

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

21 September 2011



HILLINGDON
LONDON

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge UB8 1UW

Committee Members Present:

Councillors Michael White (Chairman)
Bruce Baker (Vice-Chairman)
Josephine Barrett
Dominic Gilham
Phoday Jarjessey (Labour Lead)
Peter Kemp
John Major
John Morgan

Witnesses Present:

Katrina Mindel – GP Commissioner
Inspector Steve Beattie – Safer Transport Team, MET
Sergeant Simon Thurston - Safer Transport Team, MET
Inspector Ken Young – British Transport Police
Sergeant John Loveless - British Transport Police
Thomas Pharaoh – London Health Programmes

LBH Officers Present:

Linda Sanders, Ellis Friedman, Kevin Byrne, Ed Shaylor and Bob Castelijn.

Also Present:

Allan Edwards – Standards Committee Chairman
Malcolm Ellis – Standards Committee Vice Chairman
Trevor Begg – Chair, Hillingdon LINk
Joan Davis

17.	APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS <i>(Agenda Item 1)</i>	Action by
	None.	
18.	DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING <i>(Agenda Item 2)</i> Councillor Phoday Jarjessey declared a personal interest in items 5 and 6 as he was a service user, and remained in the room during the consideration thereof.	Action by
19.	MINUTES OF THE PREVIOUS MEETING - 20 JULY 2011 <i>(Agenda Item 3)</i> RESOLVED: That the minutes of the meeting held on 20 July 2011 be agreed as a correct record.	Action by

20.	<p>EXCLUSION OF PRESS AND PUBLIC (Agenda Item 4)</p> <p>RESOLVED: That all items of business be considered in public.</p>	Action by
21.	<p>COMMISSION OF A CONSULTANT LED COMMUNITY OPHTHALMOLOGY SERVICE (Agenda Item 5)</p> <p>The Chairman welcomed Ms Katrina Mindel to present the report to the Committee. Ms Mindel updated the Committee of the proposed Consultant Led Community Ophthalmology Service to be commissioned by NHS Hillingdon and the Hillingdon Clinical Commissioning Group (HCCG).</p> <p>Members asked Ms Mindel if the changes would affect appointments for consultant referrals at Hillingdon Hospital. Ms Mindel confirmed that this service was separate from any services provided at Hillingdon Hospital. She confirmed that the Community Service will deal with more minor eye conditions therefore easing capacity constraints on currently very busy services at Hillingdon.</p> <p>Members and Ms Mindel discussed the option of mobile units in the Borough. It was open to tender providers on how they wished to provide the service in the community, and confirmed that whilst a preference would be for static sites, usage of mobile units was not excluded. Ms Mindel confirmed that the service specification detailed that the service had to be run from DDA compliant premises, and if a mobile unit could provide this then this would not be ruled out.</p> <p>The Chairman thanked Ms Mindel for her report to Committee.</p> <p>RESOLVED: That the report be noted.</p>	Action by
22.	<p>SAFER TRANSPORT (Agenda Item 6)</p> <p>Bob Castalijn, Transport and Aviation Team, spoke on behalf of the Council and gave Committee an update on the last year. Mr Castalijn stated that it was an important year as the Mayor's transport policy had been adopted.</p> <p>The Hillingdon Local Implementation plan submitted specified safety and security objectives. Hillingdon was on target to reduce the accident rate. The Local Implementation Plan had identified a series of action plans for the Borough,</p> <p>In the last year the Council had worked closely with the British Motorway and Transport for London (TfL) to improve road quality in the Borough.</p> <p>There was an on-going travel plan rolling programme and regular Steering Group meetings.</p> <p>The Council had worked with TfL to select a number of sites for bus stops in the Borough. In the future they would be working towards each bus stop having a number to phone which would inform travellers when</p>	Action by

buses would be arriving at each stop.

The services for the U4 and 222 bus routes would be up for re-tendering later this year.

Brunel University had completed its first stage of bus travel looking at safety.

Mr Ed Shaylor, Community Safety, spoke to the Committee about safer schools. At the beginning of the school term there was a lot of media around the MET's work with regard to this. The route to and from school was often raised by the Youth Council.

Mr Shaylor stated that no disability crimes had been reported on any transport issues. He also informed Members that ultra violet scanners for police cars had been authorised by Councillor Douglas Mills (Cabinet Member for Improvements, Partnerships and Community Safety) and these should be issued soon.

Safer Transport Team, MET

Inspector Steve Beattie spoke about the Safer Transport Team (STT) for Hillingdon, on behalf of the MET police. Inspector Beattie was in charge of the STT, which was 90% funded by TfL. He was responsible for the STT's in Harrow and Hillingdon.

