Members of our Board. I would like to express my appreciation here for all those who have contributed.

Significant challenges lie ahead of us. We need to be even more proactive in seeking out the opinions and experiences of people using care services in the borough, particularly from seldom-heard groups. Young people with mental health and similar problems will certainly continue to be one of our priorities. We will also look at the problems faced by older people living in care homes or receiving care in their own homes.

A big issue for all residents of the borough is the reconfiguration of health services across the whole of North West London. This could have significant implications for patients, in terms of both how and where services can be accessed and their quality and effectiveness. These changes have had a relatively low public profile so far, but we will monitor them closely, gather local views and raise public awareness as appropriate.

The activities of Healthwatch can only be successful if local agencies listen to us and act upon our concerns. This report sets

out some of the successes we have had in this respect, and we aim to build on this in the coming year. Above all else, our job is to give people more opportunity to shape services to meet local needs. The Board, Healthwatch Hillingdon's staff and

volunteers will put this at the heart of everything we do.

Jeff Maslen
Chairman
Healthwatch Hillingdon





Note from Councillor Philip Corthorne, Hillingdon Council



I congratulate Healthwatch Hillingdon for the work it has undertaken on behalf of residents and as set out in this annual report.

Healthwatch has developed into a key partner on the borough's Health and Wellbeing Board and as a critical friend in the development of more integrated health and social care in the borough.

As we move towards further pressure on services and budgets, it will be as important as ever that the "voice of the customer" is heard loud and clear in the changes ahead and as we seek further improvement with our health partners.

I'm also delighted that we were able to secure ongoing support for Healthwatch for 2015/16 and 2016/17 to enable it to continue its good work. My thanks go to the staff, the voluntary Board of Trustees

and the extensive support network and volunteers who have supported Healthwatch to thrive in Hillingdon.

**Cllr Philip Corthorne MCIPD
Cabinet Member for Social Services,
Health and Housing
London Borough of Hillingdon**



HILLINGDON
LONDON



About Healthwatch Hillingdon

Healthwatch Hillingdon is an independent organisation that represents the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We give local people the platform to improve the delivery of their health and social care services. We monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

We are completely separate from the NHS and the local authority, from commissioners and providers of services. Healthwatch Hillingdon is part of the Healthwatch network in England, one of 152 community-focused organisations nationally led by Healthwatch England.

Our vision

Our vision is to become the influential and effective voice of the public. We want to give adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are run in Hillingdon. This vision is founded on the belief that services work best when they are designed around the needs and experiences of the people who use them.

What we do

- We listen to patients, their families and friends and tell health and

social care commissioners and providers about their views and experiences of services.

- We ensure that the voices of everybody in Hillingdon are heard and that no person or community is disadvantaged.
- We review, monitor, challenge, influence and shape how health and social care services are commissioned and provided in Hillingdon.
- We recruit, train and develop the skills of volunteers to help with our work.
- We give local people and communities the opportunity to be involved in the planning, development and delivery of local care services.
- We support and empower people to make informed choices and decisions about their care.
- We help people when they want to raise a concern, or a complaint about a service they or their family and friends have experienced.
- We recommend investigations or special reviews of services to Healthwatch England or directly to the Care Quality Commission.
- For everything we do, our Board, staff and volunteers strive to be fully inclusive and reflect the diversity of the community we serve.



Healthwatch Hillingdon Shop

The generosity of the Pavilions Shopping Centre enables us to run the Healthwatch Hillingdon shop in a busy central location in Uxbridge. The shop provides a fantastic opportunity to engage with local people and promote Healthwatch and the wider voluntary sector. We advertise numerous events in our shop and on our notice boards and offer a full range of information on health and social care issues and services.

This local hub is vital to our work and we look forward to continuing our excellent relationship with the Pavilions in the coming year.



Making our presence felt on the high street - the Healthwatch Hillingdon shop

About Hillingdon

The London Borough of Hillingdon is the westernmost borough in Greater London and is the second largest of the 33 London boroughs. The population is 274,000 according to the 2011 Census. This is expected to rise above 300,000 by 2016.

It is home to a diverse population, representing a vast range of cultures and nationalities - 40% are from Black and Minority Ethnic groups, with 25% who are Asian.

The borough is home to Hillingdon, Mount Vernon and Harefield hospitals, Heathrow Airport, RAF Northolt, and both Brunel and Buckinghamshire New Universities.



Engaging with people who use health and social care services

Overview

2014/15 saw Healthwatch Hillingdon building on its success at engaging with the people of Hillingdon by expanding our activity to learn about residents' experiences of health and social care services. We used diverse methods to raise awareness of our role to encourage as many people as possible to share their views with us. Our strong presence in key public places enabled a broad cross-section of the community to express their views, while tailored outreach activity gave seldom-heard and vulnerable groups the chance to share their experiences.

Raising awareness of our role

We can only get local people to share their views and experiences with us by reaching out into the community, gaining trust and raising our profile. Our staff and volunteers threw themselves at this with a passion in 2014/15. We made contact with thousands of Hillingdon residents through attending community events, workshops and fairs, our presence at the borough's three hospitals and by presenting to the public and community organisations.

Examples of our communications activity include:

- a strong web presence - our site had over 68,000 unique visits over the year, with 20,000 documents downloaded

- guest appearances on Hillingdon Hospital Radio and Hayes FM
- a bus advertising campaign run in partnership with Healthwatch Ealing & Hounslow
- building our social media profile; our Facebook friend numbers rose by over 50% to 350, Twitter followers more than doubled to 725 and our interim report on children's mental health received over 1,000 retweets
- the delivery of 55,000 annual report summaries to residents in the south of the borough by the London Borough of Hillingdon Youth Offending Team
- advertising in the local press, hospital radio magazines and the borough care directory
- distributing 10,000 promotional book marks in partnership with Hillingdon's libraries
- extensive local press coverage of our stories and calls for evidence
- promoting our role through our shop in the Pavilions Shopping Centre in Uxbridge.

Although difficult to quantify, we estimate that our media exposure, attendance at



public events and location within the Pavilions shopping centre in Uxbridge allows us to indirectly engage with more than 100,000 Hillingdon residents.

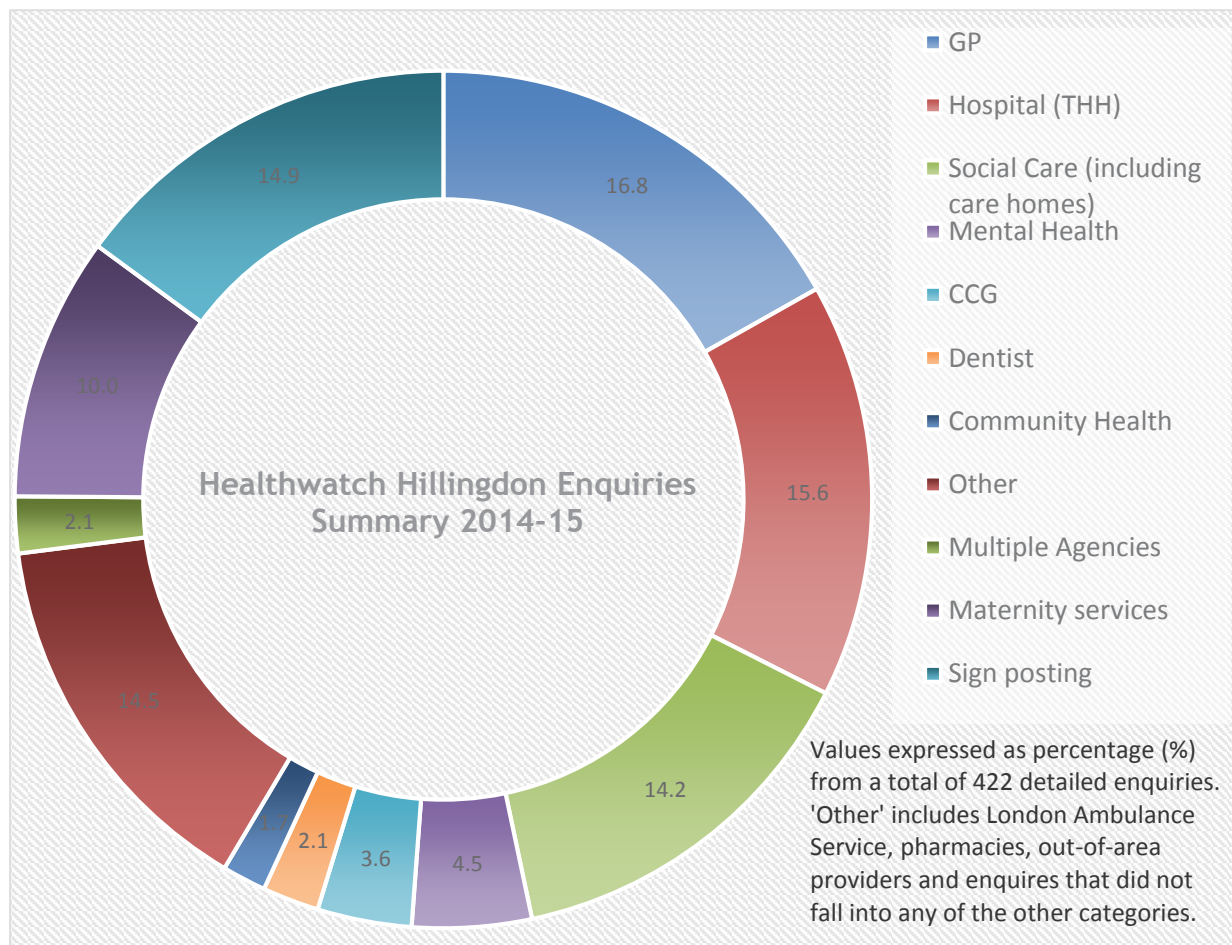
Understanding people's experiences

Healthwatch Hillingdon's staff and volunteers engaged widely across the borough to gather residents' feedback on health and social care. This included targeted work with a number of seldom-heard groups, including young carers, the Gurkha Community, Hillingdon Traveller Forum and the deaf community. The information from this engagement work feeds into our patient experience data, a rich mix of information that helps us monitor service performance and identify where improvements are needed.

During 2015 we:

- actively sought the views of 1,826 people through our outreach activity
- gathered 784 instances of feedback (including complaints, compliments, information requests and patients' views) from all the methods we use to stay in touch with Hillingdon's residents.

Of these 784 enquiries/views, we analysed 422 in detail. The chart below breaks these down by type/subject of enquiry.





Hillingdon hosts three major hospitals and borders on to four counties and three other London boroughs. It is inevitable therefore that we also attract comments from service users, staff and volunteers from outside of the borough. As our contract with the London Borough of Hillingdon stipulates that we support borough residents, we direct these people to their local Healthwatch or NHS Complaints Advocacy provider as appropriate.

Gathering views at Hillingdon's hospitals

Our community outreach programme includes a regular presence in the reception area of all three of the borough's hospitals. All manner of patient experiences are captured at these stalls, and in early 2015 we enhanced this opportunity by introducing comment boards. This enables people to use Post-it Notes to write comments, visible to all, under two headings:

- What I like about the NHS and Social Care Services
- If I could change anything it would be....

Collating these views enabled us to take forward issues with the hospitals. In one case we worked with Mount Vernon Hospital on communication to ease staff concerns about the issue of parking tickets.

The Healthwatch Hillingdon shop

Healthwatch Hillingdon is one of the few local Healthwatch organisations that has a prominent high street presence. Our office and shop is located in the Pavilions shopping centre in Uxbridge near a busy underground tube station. As well as serving as a thriving information hub, it also provides a great opportunity for

visitors to tell us about their experiences of care.



Gathering views at Hillingdon's hospitals

We are keen to share our shop facilities with other organisations. This makes the most of a valuable community resource and helps to strengthen our links with vulnerable/seldom-heard groups and other partners. Organisations that have benefitted from this facility include:

- Hillingdon Action Group for Addiction Management
- Refugees In Effective & Active Partnerships
- EACH Counselling & Support's Pukaar Project for women experiencing domestic violence
- the Hillingdon Clinical Commissioning Group.

Listening to young people

Partnering with the National Citizens Service (NCS) was an excellent way of engaging with young people. Our work with a group of 15-16 year olds culminated



in them volunteering for Healthwatch Hillingdon as part of an NCS 'Challenge Day'. After a morning spent befriending and organising activities at the Young Carers Club in Harlington, our volunteers took to the streets of Hayes to carry out peer-to-peer wellbeing surveys with young people aged 12-24. The 32 completed surveys formed a vital part of our work on children and adolescent mental health.

