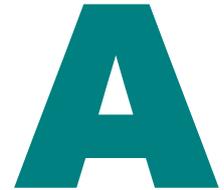




HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Michael White (Chairman)
Dominic Gilham (Vice-Chairman)
Josephine Barrett
John Hensley
Phoday Jarjussey (Labour Lead)
Judy Kelly
Peter Kemp
John Major

Date: TUESDAY, 20 NOVEMBER
2012

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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information.**

Published: Monday, 12 November 2012

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<http://modgov-int.hillingdon.gov.uk/ieListMeetings.aspx?CId=118&Year=2012>

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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 Minutes of the previous meeting - 11 October 2012 1 - 10
- 4 Exclusion of Press and Public

To confirm that all items marked Part 1 will be considered in public and that any items marked Part 2 will be considered in private
- 5 Opticians and Hearing Services 11 - 14

Hearing Services report to follow
- 6 Pharmacies and Prescriptions Services 15 - 18
- 7 Update on CNWL consultation

Verbal update
- 8 Work Programme 2012/2013 19 - 32

PART II - PRIVATE, MEMBERS ONLY

- 9 Any Business transferred from Part 1

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

11 October 2012



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

	<p>Committee Members Present: Councillors: Michael White (Chairman) Dominic Gilham (Vice-Chairman) Josephine Barrett John Hensley Phoday Jarjussey (Labour Lead) Judy Kelly Peter Kemp John Major</p> <p>Witnesses Present: Inspector Nick Aldworth, Hillingdon Partnership, MET Police Sergeant Dave Turner, Hillingdon Safer Transport Team, MET Police Ivor John, Chairman, Community & Police Consultative Group (<i>in part</i>) Gail Burrell, Sector Manager Hillingdon Drug & Alcohol Services, CNWL Deepti Shah-Armon, Hillingdon Drug & Alcohol Services, CNWL (<i>in part</i>) David Brough, Chairman, Hayes Town Partnership</p> <p>LBH Officers Present: Dr Ellis Friedman, Joint Director of Public Health Linda Sanders, Corporate Director of Social Care, Health & Housing Ed Shaylor, Community Safety Team Nav Johal, Democratic Services Danielle Watson, Democratic Services</p>	
24.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>	Action by
25.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Peter Kemp declared a non-pecuniary interest, as he was a Governor of Central and North West London NHS Foundation Trust, and remained in the room during the consideration thereof.</p> <p>Councillor Phoday Jarjussey declared a non-pecuniary interest, as he was a member of Central and North West London NHS Foundation Trust, and remained in the room during the consideration thereof.</p>	Action by
26.	<p>MINUTES OF THE PREVIOUS MEETING - 13 SEPTEMBER 2012 (<i>Agenda Item 3</i>)</p>	Action by

	<p>Members noted that there were some responses outstanding from the minutes which Democratic Services had chased up. Democratic Services would pass comments to Member's when these had been received.</p> <p>Councillor Jarjussey stated that a declaration had not been recorded in relation to his membership with Hillingdon Hospital Foundation Trust.</p> <p>RESOLVED: That the minutes of the meeting held on 13 September 2012, subject to the amendment above, be agreed as a correct record.</p>	<p>Democratic Services</p>
<p>27.</p>	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>	<p>Action by</p>
<p>28.</p>	<p>SAFER HILLINGDON PARTNERSHIP UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p>Mr Ed Shaylor, Community Safety Team, LBH, introduced the report. The priorities of the Safer Hillingdon Partnership were:</p> <ul style="list-style-type: none"> - Reduce the harm caused by alcohol and drugs - Reduce anti-social behaviour - Reduce youth offending - Reduce residential burglary - Improve road safety and reduce speeding - Reduce adult re-offending <p>The range of priorities was wide and there was a wide, diverse range of members on the Partnership. The actions for partners on the whole had been met and this was reflected in the performance.</p> <p>Mr Shaylor spoke about 'sub-crime' which included noise, nuisance, closure orders, etc. Work in relation to sub-crime was being done by the Council. The liaison between LBH and MPS was very good. It was noted that the MET police's Partnership Tasking Team was funded by the Council. The communication between organisations was good and effective.</p> <p>Metropolitan Police Service</p> <p>Inspector Nick Aldworth spoke about the Committee report which showed the last 5 years of performance. It was noted that the graphs in the report were a few months out of date. Inspector Aldworth distributed a report to Committee which showed the last year's performance for Hillingdon by the MPS (01/04/2012 – 09/10/2012). The statistics were current to the date of the meeting.</p> <p>Inspector Aldworth felt the statistics showed a very positive picture and was pleased with the direction Hillingdon was going in. It was noted that statistics recorded the number of 'victims'. It was the victims that needed protection and post offence care.</p> <p>The priority across the MPS for crime included street robbery and</p>	<p>Action by</p>