The STT consisted of a number of sergeants, police officers, community support officers and special constables. It was anticipated that in 2012 the number of police officers would increase in the team and the number of community support officers would decrease. There was a new model for safer transport in London.

Since the meeting last year there had been a massive decrease in crime on the bus network in Hillingdon. Around a 7% reduction, in comparison to the London overall average of a 4% reduction.

Figures showed that this year in North West London there was an overall 14% reduction in bus related crimes, for Hillingdon this figure was a 19% reduction on reported bus related crimes. This is an improved figure on last year.

Other figures showed a 4.2% reduction in robberies on the bus network in Hillingdon.

Inspector Beattie explained how a big part of the role of the STT was enforcement, along with fear of crime and engagement. The STT worked closely with the Council, in particular in partnership with officers in Community Safety and the School Transport team. The STT had good support from the Council for this and wished to pass their thanks to the Council.

Anti-Social behaviour was a key issue for the STT, in particular during school start and finish time. Peoples' perception of young people gathering can be negative even if they are doing nothing wrong. The volume of young people in one group at a time causes the concern.

The U4 bus route was a main problem area. Although the number of reported instances were low, data gathered from driver 'code-red' and customer feedback showed that this was an area that needed improvement in Hillingdon in comparison to other areas.

The STT worked closely with bus drivers, various transport user groups, ward panel meetings, bus companies and safer transport command. A number of operations were carried out as a result.

The STT had a massive impact on anti-social behaviour on public transport in the last year. It was difficult to quantify. The team did snapshot questionnaires, they looked on the data gathered and acted on it.

Zip cards were issued to 16 years and under, these gave free travel to children. The general procedure was that if a child carried out any anti-social behaviour then a letter would be issued to his/her parents. If there is a second instance of anti-social behaviour then a community support officer would take a letter direct to the child's home and sit down with parents and child and remind them of their right to free travel. In Hillingdon the STT go straight to the second stage of talking with the parents of any child involved in anti-social behaviour. 74 letters had been issued to parents since April 2010 and of these 3 had their free travel removed.

Priorities for the STT were decided between the team and sergeants who looked at patterns. They had discussions with bus drivers, user groups, TfL, and looked at intelligence gathered. Priority areas were generally agreed with TfL. PCSO's were posted at schools at start and finish times, they would report back any main issues that needed to be highlighted.

As well as the U4 bus route, the 140 bus route was a priority area in the Borough. This was similar to last year. These were long term issues and the team were looking for long term sustainability.

Inspector Beattie spoke about the dedicated school buses, 698 and 697 which transports pupils to and from school. This year there had been 1 and half extra buses due to the increase in the number of pupils. These buses went to 5 or 6 schools and were vital to the dispersal of pupils.

Everyday there was police presence on bus routes, and due to the free travel concessions on buses for young people they did tend to hop on and hop off more frequently. In an ideal world young people would walk and not use buses for short journeys.

The STT had done some work around cycle security; some intervention work with schools was being done around road safety. This was in conjunction with Andy Codd from the Council. If this was a success it would be rolled out to more schools in the Borough.

The STT worked closely with schools and carry out school visits. Sergeant Thurston spoke about the mark up of mobile phones. They

had worked with Barnhill School and marked up 250 mobile phones so that they could be traced if stolen. These were done using ultra violet or immobilise database centrally. If an officer stopped someone they could check their phone using the PDA they carried or radio and would know if the phone was stolen. The STT would be working with other schools to carry this initiative on.

Sergeant Thurston spoke about a scheme called 'Safe Travel for All', this focused on different groups. It was highly successful and the STT were looking at ways to further integrate this. This was being done in partnership with the Council's Road Safety Team.

British Transport Police

Inspector Ken Young spoke on behalf of the British Transport Police (BTP). Inspector Young explained how the BTP had recently completed a restructure. In Hillingdon the BTP worked along the Metropolitan and Piccadilly line, the team consisted of 1 sergeant, 7 constables and 5 community support officers. They had a tasking team and a proactive train patrol team. Patrolling trains was something that they had not done previously.

There was more police presence on the Borough than ever before. Officers worked predominately during the day and until trains stopped servicing the public at night.

There was an overall 10% reduction in crime according to statistics from the London Mayor. There was a 19% reduction of theft from a person. In Hillingdon there had been 2 robberies on trains this year and no violent offences reported.

The BTP were building relationships with the Safer Neighbourhood Teams (SNT) and STT. They would be looking at joint operations in Hillingdon. For example in the past in other Boroughs there had been knife detectors and drugs/dogs searches.

Crime was reducing and in Hillingdon it was already a low crime environment for crime on transport.

There was schools involvement. There was a project on route crime in the next few months. This included graffiti which was a big issue for the BTP. It was policy that trains covered heavily in graffiti would not be used. The BTP were getting assistance from schools to help identify graffiti tags.