Listening to people with poor mental health

We identified a number of issues in our investigation of unsafe hospital discharge for mental health patients, conducted via interviews and workshops. The patient experiences we obtained were passed to Central and North West London NHS Foundation Trust, who decided that they warranted an internal investigation.

Anonymised data was also passed to the Care Quality Commission and Healthwatch England as part of a wider Special Enquiry into unsafe discharge. We sent submissions representing the views of 20 individuals to this enquiry, more than most other London-based Healthwatch organisations.

Listening to people over 65

Healthwatch Hillingdon engaged widely with the borough's older generation in 2014/15.

- We worked with local organisations and projects such as the Live at Home Scheme, the Pensioners Alliance, the Older Residents' Forum, Community Voice Health, Residents' Associations and Hillingdon and Mount Vernon Hospitals.
- We arranged/participated in activities such as Older Persons' Assemblies (three events),

dementia cafés, coffee mornings and a wellbeing event for housebound older people.

Healthwatch Hillingdon also worked closely with the Hillingdon branches of Age UK, Alzheimer's Trust and Hillingdon Carers. Work is ongoing with these groups to identify better ways of gathering feedback on people's experiences of care.



Listening to the Gurkha community

Healthwatch Hillingdon was one of a number of organisations invited to participate in a wellbeing event for the elderly among the Nepalese Gurkha community concentrated in the south of the borough. We discovered that some struggled to access GP services because of language difficulties and problems with obtaining interpreters.

We worked with the CRI London Gurkha Settlement Service to produce a bilingual factsheet explaining how to access an interpreter for medical purposes. Gurkha group HGNC distributed two hundred copies throughout this community.

Listening to the deaf community

We acted when feedback from the deaf community alerted us to the refusal by some GP surgeries to arrange for sign language interpreters to attend



appointments. A ‘speed dating’ session at a Disability Forum event, organised jointly with Hillingdon Council, gave us further insight into the difficulties this was causing. We informed the Clinical Commissioning Group of the need to raise awareness among GPs of their obligations, and produced a factsheet for deaf residents to present to their GP practice. Reports of this problem continued to surface for GP and hospital appointments; including a case where a ten-year-old child was asked to act as a translator. The feedback we gathered enabled us to submit evidence on this London-wide issue to the North West London Quality Safety Surveillance Group.

We encountered a similar lack of awareness among other primary local care providers. Problems with NHS England’s commissioning of interpreting services for dentists and opticians were highlighted when we helped an optician to establish the invoicing process for interpreter services after a request for payment had failed.

Enter & View

As an independent consumer champion, Healthwatch Hillingdon has the power to ‘Enter and View’ health and social care services. These visits can be used to identify good practice and areas for improvement by talking to service users, relatives, carers and staff.

We prefer wherever possible to work closely with our statutory partners as a means of gaining a comprehensive overview of care quality. This approach worked well last year, and Healthwatch

Hillingdon did not need to exercise its formal powers of Enter and View in 2014/15.

We will not hesitate however, to use these powers if necessary, or to direct the Care Quality Commission to further investigate any concerns we uncover. Our Decision Making Policy, published on our website, sets out how Healthwatch Hillingdon can use its formal Enter and View powers.

Other approaches to viewing care quality

Healthwatch Hillingdon leads on PLACE assessments (patient-led assessments of the care environment) in the borough. Seven volunteers helped with PLACE assessments at the Hillingdon Hospitals Foundation Trust and the Central North West London Foundation Trust in May 2014. It was a positive experience for our team and a number of improvements were logged for the Trusts’ Improvement Programme action plans.

We also conducted a meal audit at Hillingdon and Mount Vernon Hospitals to assess meal quality. Our comprehensive improvement plan helped the Trust and the Director of Nursing and Patient Engagement take appropriate action.





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch Hillingdon provides information and signposting in diverse ways to reach as many residents as possible. We have excellent links to and knowledge of service providers in the borough, enabling us to empower people to make choices about their care.

Key methods used to provide information and signposting include:

- our shop within the Pavilions shopping centre in Uxbridge
- attendance at community events and fairs
- our stalls in the reception areas of the borough's three hospitals
- our user-friendly website
- prompt replies to email and telephone queries

Although Healthwatch Hillingdon has not been commissioned to provide direct support for individual complaints about health and social care services, we strive to inform people about complaint or feedback processes. This can include referring people directly to the independent NHS Complaints Advocacy service (provided by VoiceAbility), to

DASH (for social care services) or other agencies. In 2014/15 we made:

- 43 direct referrals to VoiceAbility
- 5 referrals to DASH
- 2 referrals to SEAP (NHS Complaints Advocacy service provider for non-London Borough of Hillingdon residents)
- 1 referral to the General Medical Council.



Pointing the way at the Ruislip Fun Day

Our staff and volunteers try to help individuals resolve local issues wherever possible. This approach has worked well; it helps us connect with our local community and allows us to work co-operatively with providers to improve the quality of care. This approach can only work through strong partnership working, and we thank those organisations, such as Hillingdon Hospital and CNWL, that have embraced and supported this approach.



Signposting and support - our impact

Here are just a few examples from the many residents of Hillingdon who have benefitted from our help to find and access local services.

We succeeded in stopping GP surgeries using expensive 0844 phone numbers in 2013/14 in accordance with NHS England guidelines. The last practice in the borough using such a number was brought to our attention by a patient, understandably frustrated at the cost of making appointments on her mobile and the lack of an online booking system. After the surgery repeatedly failed to act on our request to stop using their 0844 number, we escalated the issue to NHS England. The surgery finally agreed to change their number after NHS England's intervention. This has benefitted the practice as well as patients, as fewer people now walk in to make an appointment.

A carer contacted us after her elderly, frail mother was discharged from hospital, twice in quick succession, without an assessment of her care needs. With the family struggling to provide adequate care at home, we contacted the London Borough of Hillingdon Adult Social Services to request a proper assessment. The family subsequently got the help they needed - an outcome they feel was impossible without our intervention.

We supported a family at a Best Interest Meeting to discuss the discharge process for the mother who had been hospitalised for several months following a stroke. Our presence helped the family, social services and the hospital address the

complex set of needs, and the patient was discharged to the appropriate setting with the right package of care in place.

A carer contacted us after struggling to arrange a home visit by a community dentist for her mother with dementia. We discovered that the community dentist contract had been awarded to a private dental provider, and after attempts to contact the new provider failed, the issue was escalated to NHS England. The home visit was subsequently arranged.

A Chinese engineering student at Brunel University was experiencing severe pain from kidney stones. After unacceptable delays while waiting for an operation, alongside months of absence from his studies, he contacted Healthwatch Hillingdon. Our advice and intervention with the hospital helped him get the treatment he needed.

'I hate to think what would have happened if I hadn't met Healthwatch Hillingdon. Maybe I would still be waiting for the operation.'

Mr L, Chinese student

Helping our partners to improve their information services

As well as constantly trying to improve our own signposting and information services, we use evidence from local people to encourage partners across the health and social care network to do the same.

For example - our analysis of enquiries and feedback to Healthwatch Hillingdon



identified an interest in the right to be referred to a hospital of choice. Further investigation revealed the lack of local information on the public's rights and obligations under the NHS Constitution - even though the NHS Hillingdon Clinical Commissioning Group (HCCG) are duty bound to promote awareness of this.

As a result of Healthwatch Hillingdon's recommendations, the HCCG website now provides clear information on this issue. This information is also available on our own website and that of Hillingdon Council. We will continue to press for more action to raise public awareness of the NHS Constitution.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Our mission to become the influential and effective voice of the public will only be realised if our work results in tangible improvements to services.

Each year Healthwatch Hillingdon provides a written response with recommendations to feed into the Quality Accounts for the four NHS Foundation Trusts that operate in the borough. Our role in influencing service quality, however, is a year-round responsibility, not just an annual focus. We hold regular meetings with providers, using patient experience data to challenge service quality and recommend improvements on an ongoing basis.

In this section we provide examples of how we used evidence from local people to influence decisions on health and social care in Hillingdon in 2014/15.

Improving children and adolescent mental health services (CAMHS)

CAMHS was a big focus for Healthwatch Hillingdon in 2014/15, demonstrated by our employment of a Children's Engagement Officer. We worked very closely with Hillingdon Mind to gather evidence from young people. In December 2014 we published '*Listen to me!*' an interim report with far reaching recommendations, and presented it to the Hillingdon Health & Wellbeing Board.



This report has been a catalyst for change. A Children and Young People's Mental Health and Wellbeing multi-stake holder group has been formed to oversee improvements to services. A number of our recommendations were incorporated into the *Joint Social, Emotional Wellbeing and Mental Health Strategy 2015-2018* developed by Hillingdon Clinical Commissioning Group and London Borough of Hillingdon commissioning colleagues. These included:

- conducting children's mental health needs assessments
- more involvement of young people, parents and a wider group of



professionals (including the voluntary sector) in the development of services

- closer collaboration with schools
- a clearer focus on prevention and early intervention
- more universal support services for children and their families.

A second phase of in-depth engagement and evidence gathering has been undertaken during 2014/2015 and the findings from this work will be published in our second CAMHS report (due for publication in July 2015).

Improving domiciliary care

When the London Borough of Hillingdon (LBH) wrote to recipients of domiciliary services to advise them of a change in service provider, we persuaded them of the value of adding Healthwatch Hillingdon's details to the letter. This enabled residents to feed back any concerns about the change and their experiences of care in general - valuable insights that we fed back to LBH. Residents continued to contact us about issues they experienced during the transition. Our recommendations helped LBH and the new providers to tackle teething problems and improve services.

Improving access to NHS Continuing Health Care

Feedback gathered by Healthwatch Hillingdon indicated that many residents were not being told about or getting appropriate access to NHS-funded Continuing Health Care (NHS CHC). Not even NHS Hillingdon Clinical Commissioning Group's (HCCG) own website provided relevant information -

requiring us to request CHC checklist assessments directly on behalf of individuals.

Our recommendations led directly to HCCG making additional funds available to the Hillingdon Hospital to support assessment for NHS CHC prior to patient discharge. Information on access to this service was also placed on the HCCG website. We feel there is still scope for further improvement, including the training of frontline NHS and social care staff on NHS CHC eligibility and assessment processes.



Improving the equality of access to services

Healthwatch Hillingdon has continued to act as a strong independent advocate for the implementation of National Institute of Clinical Excellence (NICE) clinical guidelines as a way of improving service quality and ensuring equality of access to NHS treatments. Our representations on the unfair provision of knee replacement operations led to the eight Clinical Commissioning Groups (CCGs) across North West London agreeing to remove the clinically unjustified weight criteria in 2015/16.



We also pressed the case for changes to the referral criteria for inguinal hernias, identified by the Royal College of Surgeons (RCS) as clinically unjustified and unsafe. Our intervention led to a recommendation by the North West London Policy Development Group (on which we have a non-voting seat) that the referral policy should be changed to reflect the standpoints of the RCS and NICE. This is a major step forward for the safety and quality of care for hernia patients across North West London.

Not all of our efforts to improve the equality of access to care have been rewarded. Women across North West London continue to face a postcode lottery for access to life-changing in vitro fertilisation (IVF) treatment. Our proposals for the staged implementation of NICE guidelines have not been fully explored by the CCGs. We will continue to highlight the injustice of this situation to commissioners, Healthwatch England and NHS England.



Putting local people at the heart of improving services

Healthwatch Hillingdon continued to champion the full and effective involvement of local people in the commissioning, provision and management of services in 2014/15. We used our seat on the NHS Hillingdon CCG's Patient and Public Involvement Committee to push for robust processes for involving local people

in the full commissioning cycle. Examples of local people influencing services with our support in 2014/15 are set out below.

Improving maternity services

The Hillingdon Maternity Services Liaison Committee (MSLC) oversees local maternity services by bringing together midwives, clinicians, commissioners, public health, Children's Centres and local mothers. The Committee's ability to recommend service improvements based on women's experiences is enhanced by having a Healthwatch Hillingdon volunteer, a local mother, as its Chair. We provide the Chair with advice and administrative support to help her play a full and equal role on the Committee. Crucially, the intelligence we gather from new mothers in the area helps to inform the MSLC's work. This input is making a real difference to services. One example is the new perinatal service set up at Hillingdon Hospital - see the impact story on page 24.