residential burglary. There were 146 fewer victims of residential burglary compared to the same time last year, which was a reduction of 11.8%. There was a change of leadership on a tactical level which helped to achieve this reduction. A day-to-day approach was taken to combat burglary. The strategic leaders got together at 10am every morning and looked at crime patterns. The Commissioners incentives included grip and pace centres. There were smarter crime prevention strategies, for example, police cadet visits.

Robberies were down by 9.6% in comparison to last year, 46 fewer victims. The MPS as a whole set significant targets for robberies. Hillingdon was around 0.4% below the target rate. It was noted that robbery was a difficult crime to detect and Hillingdon was around 3% below the target rate for detection. The drive in the reduction in robbery was attributed by the work that was specifically done by teams managing their responsibility. They were given greater clarity and help, and tasked by the appropriate authority.

There was linked working with the MET's Safer Transport Team and with the Anti-Social Behaviour Team at the Local Authority. Operation Hawk resulted in a minimum of 7 drugs warrants each week. This ensured a sustained attack on drugs, which was a driver of crime. It was noted that Operation Hawk had no end date. During the Autumn until December 31st Operation Autumn Nights would be active whilst it was peak season for burglary and anti-social behaviour.

Members asked about morale for police staff and it was noted that it was a challenging year. The number of hours of duty by police officers was significant over the Summer. There was a degree of fatigue but professional delivery remained high, and officers were working hard and were focussed. The economic restraints were noted but on balance morale was pretty good. There were clear concerns around pensions, etc.

The Local Policing Model was discussed and this would be a signification transformation and restructure right across the police model. The role of the Police was to enforce whatever was in statute. With regard to police cautions it was noted that the police worked with a matrix which indicated who could be cautioned and who could not. There was a constructive dialogue across the Criminal Justice Programme. Training was discussed and it was noted that courts were to deliver more training to officers on how to deliver evidence. Inspector Aldworth stated that current police training probably did not offer the depth of training previously. But officers today were expected to use their own judgements when dealing with some matters.

It was noted that most serious violence was down by 25.9% in comparison to last year. Serious youth violence had decreased by 29.6% and youth violence decreased by 27.3%. Inspector Aldworth commended colleagues in LBH for taking youth services seriously, that this level of service was not reflected in all other boroughs. It was noted that Hillingdon had not reduced the youth service unlike other boroughs. There was a lot of working together with other organisations and this was important in diverting young people at risk before they

committed crimes.

There were schools team in the MPS and they were inside most schools everyday. Inspector Aldworth applauded the Safer Transport Team for the work they did. A lot of children travelled by buses and trains. Inspector Aldworth was proud of the work that was being done together around young people.

Members noted the 50.3% increase in 'other tier 3' crime by victim. This was due to the current economic climate, and was in relation to fraud, including credit card fraud.

Inspector Aldworth spoke about the work done around anti-social behaviour. It was noted, again, there was great work done with the Council, in particular Community Safety and Anti-Social Behaviour Team. There was a focus on long-term problem solving and in the last 7/8 months. Inspector Aldworth had changed his team around and the team were performing well. Anti-Social Behaviour and Tactic was working at 3 levels. There was joint working around managing this. The 3 tiers were: Anti-Social Behaviour Contract (ABC), Post Conviction Anti-Social Behaviour Order (a number of conditions could be put on ASBO's to control behaviour), and a stand alone Anti-Social Behaviour Order.

Anti-Social behaviour was up there with the two key priorities; burglary and robberies. There was a total focus on working on victim care. It was a massive enterprise to manage and coordinate; the anti-social behaviour desk was managed 16 hours a day at the Police Station. High category anti-social behaviour was treated as crime and all reports were taken seriously. Repeat victim reports were also being looked at.