Members asked if the BTP were encouraged to take pictures of graffiti to help identify the tags and those responsible. Inspector Young explained that they had an extensive library of tags. Sergeant Loveless explained that in Hillingdon, Uxbridge was the main target for graffiti. The BTP had a dedicated graffiti team. The procedure was that graffiti would be photographed before it was cleaned and to try and match this up with any potential offenders. The BTP explained another issue to consider was copy-cat tags, and also that the result of graffiti was delays to trains.

The rising price of cables caused an increase in trespassers on the tracks to steal copper. This had a knock-on effect of incidents at night to the morning. There was a need to minimise the disruption caused to service users.

Members spoke about Operation Bus Tag and whether the BTP shared information with the MET and other organisations. Inspector Beattie explained that Operation Bus Tag was something developed by TfL and this information was shared. Officers also spoke about how difficult it was to get a conviction for multiple tags.

Members asked if it would be more efficient to police London's transport with one police force instead of 2 or 3. Sergeant Loveless explained that this had been looked into and discussed at length. Infrastructure was set up to help and support colleagues and counterparts. There were big stakeholders and resources to consider and as it stood the service delivery was at a very good standard. He went onto discuss the 'Fusion Project' which was being piloted in Victoria. The TfL, MET and BTP all worked together in the same office, they shared intelligence and they were looking at this for a way forward.

Members also commented that members of the travelling public may rather have a train with graffiti on it arrive than no train at all. Inspector Young commented that this was not policy and that the best solution would be to prevent graffiti in the first instance.

Members asked officers about the average response time when dealing with issues on transport. Sergeant Thurston explained it was dependent on shift patterns and whether it was a code-red call. If the STT were not on shift and it was a code-red call then the Response Team would deal with the call. It was noted that guidance relating to code-red calls was that once the driver of a bus had issued a code-red call then he could not move until the police had arrived.

Members also commented of the on-going issues with regard to passengers putting their feet on seats. That is was something that people would do when there were no officers present but would not necessarily be reported. Sergeant Loveless explained that there were by-law's that could be used for specific offences. He also stated that the public did not feel they had the confidence to challenge low level incidents.

Members asked if the increase in the number of Special Constables in the Borough would risk a greater dependency on them, he asked if officers were expecting more out of Specials than they had done so previously. Inspector Beattie explained that Special Constables had been around for a number of years. There were recent changes in the development of Special's and this was leading to smarter working. They were joining for a purpose and were part of a team to give them structure. The interest in Special's had recently grown as it was the route to take to become a Police Officer.

The Chairman thanked the witnesses for their presentations and

	<p>answering Members questions.</p> <p>RESOLVED: That the report and presentations be noted.</p>	
23.	<p>INTEGRATED CANCER SYSTEMS IN LONDON BRIEFING (Agenda Item 7)</p> <p>Mr Thomas Pharaoh, London Health Programme, gave the Committee a presentation on the proposed implementation of the cancer model of care. The organisation was formerly known as Commissioning Support for London and they were an NHS organisation who were funded by the 31 PCT's, who commission them to work on their behalf.</p> <p>Mr Pharaoh gave a presentation to Committee which gave details of developing the model of care, the case for change, the model of care, early diagnosis, integrated cancer systems and the next steps.</p> <p>There was clear support for the proposal: a 3 month engagement process had been carried out on proposals. This included a visit to Hillingdon's External Services Scrutiny Committee. The case for change looked at what was wrong with cancer services in London and the follow up document looked at what should happen to improve this. The three areas of work looked into were early diagnosis; common cancers and general care; rarer cancers and specialist care.</p> <p>There were a lot of inequalities in access to treatment in London. Some treatment was too centralised and could be delivered in local surgeries not just in specialist surgeries. Public awareness needed to improve and the uptake of screening.</p> <p>Plans were not advanced to know local implications, an update would be provided once more information had been agreed.</p> <p>Members asked Mr Pharaoh how the Borough's hospitals, Hillingdon Hospital and Mount Vernon would be involved in the model. Mr Pharaoh explained that as Mount Vernon was not a London hospital they could not compel it. It would still be involved in the work of the crescent but it was not a hospital choice they would be using. Members showed some concern that residents would not be getting the same access to Mount Vernon with the changes that were being proposed.</p> <p>Dr Ellis Friedman, Joint Director of Public Health, explained that there was a lot of usage of Mount Vernon and although it was not a London hospital it was still located in the Borough. Mount Vernon would be continuing to receive support and there was work going on with the hospital to involve it in any future changes to cancer care. He was ensured that there was close working so that there would not be any disruption to services. Dr Friedman gave reassurance that it should not affect patient flow to Mount Vernon and Hillingdon Hospital. He stated that Hillingdon Hospital itself did not offer as much in terms of specialist cancer services.</p> <p>Members stressed the importance to get absolute clarity on the issue regarding any impact the model could have on residents accessing</p>	Action by Democratic Services

Mount Vernon. Mr Pharaoh assured Members that Mount Vernon was still very much part of the system and would not be excluded.