Procuring a wheelchair service

As part of the planning for the procurement of a joint wheelchair service, Harrow and Hillingdon Clinical Commissioning Groups held informal workshops to learn about the experiences of wheelchair users. We invited four wheelchair users to attend, along with our Board Member (and wheelchair user), Allen Bergson. These contributors felt their input helped to shape the proposed contract, and a further meeting enabled them to improve the draft contract. The group also has the opportunity to get involved in the procurement process when the specification goes out to tender in 2015.



The mystery shopper

A Hillingdon resident volunteered to act as a ‘mystery shopper’ and keep a diary throughout her pregnancy journey, from antenatal stages to the birth of her child. She provided valuable insights into the maternity services at Hillingdon Hospital, a mix of positives and areas for improvement. Her experience was presented as a patient story at the Hillingdon Hospitals NHS Trust board meeting, and the Trust agreed to act to improve services.

Membership of the Health & Wellbeing Board

Our Chair, himself a volunteer, represents Healthwatch Hillingdon on the Health and Wellbeing Board. He fulfils his role as an influential and valued Board member by drawing on support from Healthwatch Hillingdon which includes:

- briefings, reports and advice
- training and experience sharing opportunities
- national good practice guidance on the role of the Board.

Working with others to improve local services

2014/15 saw Healthwatch Hillingdon continue to build on its strong operational relationships with organisations within the NHS, Local Authority and the voluntary sector. These relationships see us take the role of “critical friend” and valued partner for Hillingdon’s health and social care providers. Our partnership working and stakeholder engagement gives us considerable strategic input into the shaping of services, ensuring that the experiences of patients and the public are not only heard, but are influencing

decisions and improving health and social care in the borough.

We represent residents on a number of multi-stakeholder, provider and commissioner groups in the borough, making the most of these opportunities to use local feedback to inform and influence service change. Initiatives covered by these groups include integrated care, Better Care Fund and Access to London Ambulance Service, GPs, Urgent Care Centre and Accident and Emergency.



Turning complaints into action

Our work with VoiceAbility, the NHS Complaints Advocacy service, alerted us to the potential for using complaints data more effectively to influence care quality. We piloted a series of regular meetings with VoiceAbility to identify mutual concerns based on complaints and our own local intelligence. Joint work is ongoing to turn these insights into recommendations for service improvement, and our



relationship with VoiceAbility is stronger as a result.

“Healthwatch Hillingdon remains one of the CCG’s key strategic partners”

Ceri Jacob, Chief Operating Officer, NHS Hillingdon CCG

Joint co-commissioning of GP services

We feel one important issue should be highlighted that needed more input from local Healthwatch. The development of joint co-commissioning of GP services was one of biggest changes to NHS commissioning processes during 2014. There are widely accepted benefits to this change, but questions remain about the risks. These arise mainly from actual or perceived conflicts of interest arising because local Clinical Commissioning Groups (led by independent GP contractors) will be able to buy NHS services from themselves as independent, private providers.

We believe that NHS England could do more to address this issue. Although the local Healthwatch network had an opportunity to share their views with NHS England, it was disappointing that these discussions occurred near the end of the implementation process. We will continue to monitor and engage with the development of the new commissioning arrangements, and do our utmost to ensure that the needs and views of local people are reflected in any proposed plans.

Working with the Care Quality Commission and Healthwatch England

Healthwatch Hillingdon did not make any formal recommendations to the Care

Quality Commission (CQC) in 2014/15 to undertake special reviews - either via Healthwatch England or directly.

Healthwatch Hillingdon values our growing relationship with the CQC. We have shared the feedback we have gathered with the CQC prior to their inspections of local GP practises, The Hillingdon Hospitals NHS Trust and Central North West London NHS Foundation Trust (CNWL). As well as submitting a large volume of feedback, we also publicised and attended listening events prior to the inspections and took part in Quality Summit meetings when the reports were published (for the NHS Trusts).



We have also passed on intelligence and patient feedback to the CQC on other local health and social care providers in the London Borough of Hillingdon, including identifying potential providers not registered with the CQC. Regular meetings with our local CQC team are also a valuable opportunity to discuss areas of mutual interest. We look forward to strengthening our relationship with the CQC during 2015/16.

We continued to develop our strong relationship with Healthwatch England and regularly shared relevant local information with them, including our contribution to their Unsafe Discharge Special Enquiry. We have a particularly strong relationship with Healthwatch England’s London Development and Policy teams, and value the contributions they make to our work. Our regular attendance at the London Healthwatch Network meetings provides a



valuable opportunity to share intelligence and good practice with others in the London Healthwatch network.

Responses to requests for information

The stakeholder statements in this report are testimony to the strength of our relationships with local commissioners and major providers, and the value they place on us as a trusted ‘critical friend’. This appreciation of our role helped to facilitate satisfactory responses to our information requests. On occasions where the initial response was inadequate, strong working links helped to resolve any issues quickly. We therefore had no cause to resort to the formal Freedom of

Information route. The success of the cooperative approach, however, was no doubt encouraged by making partners aware that we have this tool at our disposal.

Healthwatch Hillingdon has continued to champion full public openness and transparency from all statutory partners as recommended in the Francis Report. This change requires a culture shift in the system, but we are seeing positive signs of this in the NHS. There is still room for improvement and we look forward to working with local health and social care partners to drive this forward.





Impact stories

Case study one

Exposing the need for change when services fail

Angela Kelley was convinced that her mother had been neglected in a Hillingdon nursing home. But her quest to discover the truth would run for three years before she was finally vindicated.

An independent judgement by the Local Government Ombudsman (LGO) and Parliamentary & Health Service Ombudsman finally revealed the failings of the many organisations involved. The findings highlighted the unnecessary delays faced by complainants and the lack of support for individuals when faced with large organisations.



Angela Kelley

Healthwatch Hillingdon supported Angela in the latter stages of her campaign. The case shows the role that local Healthwatch organisations can play in highlighting the lessons to be learned from bad practice. We reported Angela's shocking experience to Healthwatch England. Our work with Healthwatch England saw the story featured in the national and local media. Healthwatch

“As the complainant, the odds are stacked against you. You're up against the professionals.”

England's CEO, Dr Katherine Rake, also used this case as part of evidence submitted to the Public Administration Select Committee to highlight the need for improvements to the complaints system and the impact on families when it fails.

“I wish I had known of Healthwatch Hillingdon when my complaint was ongoing. I am glad they are there now for other people.”

We will continue to work with both the local NHS and social services to ensure that lessons are learnt from the LGO judgement and that complaints about the care people receive meet the key principles set out in Healthwatch England's report *“My expectations for raising concerns and complaints”* (2014).





Case study two

A new perinatal service for Hillingdon

Healthwatch Hillingdon has continued to support the Hillingdon Maternity Services Liaison Committee (MSLC), the group which oversees the quality of maternity services in the borough. Based on the feedback we collected from women using maternity services, we highlighted the lack of a perinatal mental health services for local women.



The future is bright - a new service for mothers and children

We worked with the MSLC to alert commissioners to this service gap. The NHS Hillingdon Clinical Care Commissioning Group (CCG) accepted this need, and agreed to fund an intermediate perinatal service at Hillingdon Hospital. This service went live in December 2014, and we anticipate that this service model will be fully developed on a more permanent basis.

This has been a great achievement for both Healthwatch Hillingdon and NHS Hillingdon CCG. We are among the first regions in London to commission a dedicated perinatal service. The additional support during and following childbirth will be a huge benefit to Hillingdon mothers. We will continue to support the development of this service across North West London so that it meets NICE national guidelines.



Stakeholder statements

Central and North West London NHS Foundation Trust (CNWL)

Maria O'Brien, Divisional Director of Operations

“CNWL continued to build a mature and constructive relationship with Healthwatch Hillingdon in 2014/15. We seek regular feedback from our service users to help shape our services and improve quality. The feedback we receive from Healthwatch Hillingdon is an important component of this.

As a Trust we embrace a model of co-production with our patients and their carers. We look to Healthwatch Hillingdon to help us achieve this, whether this involves informing our Trust-wide quality priorities or helping redesigning services at a local borough level.

There are regular meetings in place between Healthwatch senior officers and the CNWL Borough Director and Divisional Director of Operations. We recognise the valuable contribution of our local Healthwatch as the voice for our service users and as a critical friend to the organisation to drive improvements. We welcome their visits to our sites and value their regular feedback - dialogue between us is open and transparent, enabling early intervention to address any concerns.

Healthwatch Hillingdon has worked with the Trust on a variety of issues. We thank them for their contribution in 2014/15, including informing our model for redesigning our community mental health services and CAMHS commissioning, and their proactive membership of the Hillingdon in-patient PLACE inspection teams.

We look forward to working with Healthwatch Hillingdon in 2015/16 and the continuation of their challenge function that has become such an important part of our drive for continuous improvement.”

NHS Hillingdon Clinical Commissioning Group (CCG)

Ceri Jacob, Chief Operating Officer

“Healthwatch Hillingdon remains one of the CCG’s key strategic partners. They play a full part on many of our committees and our Governing Body, contributing to discussions on priorities within the CCG and key strategic plans. Healthwatch Hillingdon is also a member of our Conflict of Interest





Panel, working with us to manage potential conflicts of interest arising from Primary Care Co-Commissioning robustly and transparently.

In addition to input at a strategic level, Healthwatch Hillingdon provides a valuable link to our local population. Local concerns and compliments are shared with the CCG on an ongoing basis, supporting service redesign and evaluation. In the past year this has included work with children and young people accessing local Child and Adolescent Mental Health services (CAMHS) and meeting with our emerging GP Networks to raise awareness of patient engagement at a network level.

Hillingdon CCG looks forward to continuing this constructive dialogue in the coming year.”



The Hillingdon Hospitals NHS Foundation Trust

Shane Degaris, Chief Executive Officer

“The Trust has continued to work in close partnership with Healthwatch Hillingdon and appreciates the valuable contribution they provide to the organisation. Representatives from Healthwatch Hillingdon have regularly attended focus groups and committees and have attended meetings of the Trust Board, Council of Governors and People in Partnership.

This year the Trust has worked closely with Healthwatch Hillingdon on the consultation for the priorities for the quality report, PLACE inspections and follow up action. Healthwatch Hillingdon and Healthwatch Ealing attend a quarterly quality meeting, to check progress and gain insights into how the Trust is performing against a number of quality indicators. The Trust has benefitted from the involvement of Healthwatch Hillingdon in Executive appointments at the Trust.

The Trust has provided facilities on a regular basis at both Hillingdon and Mount Vernon Hospital to enable Healthwatch Hillingdon to speak to and capture feedback from patients and the public about their experiences.

Healthwatch Hillingdon has direct access to the Chief Executive and meets bi-monthly with the Chief Executive and Director of Nursing to provide feedback from patients and local residents who are in receipt of services provided by the Trust.”





Our plans for 2015/16

Our plans for 2015/16 will reflect Healthwatch Hillingdon's aims and values.

Our aim

Our aim is to become the influential and effective voice of the public. We want to give adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are experienced in Hillingdon.

Our values - we are:

Inclusive - we work for everyone in the community including the seldom heard and those not able to speak up for themselves.

Influential - we listen to residents and set our agenda on what we hear and use innovation and creativity to secure change.

Independent - we are independent and act only on the behalf of consumers, we challenge those in power to improve services and will speak loudly to highlight failures if necessary.

Credible - we rely on and value evidence and objective data so that we can challenge effectively.

Collaborative - we learn from people's experiences and work positively and in partnership with people, the health and social care sector and the voluntary and community sector in order to get things done.

Opportunities and challenges for the future

Healthwatch Hillingdon is currently finalising a two-year work plan which will provide the framework for our priorities up to March 2017. There are a number of work streams that were not fully completed in 2014/15 which form our early priorities for 2015. These include:

- the oversight and challenge of the Shaping a Healthier Future Programme (especially maternity)
- access to GP surgeries
- the Better Care Fund
- The Care Act
- Primary Care Co-commissioning
- the quality and safety of Health & Social Care Services.

We will also gather the views and experiences of Hillingdon residents on:

- home care
- care homes
- maternity
- discharge from hospital.