Dispersal zones could be used to combat anti-social behaviour. There was one active dispersal zone in Hillingdon currently, Peabody Estate. There were new powers around squatting. The MPS were being tougher around licensing. There was a focus remaining on young people and anti-social behaviour.

It was noted that this year had been a brilliant year for community spirit, with the Olympics and Paralympics.

Safer Transport Team (STT) MPS

Sergeant Dave Turner, Safer Transport Team, MET, spoke the Safer Transport Teams four priorities from the Joint Transport Action Group. It was noted the STT worked mainly on buses, cabs and cycling.

Priorities were route 140, Barnhill School; U4, Bourne Avenue; robberies at the Grapes; and anti-social behaviour on route 331, Harefield.

There was extensive work being done with schools with regard to route 140. Presentations were being done at schools to educate school children on the behaviour code on buses. This was done in conjunction with the LBH Road Safety Team.

The problems on the U4 bus route were mainly at the bus stand on the top of Bourne Avenue. There were incidents of anti-social behaviour, for example, children throwing things at buses. The STT were working with TfL and the Local Authority. To help solve the problems the bus stand had moved around the corner to the business park.

There were incidents of robberies at bus stops and snatches of phones. People on bikes would ride off with phones that were on show. Intensive education programmes were required for people to be a bit smarter. Property marking was being done in schools for mobile phones. Officers were engaging with young people at bus stops. There was an 18% reduction on bus related robberies/snatches in the last 6 months.

The 331 Harefield route was a quiet bus route. A lot of young people in Harefield were congregating on The Green. A number of bus stops were attacked and bus windows were smashed. STT had worked with the Community Safety Unit and for the last 2 months there was extra CCTV on lampposts. There had been no offences since. If the attacks had continued TfL would have withdrawn the service which would have had a huge impact. Extra patrols were carried out and officers went into schools to talk about the problems. The STT also had good support from the Anti-Social Behaviour Team. STT used a decoy bus with plain clothes officers and put this to the press to highlight the problems. This was a costly exercise but there had been no attacks on buses since.

There was a 2 strike system in place in relation to free travel for under 16 year olds. The first time a child was reported for his/her behaviour on buses a warning letter would be given to the parents. An occasion where a second letter was required it could result in the child having their free travel withdrawn by TfL. This had a huge impact as parents did not want their child's free travel being taken away.

Up and coming work that the STT would be doing included Safe Travel at Night, this was in lead up to the Christmas period. The team was working with pubs, also with shoppers and lone females to ensure they would get home safe.

Operation Condor was in relation to cab legislation. The last operation resulted in 2 arrests. This operation was a plain clothed operation which involved the use of decoys. Illegal cabs was not a huge problem in Hillingdon but it was something that needed to be monitored.

Sgt Turner spoke about TDRT which was transport data retrieval. There had been 120 CCTV requests to TfL since TDRT had been in place. It was noted that CCTV evidence from buses was only available for between 5-10 days. The quality of the images was very good and work was being done on this to ensure the best evidence was captured.

Sgt Turner discussed cycle crime. It was noted there was an increase in the popularity of cycling, and some bikes were very expensive. The STT would be working to reduce cycle crime in Hillingdon. There were

30 hotspots in London for cycle crimes and one of these hotspots was in Hillingdon. Hillingdon's hotspot had 35 crimes a year; the top hotspot in London had 400 crimes. The hotspot area in Hillingdon was Brunel University and the STT was working with the security at Brunel. The STT had had events to mark bikes and to get bikes registered; 1,400 bikes were marked last year. There would be regular events in Hillingdon to mark bikes, one in the North and one in the South of the Borough. These events would be advertised in the local papers and Hillingdon People. The STT were also going into schools and local businesses that had cycle clubs.

Community & Police Consultative Group

Mr Ivor John, Chairman, Community & Police Consultative Group, stated that May 2012 was a significant time for the group. Mayor Johnson in his manifesto included the abolishment of the Community & Police Consultative Group. This was a concern and the group was due to finish in April 2013 when the funding could cease. A new group would be set up and the remit would include complaints.