Members discussed early diagnosis. This was an issue across London and the UK. The UK had later diagnosis in comparison to Europe and the USA. This could be down to a number of factors, including lifestyle, screening invites, out of date GP lists, diverse population, the number of patients seen by GP's. As well as the quality of data collected, this was of a high level in the UK. Deaths from cancer in the UK was higher, pro rata, than in comparison to Europe and the USA.

Members discussed the likelihood of people in Hillingdon having to travel up to 20 miles for treatment and felt that this was a concern. Mr Pharaoh explained that there was a vigorous examination of travel times and that they were working so that people went to the most appropriate place for their treatment.

Members discussed the fear that people have for change and asked that the organisation look into public awareness in the work that they were currently doing. Members discussed the different groups and issues they faced with self check and awareness.

A National Survey into patient experience was discussed. The patient experience in London was poorer overall in comparison to the UK. Mr Pharaoh agreed to send Members a copy of the public survey which was available on the Department of Health website. This survey showed a breakdown of organisations.

Dr Ellis Friedman, Joint Director of Public Health, stated that the quality of treatment was similar across London and the UK. That many cancer deaths across the UK could be avoided. Patient experience was worse in London in comparison to the rest of the UK. Environmental issues, such as the air quality, were not thought to be a major problem.

GP performance was discussed and Mr Pharaoh explained how they were encouraging hospital doctors to work more closely with GP's. Dr Friedman explained that in London there was room for improvement in terms of GP performance and GP education. It was pointed out that the number of individual cancer cases that a GP could see could be a very small number.

Mr Malcolm Ellis, Standards Committee, supported the principle of an integrated cancer system. Clearly defined pathways were required to get the best possible pathway. He did have some reservations about the crescent and the effect it would have on Hillingdon.

Mr Trevor Begg, LINk, commented on the assurance process, that there was considerable concern and challenges within the proposed crescent. He asked if those challenges could be dealt with in a short space of time would this in any way affect the delay of the launch of the crescent. Mr Pharaoh explained that this model had not been tried in the health service in the UK so there had to be absolute certainty that the partnership could take it all on before implementation. It was stated that there was no Plan B, and they would work towards making Plan A

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	<p>successful.</p> <p>RESOLVED: That the report and presentation be noted.</p>	
24.	<p>LINK UPDATE (Agenda Item 8)</p> <p>Mr Trevor Begg, Chairman of the Hillingdon LINk (Local Involvement Network), advised that Iain Diamant had formerly stepped down as the LINk chair due to health reasons. Mr Begg had stepped in as the interim chair.</p> <p>Mr Kevin Byrne, Head of Policy & Performance, commented that LINks were on course, they were sitting down discussing and looking towards the path to Healthwatch. The clock was ticking. A plan needed to be developed and this plan would be right for Hillingdon. They would be looking at a new board and the right structure and delivery vehicle. Mr Byrne reassured the Committee that the Council was working very closely with the LINk board.</p> <p>The Committee requested that a further update be provided on the development of Healthwatch and that Ann Rainsbury be invited to the October Committee meeting.</p> <p>The Chairman thanked Mr Begg for the update to Committee.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the presentation be noted; and 2. Committee requested a further update early 2011 on the developments. 	<p>Action by</p> <p>Democratic Services</p>
25.	<p>WORK PROGRAMME (Agenda Item 9)</p> <p>Consideration was given to the Committee's work programme for 2011/2012 and the Re-offending Working Group.</p> <p>Members wished to have an update from Dental Services as there were budget issues for considerations. Democratic Services would invite a representative to the Committee meeting in October.</p> <p>Members also asked that at the January Committee meeting they be given an update on the development of Healthwatch and representatives from LINk be invited.</p> <p>The Re-offending Working Group was discussed. The Conservative Members were agreed for the Working Group and Labour Members were still outstanding. Dates for the meetings for the Working Group would be agreed with the Chairman and Democratic Services.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the report be noted; 2. Dental Services to be invited to 26 October 2012 meeting; 3. LINks/Healthwatch update be added to the work programme for the meeting on 11 January 2012; 4. Labour Members for the Re-offending Working Group to be 	<p>Action by</p> <p>Democratic Services</p>

	agreed and the meeting dates to be agreed.	
	The meeting, which commenced at 6.00 pm, closed at 8.45 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran, Democratic Services Manager / Nav Johal, Democratic Services Officer on 01895 250472 / 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.