We have identified a group of new work streams that will start in late 2015 or early 2016. These will include:



-
- accident and emergency
 - ‘Like Minded’ - an initiative to transform adult mental health across North West London
 - Improvement in Children and Adolescent Mental Health Services - one year on
 - primary care services
 - the impact of the Prime Minister’s Challenge Fund to increase access to GP surgeries.





Our governance and decision-making

Our board

- Jeff Maslen, Chairman
- Stephen Otter, Vice Chair
- Allen Bergson
- Richard Eason
- Turkey Mahmoud
- Baj Mathur
- Kay Ollivierre
- Rashmi Varma
- Martin McElreavey (resigned 13th February 2015)
- Edlynn Zakers (resigned 31st March 2015)

How we involve lay people and volunteers

Healthwatch Hillingdon is governed by a Board of Trustees that consists entirely of lay people and volunteers. Selection and recruitment to our Board is through an open and transparent recruitment process. Meetings of our governing Board are held in public and agendas, minutes and reports of our meetings are routinely published on our website and additionally are freely available upon request.

We continue to encourage members of the local community to attend our Board meetings and provide opportunities for them to question the Board or bring our attention to any relevant issues. We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes relevant decisions. This policy is reviewed

annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice and reflect any guidance from Healthwatch England.

“Healthwatch Hillingdon gives me the opportunity to make a real contribution towards the standard of care for members of the community, often at a time when they are at their most vulnerable. Working as a Patient Assessor has been both educational and enjoyable. It is particularly rewarding to know that Healthwatch Hillingdon can use the experiences and concerns of patients and the public to suggest improvements to services.”

Healthwatch Hillingdon volunteer





Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		175,000
Additional income		100
Brought forward from 2013/14		14,441
Total income		189,541

EXPENDITURE		
Office costs		8,392
Staffing costs		133,612
Direct delivery costs		31,068
Total expenditure		173,072
Balance brought forward		16,469



Contact us

Get in touch

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Key staff:

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Dr Tarlochan Grewal (Raj)
Operations Co-ordinator

Nina Earl
Community Engagement Officer

Pat Maher
Administration & Support Officer

Victoria Silver
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Website URL: www.healthwatchhillingdon.org.uk

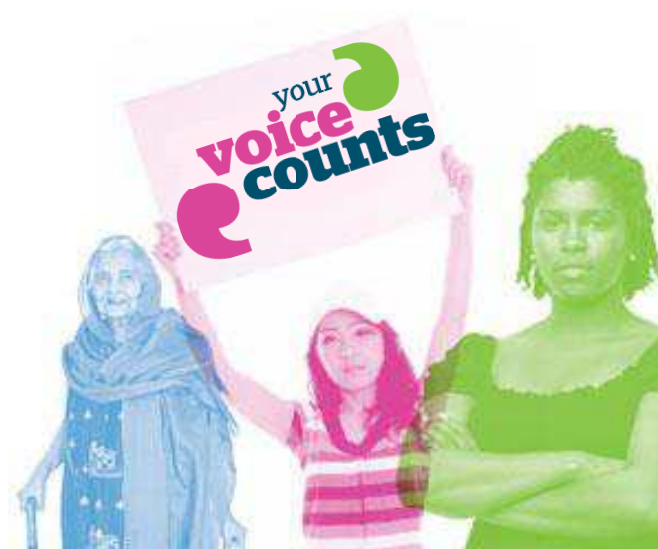
Company Number: 8445068 | Registered Charity Number: 1152553

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Agenda Item 6

SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING

Contact Officer: Teresa McKee
Telephone: 01895 556322

REASON FOR ITEM

Part 1 - To enable the Committee to comment on the Safer Hillingdon Partnership's performance in 2014/15.

Part 2 - To enable the Committee to note on the new objectives within the 2015/16 annual plan and comment on performance to date.

Part 3 - To enable the Committee to note performance data and trends.

OPTIONS AVAILABLE TO THE COMMITTEE

The Committee is asked to note the contents of the report and ask questions of the chief officers of the Safer Hillingdon Partnership in order to clarify matters of concern in the Borough.

SUGGESTED COMMITTEE ACTIVITY

Members to scrutinise the Safer Hillingdon Partnership's performance in quarter 1 April to June 2015.

BACKGROUND PAPERS

NIL.

PART 1 - Safer Hillingdon Partnership Annual Plan 2014/15

The 2014/15 Safer Hillingdon Partnership Plan has now concluded with the following performance:

Safer Hillingdon Partnership Annual Plan 2014/15 End of year report						
OBJECTIVE	PROJECT	TARGET	Q1	Q2	Q3	Q4
Deal effectively with ASB	Deal effectively with ASB reported to the council, police & other agencies	Satisfaction levels of reporters of ASB to the council above 70%.	Survey to be held in Q3.	Survey to be held in Q3.	Satisfaction level in survey was 50%. MISSED TARGET	Survey is annual in September
		ASB cases reported to the council are closed with a successful outcome in 70% of cases.	77% successful outcome ON TARGET	87% successful (Q1+Q2) ON TARGET	88% successful (Q1+Q2+Q3) ON TARGET	87% successful (Q1+Q2+Q3 +Q4) ON TARGET
		Maintain reductions in police ASB reports (2013/14 total = 10,109)	Current rolling 12 mths = 9,541 ON TARGET	Current rolling 12 mths = 8,864 ON TARGET	Current rolling 12 mths = 8,587 ON TARGET	Current rolling 12 mths = 8,330 ON TARGET
		Develop & manage co-ordinated ASB case conferences for complex cases.	Introduction of complex case meetings planned for Q3. ON TARGET	Introduction of complex case meetings planned for Q3. ON TARGET	Planning for introduction of new Community Risk MARAC taken place. First CRMARAC to be held in February 2015. ON TARGET	Two Community Risk MARACs held hearing a total of 10 cases. All cases were subject to multi agency action plans. ON TARGET
		Develop, implement & manage Community Trigger.	Draft process agreed between police and LBH. Training events attended. Discussions with RSLs planned for	Discussions with individual RSLs taken place. Group meeting to take place in Q3. Agreed input of Victim Support to	First Community Trigger case received and dealt with in December 2014. Action plan agreed and implemented.	No further Community Trigger cases received.

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			Q2. ON TARGET	assist residents / reporters. ON TARGET	ON TARGET	ON TARGET
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OBJECTIVE	PROJECT	TARGET	Q1	Q2	Q3	Q4
Reduce offending and victimisation	Deal effectively with criminal justice clients with alcohol misuse problems (LCPF funding)	40% of criminal justice clients to successfully complete alcohol interventions.	45% of criminal justice clients on scheme have completed alcohol intervention. ON TARGET	51% of criminal justice clients on scheme have completed alcohol intervention. ON TARGET	70% of criminal justice clients on scheme have completed alcohol intervention. ON TARGET	69% of criminal justice clients on scheme have completed alcohol intervention. ON TARGET
		Of year 1 cohort who completed alcohol interventions: 45% report reduced alcohol consumption.	100% of criminal justice clients on scheme report reduced alcohol consumption. ON TARGET	90% of criminal justice clients on scheme report reduced alcohol consumption. ON TARGET	91% of criminal justice clients on scheme report reduced alcohol consumption. ON TARGET	88% of criminal justice clients on scheme report reduced alcohol consumption. ON TARGET
		Of year 1 cohort who completed alcohol interventions: 12% will not be arrested & charged with alcohol related crimes.	None of this cohort has been arrested/charged with alcohol related crimes in 6 mths after leaving scheme. (Police data not available - these figures are self reporting). ON TARGET	97% of this cohort has self-reported no arrests/charges for alcohol related crimes. (Police data not available - these figures are self reporting). ON TARGET	90% of this cohort has self-reported no arrests/charges for alcohol related crimes. (Police data not available - these figures are self reporting). ON TARGET	90% of this cohort has self-reported no arrests/charges for alcohol related crimes. (This figure relates to police data.) ON TARGET
	Deal effectively with criminal justice clients with drug misuse problems (LCPF funding)	Minimum 37% of clients receiving a brief intervention after Test on Arrest fully engage with DIP.	78% of clients identified via TToA have fully engaged with DIP. ON TARGET	100% of clients identified via TToA have fully engaged with DIP. ON TARGET	100% of clients identified via TToA have fully engaged with DIP. ON TARGET	100% of clients identified via TToA have fully engaged with DIP. ON TARGET

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		Minimum of 25% of fully engaged clients abstain from crack/heroin within 6mths.	34% of clients engaging with DIP have abstained from crack/heroin within 6mths of engagement. ON TARGET	38% of clients engaging with DIP have abstained from crack/heroin within 6mths of engagement. ON TARGET	40% of clients engaging with DIP have abstained from crack/heroin within 6mths of engagement. ON TARGET	50% of clients engaging with DIP have abstained from crack/heroin within 6mths of engagement. ON TARGET
		Minimum of 12% of fully engaged clients will not have been arrested & charged with drug possession/supply within 6 mths.	None of these cohort have been arrested/charged with drug possession/supply in 6 mths after leaving scheme. (Police data not available - these figures are self reporting). ON TARGET	None of this cohort has self reported being arrested/charged with drug possession/supply in 6 mths after leaving scheme. (Police data not available - these figures are self reporting). ON TARGET	None of this cohort has self reported being arrested/charged with drug possession/supply in 6 mths after leaving scheme. (Police data not available - these figures are self reporting). ON TARGET	93% of clients have not been charged or arrested with target offences. (This figure relates to police data). ON TARGET
	Deliver new effective partnerships to work with Integrated Offender Management cohort.	New Community Rehabilitation Company & NPS to meet at least 4 times per year with local IOM Strategic steering group.	New organisations came into being in June. Meetings held with CRC managers & new single points of contact agreed. ON TARGET	New Strategic Group met in early September. Chaired by CRC. Emergency IOM fund in place. ON TARGET	Strategic Group met in early December. Topics discussed included housing provision for offenders and the new London IOM Framework. ON TARGET	Strategic Group continues to meet. Housing remains a significant issue for the IOM group. Work continues to clarify Red, Amber, Green status of IOM subjects. ON TARGET
		IOM cohort managed effectively & all red/amber cases brought to monthly panel at least once per year.	IOM cohort = 46. Red/amber cases brought to monthly panel for discussion. Suitable housing is a key concern.	IOM cohort = 46. Red/amber cases brought to monthly panel for discussion. Housing remains priority concern as	IOM cohort = 46. Red/amber cases brought to monthly panel for discussion. Planning has started for an IOM workshop in February 2015.	IOM cohort = 46. The IOM workshop was not able to take place in Q4 as no suitable dates could be found. Housing have been invited to attend CRC team

PART I – MEMBERS, PUBLIC AND PRESS

				does information sharing with DWP and health.		meetings to share information about available housing for offenders. Work continues to ensure smooth running of monthly meetings. ON TARGET
			ON TARGET	ON TARGET	ON TARGET	ON TARGET
	Deliver support services to victims of domestic violence	Ensure at least 50 Specialist Domestic Violence Court sessions are held in Uxbridge.	12 SDVC sessions held in Q1. ON TARGET	12 SDVC sessions held in Q2. ON TARGET	12 SDVC sessions held in Q3. ON TARGET Pan London domestic violence project will see the introduction of 3 additional IDVA posts for coming 2 years.	12 SDVC sessions held in Q4. ON TARGET
		Ensure at least 10 Multi Agency Referral and Assessment Conferences are held for priority domestic violence victims.	3 MARACs held in Q1. ON TARGET	3 MARACs held in Q2. ON TARGET	3 MARACs held in Q3. ON TARGET	3 MARACs held in Q4. ON TARGET
	Deliver support services to residents who are hoarders	Ensure at least 10 cross-agency Hoarding Panels are held and effective support plans implemented for vulnerable residents	3 Hoarding/self-neglect panels held. Chaired by LFB. ON TARGET	3 Hoarding/self-neglect panels held. ON TARGET	3 Hoarding/self-neglect panels held. ON TARGET	2 Hoarding/self-neglect panels held. ON TARGET
	Improve training, guidance & information	Review and refresh "Be Safe at Home" e-learning package	Current content being reviewed and updated.	Additional modules have been added to the	Final input to training package to allow it to be accessed through	New e-learning package to be launched in 2015/16.

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	about improving home safety		Meetings held with Learning & Development to ensure external access to training. ON TARGET	"Be Safe" training. Final version to be launched in Q3. ON TARGET	different software has delayed final launch of new e-learning package. SOME SLIPPAGE	SOME SLIPPAGE
	Improve resilience of Year 6 pupils when they transfer to senior school	Support "Junior Citizens" scheme in March 2015. Take active role in planning and delivering project.	Planning for Jnr Citizens 2015 will start in Q2. ON TARGET	Jnr Citizen's group agreeing communication and promotion activities for 2015 scheme. ON TARGET	Jnr Citizen's group planning for 2015 scheme in March 2015. ON TARGET	Jnr Citizens Scheme ran in March 2015 ON TARGET
	Reduce risk factors associated with youth offending (LCPF funding)	Reduce first time entrant's rate in 2014/15 by 4% against the 2013/14 baseline (392). Stretch target of an additional 4%. (Data provided quarterly by YOS. Annual figure confirmed by YJB)	Rate of First Time Entrants is 151. ON TARGET	Rate of First Time Entrants is 269.7. ON TARGET	Rate of First Time Entrants is 358.5. ON TARGET	Rate of First Time Entrants is 439.7. MISSED TARGET
		Reduction in rate (per 100,000 of 10-17 population) of young people receiving their first court conviction in 2014/15 by 4% to 252. Stretch target of an additional 4%	Rate of first court conviction is 77. ON TARGET	Rate of first court conviction is 147. ON TARGET	Rate of first court conviction is 199.5 ON TARGET	Rate of first court conviction is 258.7 MISSED TARGET
	Reduce violent crime	Reduce violent crime by 5% compared to 2013/14	12mths to June 2014 Violence with Injury = 2099. Increase of 36%	12mths to September 2014 Violence with Injury = 2204.	12mths to December 2014 Violence with Injury = 2268. Increase of 34%	12mths to March 2015 Violence with Injury = 2348. Increase of 30% compared to same 12

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			<p>compared to same 12 mth period 2013.</p> <p>MISSING TARGET</p> <p>12mths to June 2014 Most Serious Violence = 115. Decrease of 60% compared to same 12 mth period 2013.</p> <p>ON TARGET</p>	<p>Increase of 37% compared to same 12 mth period 2013.</p> <p>MISSING TARGET</p> <p>12mths to September 2014 Most Serious Violence = 108. Decrease of 57% compared to same 12 mth period 2013.</p> <p>ON TARGET</p>	<p>compared to same 12 mth period 2013.</p> <p>MISSING TARGET</p> <p>12mths to December 2014 Most Serious Violence = 123. Decrease of 45% compared to same 12 mth period 2013.</p> <p>ON TARGET</p>	<p>mth period 2014.</p> <p>MISSING TARGET</p> <p>12mths to March 2015 Most Serious Violence = 137. Decrease of 30% compared to same 12 mth period 2014.</p> <p>ON TARGET</p>
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OBJECTIVE	PROJECT	TARGET	Q1	Q2	Q3	Q4
Reduce crime & disorder in vulnerable locations	Conduct Home Fire Safety Visits (HFSV) in priority postcodes.	Carry out 958 HFSV in Hillingdon (239 per quarter). Of which, 80% carried out in priority postcodes.	Q1 = 543 HFSV ON TARGET 53% in priority postcodes MISSING TARGET	Q2 = 422 HFSV ON TARGET 58% in priority postcodes MISSING TARGET	Q3 = 578 ON TARGET Rolling 12 mth 83% in priority postcodes ON TARGET	Q4 = 654 ON TARGET
	Reduce the number of fires	Reduce number of arson fires to 272 (68 per quarter)	50 arson fires in Q1. ON TARGET	63 arson fires in Q2. ON TARGET	55 arson fires in Q3 ON TARGET	36 arson fires in Q4 ON TARGET
		Reduce number of dwelling fires to 149 (38 per quarter)	31 dwelling fires in Q1. ON TARGET	37 dwelling fires in Q2. ON TARGET	39 dwelling fires in Q3 ON TARGET	40 dwelling fires in Q4 ON TARGET
	Deliver project to reduce raves.	At least 4 meetings of Rave	Rave Reduction meeting held in	Second meeting held and positive	Model of prevention and management of	Unclear if Rave Reduction Steering

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	Reduction steering group each year.	Q1. Vulnerable properties identified and LFB carrying out visits.	feedback from police and LFB about number of planned raves that have been prevented. Work continues to understand the range of tools and powers available to prevent raves taking place.	raves developed in Hillingdon now being used as basis for Met wide policy. Q4 to review operations over festive period.	Group needs to continue	
	Deliver crime reduction projects to vulnerable locations in Hayes town.	Deliver a range of preventative and enforcement action against crime and ASB located in alleyways in Hayes town centre.	Work started to clear alleyway between Coldharbour Lane and East Ave. Discussions with businesses to install lights.	Chrysalis funding agreed for gates in courtyard of Coldharbour Lane/East Ave alleyway. Work to take place in Q3. Private owners of land to rear of Santander agreed to install new fences.	Gates for Coldharbour Lane have been ordered for installation early 2015. New businesses now back onto the alleyway so additional agreements have been reached with these businesses.	Work is underway to improve private service road behind businesses on East Avenue and on Botwell Lane. Taking enforcement action and encouraging businesses to apply for Chrysalis funds.
	Reduce the number of burglaries	Reduce total burglary by 5% compared to 2013/14				12mths to March 2015 Total Burglary = 2,583. 9.2% reduction compared to 2013/14 and 32.8% reduction compared to 2011/12 ON TARGET

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OBJECTIVE	PROJECT	TARGET	Q1	Q2	Q3	Q4
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 53</p> <p>Improve resident confidence</p>	Support work of Safer Neighbourhood Board	Support delivery of at least one community engagement event per year.	SNB plan to hold public event in early Feb 2015. ON TARGET	SNB met with chairs of ward panels to agree update of terms of reference etc for ward panels. ON TARGET	Invitations to Q4 event have been sent out. SNB bidding for funding from MOPAC to support youth theatre project to reduce youth violence. ON TARGET	The SNB public event took place in February and was attended by 90 people. The funding for the youth theatre project was approved for delivery in 2015/16. ON TARGET
	Support residents to work together to reduce crime and disorder.	Joint work with Neighbourhood Watch, Street Champions and ward panels to ensure residents can play an active role in crime reduction & prevention.	Community Safety working with Community Engagement Team to identify how to bring Street Champions and NHWatch together in 4 priority areas. Safer Neighbourhood Board identified Ward Panels as possible project for 2014/15. ON TARGET	Current chair of NHW away due to ill health. Ward Panels have met with SNB and agreed updates to documents. ON TARGET	"Feel Proud" community engagement leaflets have been sent out to priority areas. These include information about NHW. All enquiries about new NHW directed to NHW Steering Group. ON TARGET	Neighbourhood Watch continue to provide support and advice to residents enquiring about setting up new Watches. ON TARGET

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PART 2 - Safer Hillingdon Partnership Annual Plan 2015/16

The Safer Hillingdon Partnership Plan (2015/16) identifies 4 priority areas for action. Within each key priority are a number of objectives. The priorities and objectives are supported by projects that are delivered by the organisations that make up the Safer Hillingdon Partnership. Performance is reported on a quarterly basis to the Safer Hillingdon Partnership Board. The table below shows the information that was presented to the Board to the end of quarter 1 (June 2015).

Objective 1 - Deal effectively with anti-social behaviour		
Project	Target	Q1
Deal effectively with ASB reported to the council (take robust enforcement action)	ASB cases reported to the Council are closed with a successful outcome in 75% of cases. (2014/15 target 70%, 2014/15 achievement 87%)	Q1 81% ON TARGET
	Reduce reports of ASB made to the police by 10% compared to 2014/15 (2014/15 target 10,109 reports, achievement 8,330 reports 2014/15)	Q1 2015 - 2098 Q1 2014 - 2363 Reduction 11.2% ON TARGET
Deal effectively with ASB reported to police and other organisations	Satisfaction levels of reporters of ASB to the council above 70% (2014/15 target 70%, achievement 50% 2014/15))	Satisfaction survey scheduled for Q3

Objective 2 - Identify and work with vulnerable residents to reduce victimisation		
Project	Target	Q1
Deliver effective support and prevention services to victims of domestic violence	Reduce number of repeat victimisation of cases presented to DV MARAC - NEW TARGET	Number of repeat cases for this quarter: April - 2; May - 3; June - 0
	Ensure pan-London IDVA service (MOPAC project) is fully operational and linked into LBH IDVA service	MOPAC have awarded the IDVA service contract to Victim Support. As of July 2015, MOPAC have advised LBH will receive the following: 2 FTE IDVAs (one of which will focus on repeat victimisation) and 0.5 case

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		worker to be base in the Police Station. Additionally, LBH will get 1 FTE IDVA based in MASH and 0.5 caseworker based in Housing. ON TARGET
Reduce victimisation by cybercrime	Police cadets to delivery 100 presentations to older residents about protecting themselves against cybercrime - NEW TARGET	28 presentations delivered ON TARGET
Reduce violence with injury.	Reduce violence with injury by 10% compared to last year (2014/15 target of 1,815, actual reports 2,367 2014/15)	12 mths to June 2014 = 2,104 12 mths to June 2015 = 2,413 Increase of 309 (15%) SOME SLIPPAGE

Objective 3 - Identify and work with vulnerable locations to reduce crime, disorder and ASB		
Project	Target	Q1
Conduct Home Fire Safety Visits (HFSV) in priority postcodes.	Carry out 958 HFSV in Hillingdon. Of which, 80% carried out in priority postcodes. (2,197 HFSV carried out 2014/15, or which 82% in priority postcodes)	Year to date target = 600 Year to date actual = 798 ON TARGET
Reduce the number of dwelling fires and arson fires	Reduce number of arson fires to 267 (2014/15 target of 272, actual reports 204 2014/15)	Year to date target = 67 Year to date actual = 71 SOME SLIPPAGE
	Reduce number of dwelling fires to 148 (2014/15 target of 149, actual reports 147 2014/15)	Year to date target = 37 Year to date actual = 32 ON TARGET
Deliver crime reduction projects to vulnerable locations in Hayes town.	Deliver a range of preventative and enforcement action against crime and ASB located in alleyways in Hayes town centre.	Enforcement action conducted this quarter includes: 46 EPA notices issued for duty of care (waste); waste removal at various sites along Botwell Lane, Coldharbour Lane and Victoria Road followed by issuing of Community Protection Notices; abandoned vehicles removed from Victoria Road and Field End Road, community meeting between business owners,

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		police and council to advise of duty of care standards; a Fixed Penalty Notice issued from breach of street trading.
Reduce the number of burglaries	Reduce total burglary by 5% compared to 2014/15 (2014/15 target of 1,815, actual reports 2,583 2014/15)	12 mths to June 2014 = 2,723 12 mths to June 2015 = 2,495 Decrease of 228 (8%) ON TARGET

Objective 4 - Reduce offending and re-offending		
Project	Target	Q1
Deal effectively with criminal justice clients with drug misuse problems (LCPF funding)	Minimum 37% (in Q1) of clients identified as having a treatment need will fully engage with DIP treatment services. Increase to 60% by Q4.	88% (14 out of 16 clients) ON TARGET
	Minimum 25% (in Q1) of clients will achieve abstinence from heroin and/or crack within six months of having fully engaged with DIP. Increase to 40% by Q4	53% (10 out of 19 clients) ON TARGET
	Of those clients who had a treatment need and fully engaged with DIP treatment services, 15% will not have been arrested and charged with drug possession and/or supply within 6 months from the date of engagement with the DIP service.	This target will be reported on in Q4.
Effectively manage offenders and reduce their re-offending	75% of Offenders successfully complete their Community Order/Suspended Sentence Order - NEW TARGET	85% (N.B. - Performance data is for Hillingdon and Hounslow - Business Intelligence Unit at CRC have been unable to 'cut it' for me for Hillingdon only for the data period we are looking. This could be reported back on in future and might be easier in fact when we move out of current cluster alignments into cohort arrangements) ON TARGET
	65% of Offenders successfully complete their licence/Post Sentence Supervision period without recall/breach - NEW	89% (N.B. - Performance data is for Hillingdon and

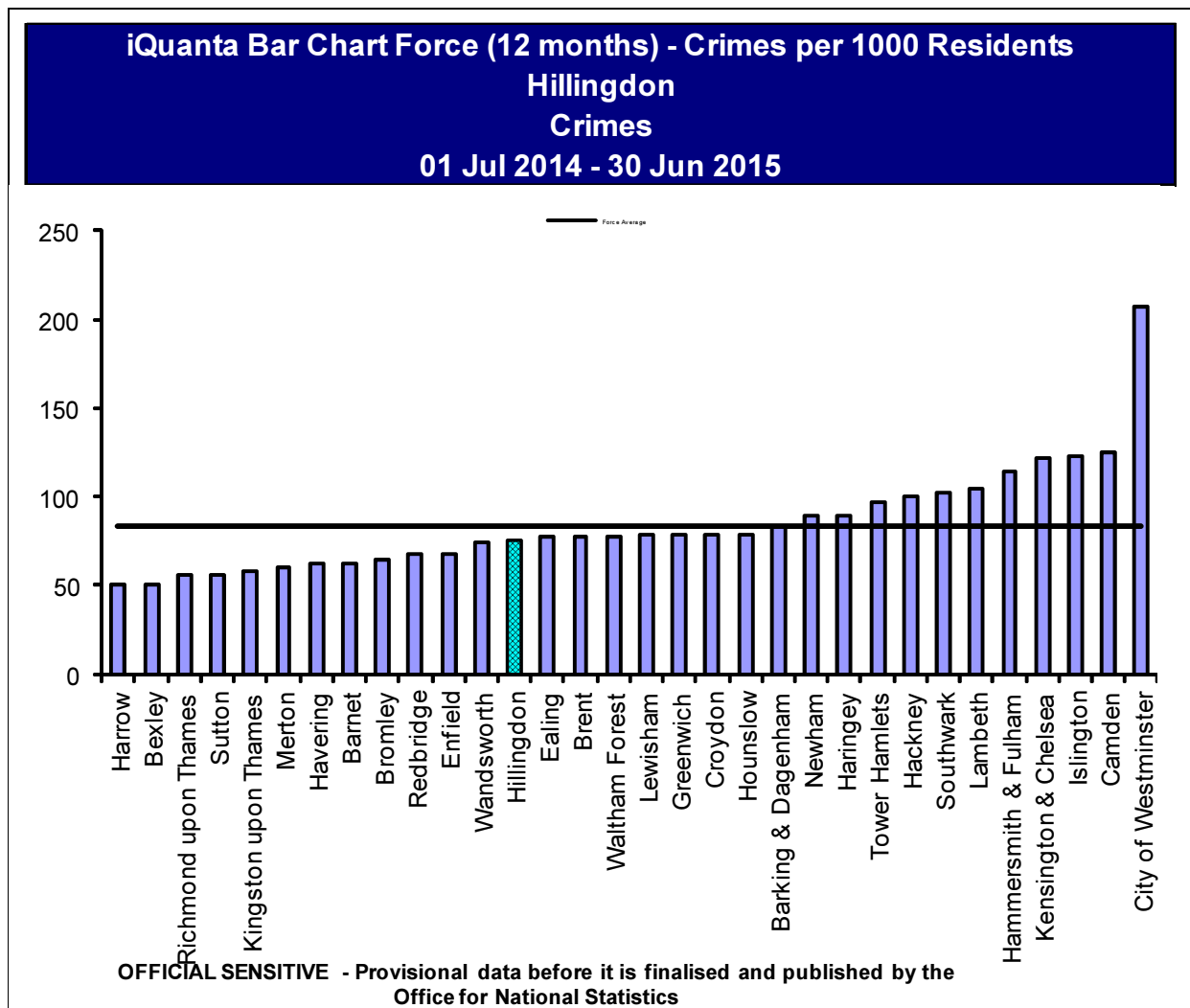
PART I – MEMBERS, PUBLIC AND PRESS

	TARGET	Hounslow - Business Intelligence Unit at CRC have been unable to 'cut it' for me for Hillingdon only for the data period we are looking. This could be reported back on in future and might be easier in fact when we move out of current cluster alignments into cohort arrangements) ON TARGET
	90% of Offenders complete their Unpaid Work Requirement - NEW TARGET	86% (N.B. - Performance data is for Hillingdon and Hounslow - Business Intelligence Unit at CRC have been unable to 'cut it' for me for Hillingdon only for the data period we are looking. This could be reported back on in future and might be easier in fact when we move out of current cluster alignments into cohort arrangements) SOME SLIPPAGE
	90% of Offenders successfully complete their programme requirement - NEW TARGET	86% (N.B. - Performance data is for Hillingdon and Hounslow - Business Intelligence Unit at CRC have been unable to 'cut it' for me for Hillingdon only for the data period we are looking. This could be reported back on in future and might be easier in fact when we move out of current cluster alignments into cohort arrangements) SOME SLIPPAGE
Ensure priority IOM offenders are provided with additional support by CRC.	65% of IOM offenders will successfully complete their licence or Community Order.	This project is part of the LCPF, which is still under negotiation
	70% of IOM offenders will reduce the number of offences over a 12 month period	This project is part of the LCPF, which is still under negotiation

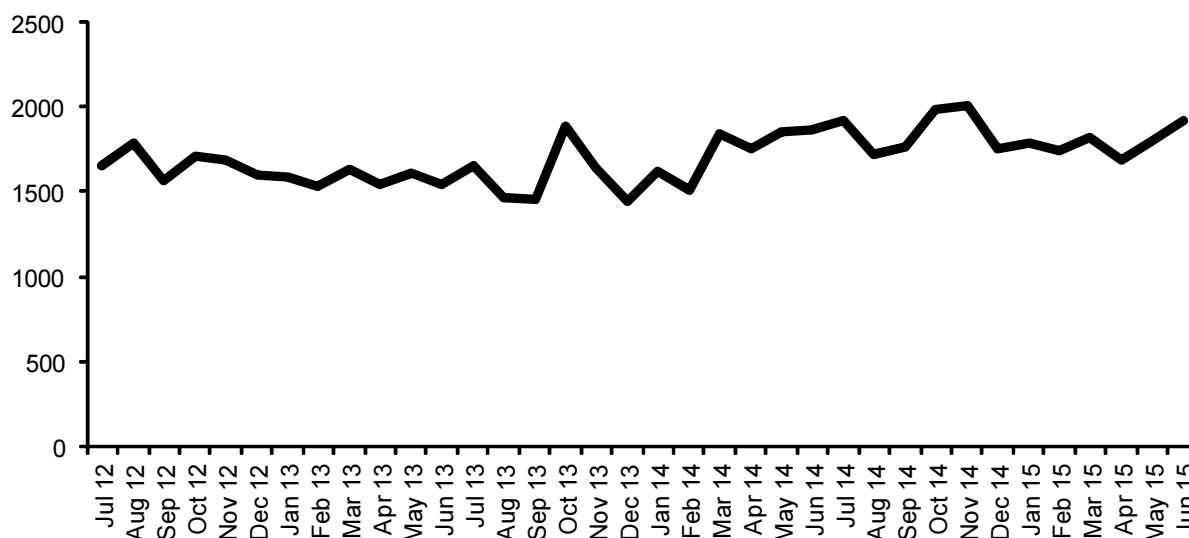
PART I – MEMBERS, PUBLIC AND PRESS

PART 3 - Performance data and trends

In addition to the performance tables, Board members are also presented with an overview of crime data for the key crime priorities.



**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Crimes
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

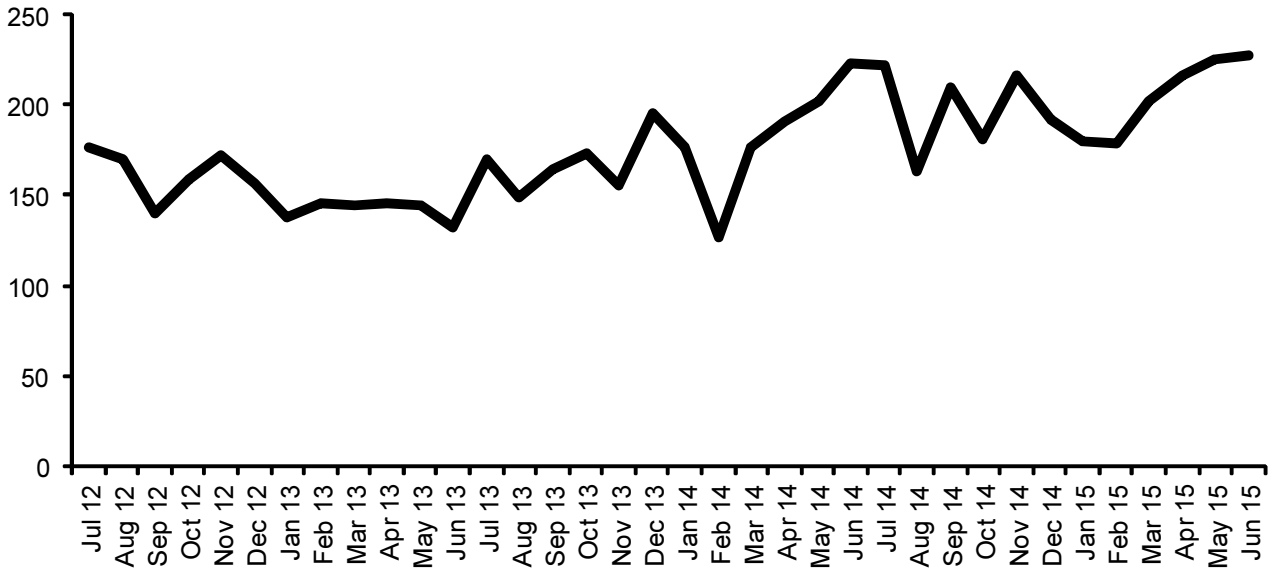
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
5,355			5,408		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
1,789	1,747	1,819	1,685	1,804	1,919

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
5,471			5,408		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
1,749	1,859	1,863	1,685	1,804	1,919

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
5,471	5,408

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
20,011	21,912

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Violence with injury (iQuanta)
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

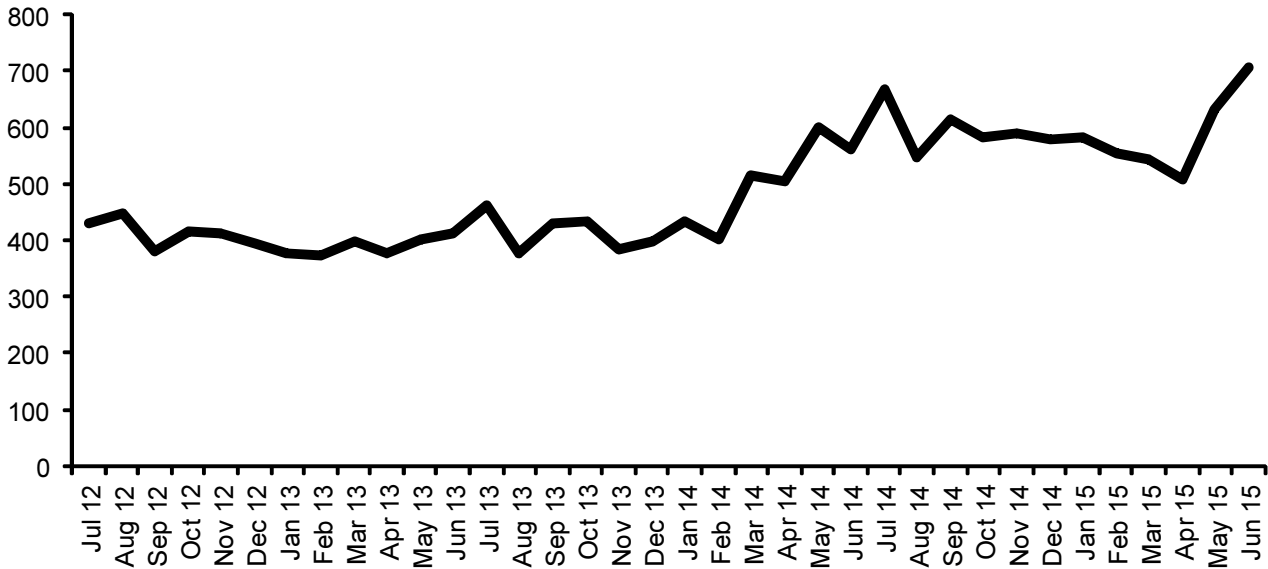
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
561			668		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
180	179	202	216	225	227
Up 107 (19%)					

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
616			668		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
191	202	223	216	225	227
Up 52 (8%)					

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
616	668
Up 52 (8%)	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
2,104	2,413
Up 309 (15%)	

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Violence against the person (iQuanta)
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

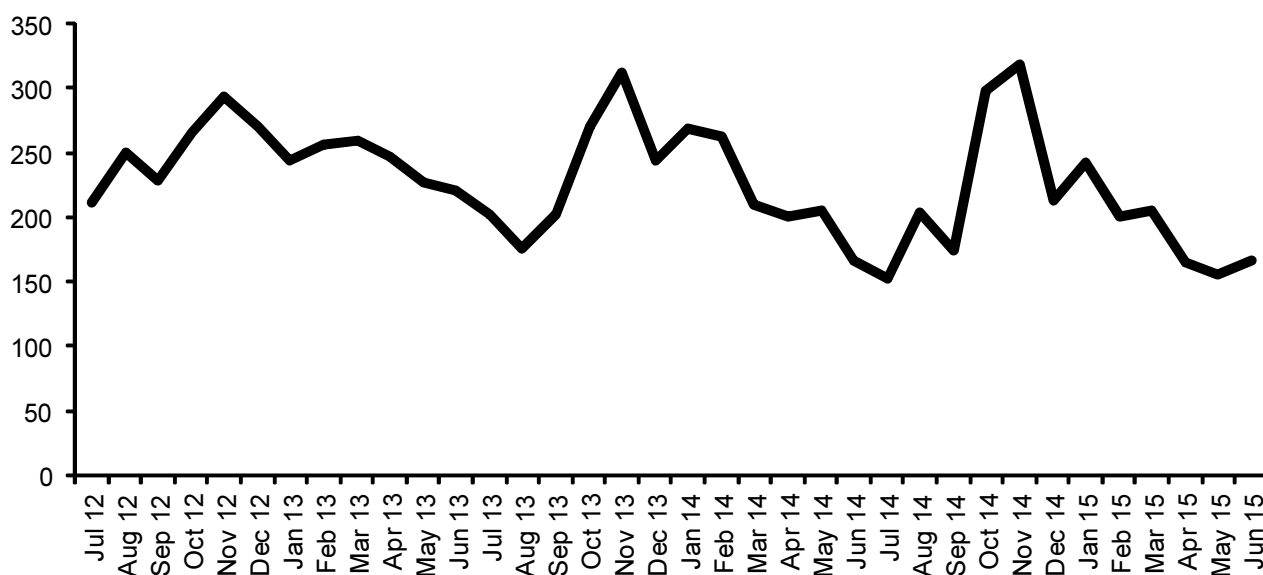
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
1,680			1,846		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
581	555	544	509	632	705

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
1,667			1,846		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
504	600	563	509	632	705

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
1,667	1,846

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
5,506	7,106

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Burglary
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

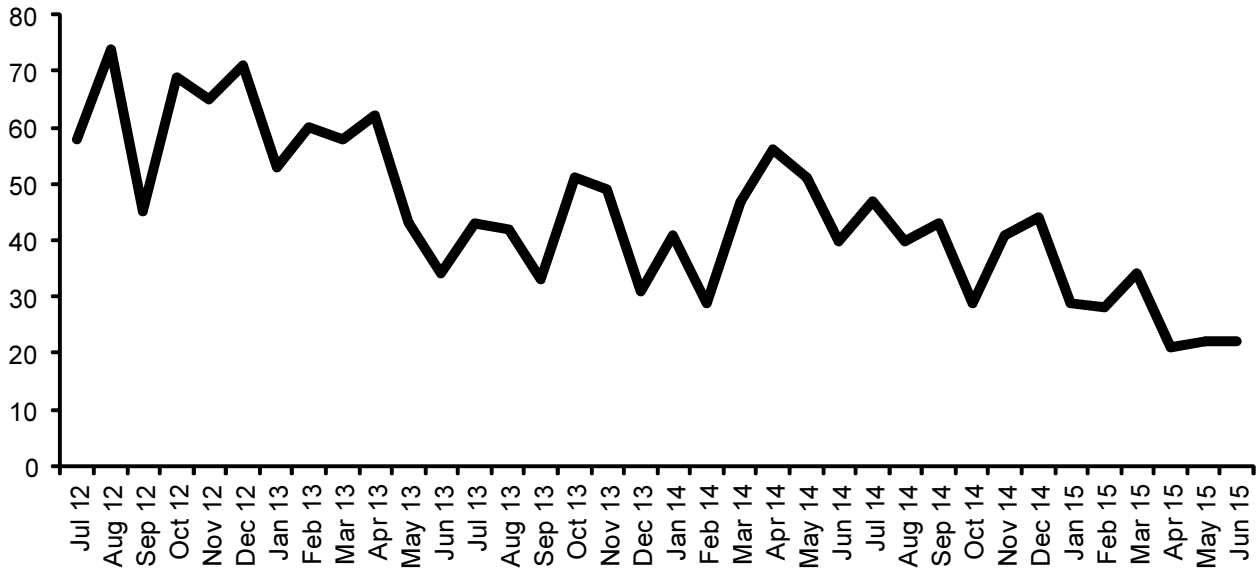
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
647			488		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
242	200	205	165	156	167
Down 159 (25%)					

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
574			488		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
201	206	167	165	156	167
Down 86 (15%)					

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
574	488
Down 86 (15%)	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
2,723	2,495
Down 228 (8%)	

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Robbery
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

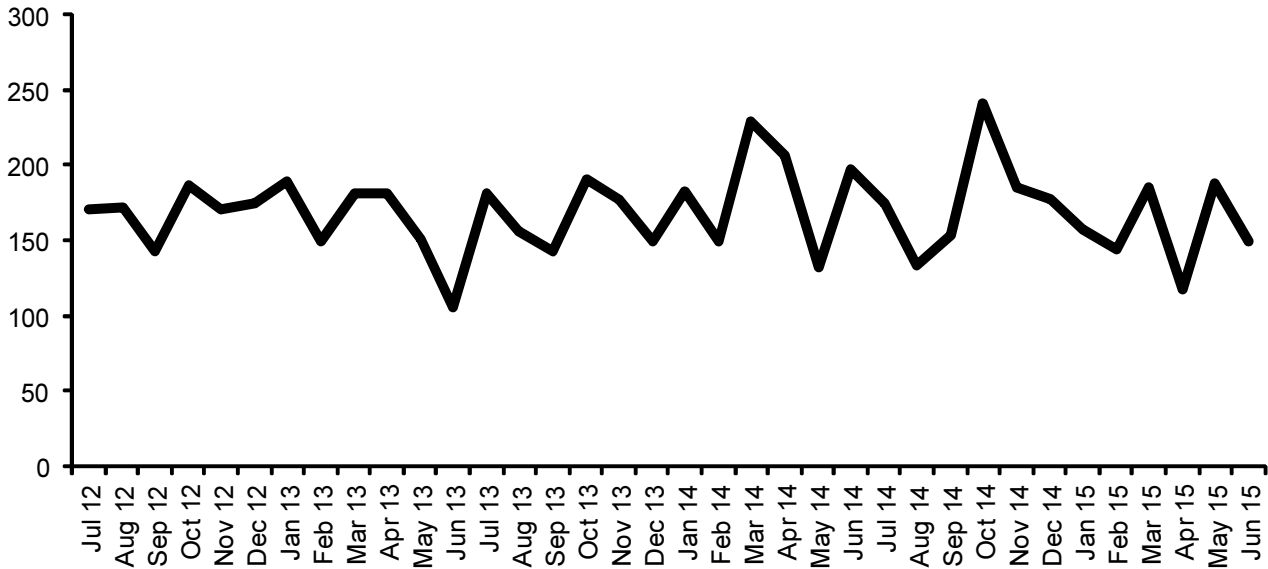
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
91			65		
Down 26 (29%)					
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
29	28	34	21	22	22

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
147			65		
Down 82 (56%)					
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
56	51	40	21	22	22

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
147	65
Down 82 (56%)	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
513	400
Down 113 (22%)	

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Theft from a vehicle
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

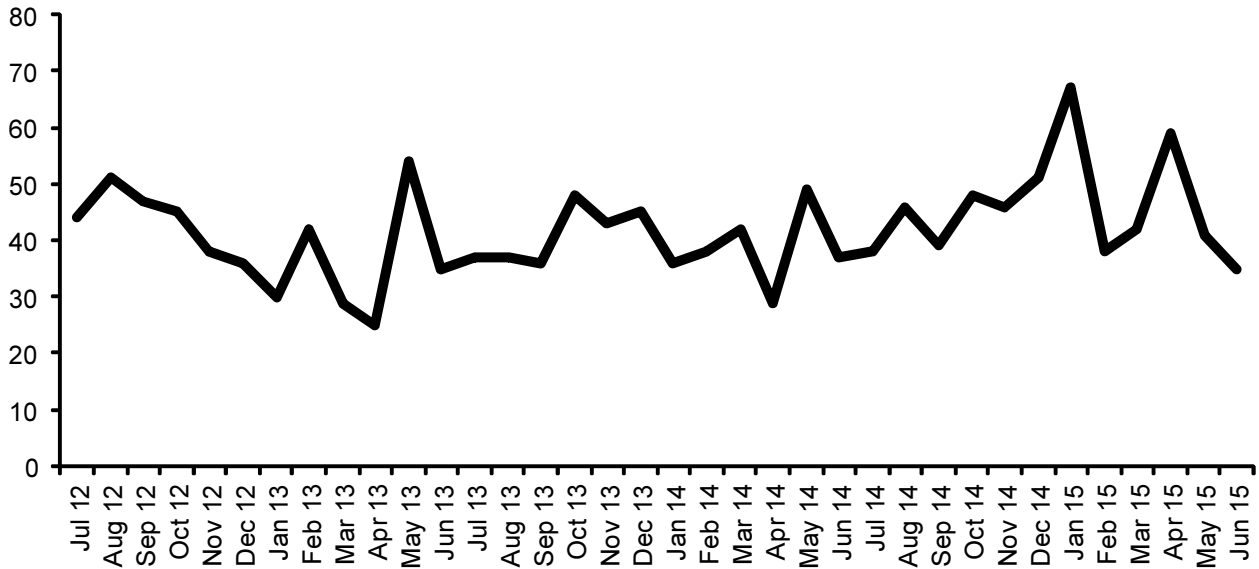
Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
486			455		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
157	144	185	118	188	149
Down 31 (6%)					

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
536			455		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
207	132	197	118	188	149
Down 81 (15%)					

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
536	455
Down 81 (15%)	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
2,092	2,005
Down 87 (4%)	

**iQuanta Volume Chart - Crimes
Metropolitan Police - Hillingdon
Theft of a vehicle
01 Jul 2012 - 30 Jun 2015**



OFFICIAL SENSITIVE - Provisional data before it is finalised and published by the Office for National Statistics

Previous Quarter			Current Quarter		
01 Jan 15 - 31 Mar 15			01 Apr 15 - 30 Jun 15		
147			135		
<u>Jan 15</u>	<u>Feb 15</u>	<u>Mar 15</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
67	38	42	59	41	35

Quarter Previous Year			Current Quarter		
01-Apr-14 - 30-Jun-14			01-Apr-15 - 30-Jun-15		
115			135		
<u>Apr 14</u>	<u>May 14</u>	<u>Jun 14</u>	<u>Apr 15</u>	<u>May 15</u>	<u>Jun 15</u>
29	49	37	59	41	35

Previous Year to Date	Year to Date
01 Apr 14 - 30 Jun 14	01 Apr 15 - 30 Jun 15
115	135

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jul 13 - 30 Jun 14	01 Jul 14 - 30 Jun 15
477	550

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LONDON FIRE BRIGADE: PREVENTATIVE WORK

Contact Officer: Nikki O'Halloran

Telephone: 01895 250472

REASON FOR ITEM

To enable the Committee to comment on the impact of the preventative work being undertaken locally by the London Fire Brigade.

OPTIONS AVAILABLE TO THE COMMITTEE

The Committee is asked to note the contents of the report and ask questions of the chief officers of the London Fire Brigade (LFB) in order to clarify any matters of concern in the Borough.

INFORMATION

Safe Drive Stay Alive

Young drivers are much more likely to be involved in a crash on the roads, often due to inexperience and a lack of knowledge of the risks. Around 1 in 4 deaths on the road are drivers aged 17-24. Safe Drive Stay Alive is produced by a road safety partnership including Thames Valley & Hampshire Police forces, local councils, and emergency services. Each partner has been working for years to reduce the number of people dying on the roads and, by the end of this year, the initiative will have welcomed over 130,000 young people through the doors of a Safe Drive presentation. The good news is that, since 2004, the number of under 25's killed in car crashes has fallen by nearly three quarters, but there is still more to do. The initiative has been programmed to take place in Hillingdon in November 2015.

Through a combination of roads policing, road safety education, engineering measures and speed enforcement, Thames Valley and Hampshire areas saw road casualties who were killed or seriously injured fall to an all time low by the end of 2013. However, a disproportionate number of these remain young, inexperienced drivers and sometimes they don't help themselves.

The Safe Drive Stay Alive campaign reaches new and pre-drivers in an emotive and hard-hitting way, influencing behaviour and attitude on the roads.

Hoax Calls

A new program of school visits is commencing in September 2015. Fire station personnel will be visiting 36 infant/primary schools in Hillingdon to deliver a fire safety package, which includes an element on the risks associated with hoax calling.

Home Fire Safety

Most fires in the home start accidentally and the effects can be devastating. It is important that residents know how to reduce the chances of a fire starting in their home and keep themselves, their family and their property safe from fire. The LFB offers information to help, including the offer of a home visit, information about kitchen safety and how to safely use candles in your

home. The LFB also offers a two-page A5 Home Fire Safety Guide to provide helpful advice, at a glance, on issues including smoke detection, living in purpose-built blocks of flats and smoking.

Home Fire Safety Visits (HFSVs) continue throughout the Borough with crews targeting those more vulnerable. Hillingdon's target for 2015/16 is to fit 2,400 smoke detectors, with 80% of these being fitted in the homes of more vulnerable people - current progress indicates that this target will be exceeded.

The Fire Brigade is undertaking a new strategy within the Borough to identify vulnerable people who are more likely to have a fire in their home. Working with partners, the Fire Brigade is starting to facilitate training sessions which help front line staff become more aware of the dangers of fire happening in the home and which of their clients may be more vulnerable. This includes hoarding, mobility, drugs and alcohol, mental health and the identifiers for those at risk. As part of this work, the LFB Borough Commander in Hillingdon chairs the vulnerable persons panel which meets monthly and brings together partners from Health, Housing, Adult/Children's Services, ASB, etc, and provides an arena to a partnership approach to meeting the needs of the more urgently vulnerable people in the community. On the back of this, LFB has set up a direct referral protocol whereby practitioners or their managers can contact LFB managers in Hillingdon directly to offer their services to those most in need.

Junior Citizens Programme – Annual Event - March

As part of the Junior Citizens Programme, Year 6 school children in Hillingdon are learning about keeping themselves safe by considering topics such as internet safety, travelling on public transport and road safety.

Funded by Hillingdon Council and run in partnership with Transport for London, London Fire Brigade, the Metropolitan Police, the NHS, the Royal National Lifeboat Institution (RNLI) and Hillingdon's Federation of Community Associations, Junior Citizens includes a range of educational and interactive group sessions aimed at 10 and 11 year olds to help them make the transition to secondary school.

Local volunteers, including students from Brunel University and social work students from New Bucks University, help to support the running of the sessions. Junior Citizens takes place at Hillingdon Fire Station for three weeks in March. All year 6 children from primary schools in the Borough (over 3,000 local children) were invited to attend, as well as local special needs schools.

The programme includes interactive education sessions for the Junior Citizens programme so that children will leave feeling more confident of the best way to react to new and challenging situations they encounter as they grown up and enter secondary school. Children who take part in Junior Citizens learn about:

- road safety (Hillingdon Council)
- cycle safety (Hillingdon Council and London Fire Brigade)
- travelling on the London Underground (Transport For London)
- bus travel (Transport for London Safety and Citizenship team)
- fire safety (London Fire Brigade)
- knife crime (Metropolitan Police)
- drugs and alcohol (NHS Nurses)

- internet safety (New Bucks University)
- stranger danger (volunteers)
- water safety (RNLI)

They are awarded a Junior Citizens programme certificate at the end of the day that shows they have taken part.

BACKGROUND PAPERS

NIL.

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PROBATION SERVICE: REDUCING REOFFENDING BY ADULT OFFENDERS

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

REASON FOR ITEM

To enable the Committee to comment on the impact of the work being undertaken locally to reduce reoffending by adult offenders.

OPTIONS AVAILABLE TO THE COMMITTEE

The Committee is asked to note the contents of the report and ask questions of the officers of the Probation Service in order to clarify any matters of concern in the Borough, particularly in relation to how the new arrangements will impact on the reduction of reoffending.

INFORMATION

Ownership of the London Community Rehabilitation Company (LCRC), which was formerly known as the London Probation Trust, was transferred to MTCnovo on 1 February 2015. LCRC is the largest of the 21 Community Rehabilitation Companies across England and Wales, employing nearly 1,200 staff across London.

LCRC's role is to manage the majority of offenders under probation supervision and staff work alongside the National Probation Service, which manages offenders who have been assessed as presenting high risk of harm to others. These staff supervise around 25,000 offenders at any one time, across 620 square miles of the capital's 33 boroughs covering a population of 8.6 million people.

The role of the LCRC is to reduce reoffending and make London safer. Together with other criminal justice agencies, such as the Police, Prisons and Courts, the LCRC protects the public. Its skilled and experienced staff work directly with offenders to:

- tackle the causes of their offending behaviour;
- enable them to turn their lives around; and
- rehabilitate them back into the community.

The LCRC works with offenders aged 18 and over who have been either sentenced by the courts to a Community Order or Suspended Sentence Order, or released on licence from prison to serve the rest of their sentence in the community. Under the Offender Rehabilitation Act 2014, we continue to supervise ex-offenders for a 12 month period after their release from prison.

From 1 February 2015, LCRC introduced "Through the Gate" services for those sentenced to less than 12 months in prison – those who are at greatest risk of reoffending. These services include housing, employment, finance and debt advice.

It should be noted that LCRC is a key partner in Integrated Offender Management, which brings together local agencies to target offenders causing most concern to communities. LCRC staff work with offenders to turn their lives around and protect the public and believe that the

organisation has a particular expertise in working with gang members and women offenders. The organisation also works closely with other organisations to safeguard and promote the welfare of children.

LCRC delivers Restorative Justice which gives victims the chance to tell offenders the real impact of their crime, to get answers to their questions, and an apology. The organisation aims to:

- Reduce reoffending and protect the public;
- Enforce community sentences which punish and rehabilitate offenders;
- Provide innovative services; and
- Manage risk and influence positive change in offenders' behaviour.

BACKGROUND PAPERS

NIL.

Agenda Item 9

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2015/2016

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

REASON FOR ITEM

To enable the Committee to plan and track the progress of its work in accordance with good project management practice.

OPTIONS OPEN TO THE COMMITTEE

Members may add, delete or amend future items included on the Work Programme. The Committee may also make suggestions about future issues for consideration at its meetings.

INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for the remainder of the municipal year are as follows:

Meetings	Room
Wednesday 30 September 2015 - 6pm	CR6
Thursday 8 October 2015 - 6pm	CR3 & CR3a
Tuesday 17 November 2015 - 6pm	CR6
Tuesday 12 January 2016 - 6pm	CR6
Tuesday 16 February 2016 - 6pm	CR3 & CR3a
Tuesday 15 March 2016 - 6pm	CR5
Tuesday 26 April 2016 - 6pm	CR5

2. Members will be aware that The Hillingdon Hospitals NHS Foundation Trust (THH) underwent a Care Quality Commission (CQC) inspection in October 2014, the results of which were published in a report on 11 February 2015. The External Services Scrutiny Committee met with THH representatives on 12 May 2015 to discuss the action being taken to address the issues raised in the report.
3. As is usual practice, the CQC undertook a re-inspection of THH in May 2015 and published its report on 7 August 2015. An additional meeting of the External Services Scrutiny Committee has been scheduled for 6pm on Wednesday 30 September 2015. Although representatives from THH have been invited to attend this meeting, confirmation of their attendance has not yet been received.

Future Topics

4. The Committee has made the following suggestions for possible future single meeting or major review topics and update reports:
 - Female genital mutilation (FGM)
 - Child Sexual Exploitation (CSE)

- Probation Service
- frequent callers (links between the police, health services and Council services)
- Drug treatment and substance misuse update

5. Consideration will need to be given to which of these topics will be pursued and the associated timings.

EXTERNAL SERVICES SCRUTINY COMMITTEE
2015/2016 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
17 June 2015	<p>Major Review: Consideration of a scoping report and the formulation of a Working Group to undertake a major review on behalf of the Committee</p> <p>Quality Account Reports & CQC Evidence Gathering To receive a presentation from the London Ambulance Service NHS Trust on its Quality Account 2014/2015 report</p>
14 July 2015	<p>Health Performance updates and updates on significant issues:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Local Medical Committee • Local Dental Committee • Public Health • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon <p>Update on the implementation of recommendations from previous scrutiny review:</p> <ul style="list-style-type: none"> • Policing and Mental Health

Meeting Date	Agenda Item
17 September 2015	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ul style="list-style-type: none"> • London Borough of Hillingdon • Metropolitan Police Service (MPS) • Safer Neighbourhoods Team (SNT) • London Fire Brigade • London Probation Area • British Transport Police • Hillingdon Clinical Commissioning Group (CCG) • Public Health <p>Health To receive a performance update and the annual report of Healthwatch Hillingdon</p>
30 September 2015	<p>THH CQC Re-Inspection To scrutinise the report published on 7 August 2015 as a result of the CQC re-inspection of THH.</p>
8 October 2015	<p>Prevent Update on counter terrorism work being undertaken in the Borough.</p>
17 November 2015	<p>Health Performance updates and updates on significant issues:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Local Medical Committee • Local Dental Committee • Public Health • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon <p>Shaping a healthier future To receive an update on the progress of the <i>Shaping a healthier future</i> programme</p> <p>Major Review: Consideration of final report from the Working Group</p>

Meeting Date	Agenda Item
12 January 2016	
16 February 2016	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ul style="list-style-type: none"> • London Borough of Hillingdon • Metropolitan Police Service (MPS) • Safer Neighbourhoods Team (SNT) • London Fire Brigade • London Probation Area • British Transport Police • Hillingdon Clinical Commissioning Group (CCG) • Public Health <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Policing and Mental Health • Child Sexual Exploitation • Family Law Reforms
15 March 2016	
26 April 2016	<p>Quality Account Reports & CQC Evidence Gathering To receive presentations from the local Trusts on their Quality Account 2014/2015 reports and to gather evidence for submission to the CQC:</p> <ul style="list-style-type: none"> • The Hillingdon Hospitals NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • The London Ambulance Service NHS Trust • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon • Local Medical Committee • Local Dental Committee • Public Health
Possible future single meeting or major review topics and update reports	<ul style="list-style-type: none"> • CQC Inspection of London Ambulance Service NHS Trust - To review the findings of the CQC report in relation to its inspection of LAS that was undertaken in June 2015 • Female genital mutilation (FGM) • Child Sexual Exploitation (CSE) • Probation Service

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
	<ul style="list-style-type: none"> • frequent callers (links between the police, health services and Council services) • Drug treatment and substance misuse update • CNWL - to look at reasons why issues for action already identified by the Trust prior to the CQC inspection had not previously been resolved • GP finances and the associated pressures - what would GP practices look like in five years? • CAMHS - possible joint major review with Children, Young People and Learning POC

MAJOR SCRUTINY REVIEW BY WORKING GROUP

Members of the Working Group:

- Councillors Allen, Dann, Denys, East and Gilham

Topic: Alcohol related presentations at Accident and Emergency amongst children and young people in Hillingdon

Meeting	Action	Purpose / Outcome
ESSC: 17 June 2015	Agree Scoping Report	Information and analysis
Working Group: 1st Meeting - 2pm, 15 September 2015, CR3a	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2nd Meeting - 2pm, 29 September 2015, CR9	Witness Session 2	Evidence and enquiry
Working Group: 3rd Meeting - 2pm, 27 October 2015, CR9	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 November 2015	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 17 December 2015	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.

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