Mr John stated the new Policing Model threw up a few things and he did not know if Hillingdon would be a standalone with a standalone Commander. They may be shared working with neighbouring boroughs and this may include a shared Commander and/or Superintendent. That the External Services Scrutiny Committee should be looking at these issues.

Mr John was also a member of call centres community forum (999 calls) and noted that calls with regard to Hillingdon issues went to Hendon. That in April 2012 there was a new response target set by the MPS. The old target of 12 minutes to reach an 'I' grade call was achieved by 60%. The target was now set to 90% of 'I' Grade calls to be responded within 15 minutes. It was noted that in April 2012 Hillingdon were bottom of the pack and now the Borough was within touching distance of meeting response targets. Inspector Aldworth commented that this figure was at 89% compliance. That nationally this was measured by the time it went to the police radio. In London it was measured from the time the 999 call was made.

Mr John stated that the group was a critical friend and so far had good responses. At the last group meeting tasers were discussed and it was noted that 40 officers in Hillingdon would be trained to use tasers by January 2013.

The young person's question time was discussed. Last year's event was attended by around 70 people and was in the Council Chamber. Young people asked questions to the Borough Commander, Cabinet Member for Community Safety and Her Majesty's Courts & Tribunal Service. This year's event would be on 31 October 2012 at 2pm in the Council Chamber, Civic Centre.

Central North West London Mental Health Trust (CNWL)

Ms Gail Burrell, Sector Manager Hillingdon Drug & Alcohol Services, CNWL, spoke about test on arrest. This had been a complete success and there was very good partnership working. The test on arrest had

been a pilot and figures had shown the results were very effective.

The funding around the project was discussed. It was noted the Mayor's Office for Policing and Crime was responsible for different funding schemes. They had agreed to re-arrange funding on arrest. This should make it more equal in comparison to funding awarded to neighbouring boroughs, but nothing had been agreed yet. It was noted that Hillingdon had 4 staff members in comparison to Hounslow who had 16 staff members.

It was noted that people who had never had treatment before were getting treatment. The service was receiving referrals of around 2/3 people from the cells on average. But in the last week this figure had been 15 and this week the figure was 14 people. This was a huge increase. The service was already exceptionally busy and a small team.

In the last year there was a 47% increase in alcohol related referrals. It was noted that Hillingdon had a huge problem with alcohol related issues. The service was picking up people that they would not usually see. 69% of people left the service alcohol free or significantly reduced level of alcohol. Drugs was a harder task, 52% people were discharged last month drug free, and 49% overall at the moment. It was noted that people were monitored for 6 months before discharge.

Targets had been met last year and they were looking forward to the next 12 months rolling year. To meet targets those people that had been treated had to stay away/clean for 6 months.

Ms Burrell was trying to put initiatives in place with partners; drop in café for those discharged was available so they could continue to have on-going support.

It was noted that the Integrated Offender Management programme meant that the police and CNWL were working much more collaborated. If people missed an appointment they could get picked up by the police and brought in for treatment.

Hayes Town Partnership

Mr David Brough, Chairman, Hayes Town Partnership, stated that community safety was a high priority for Hayes Town Partnership. He was grateful for the support from the Council's Community Safety and Anti-Social Behaviour Team.

The Annual Hayes Town Community Safety survey for 2011 was looked at differently to previous surveys. They found that asking people in the streets meant that people were being missed out, therefore others methods were looked at. In 2011 there were a lot more responses than in previous years.

Mr Brough summarised the briefing note distributed to Members. The main points included that 75% of people surveyed felt safe in Hayes Town during the day. It was noted that Hayes Town had a poor reputation but was a lot safer than people thought. The situation at

night was not so good and it was noted there was not a lot of reason to visit Hayes Town at night.

There were a number of concerns that those surveyed had and these included spitting, litter and rubbish dumping, youth hanging about, street drinking, drug use or dealing, and safer neighbourhood teams.

Good work was being done in conjunction with schools; this included a 'Cleaner & Greener Hayes' campaign. This had a good response from schools and from children. 3 schools had agreed to add this to their curriculum.

The Partnership was working with the Council with regard to rubbish dumping. The rubbish dumping on private grounds remained a difficult issue to solve. A number of fixed penalty notices were given out by the Council and it was noted that a number of these were for cigarette ends. Mr Brough said that members of the public had questioned if this was an important issue as it did not deal with the priority of dealing with littering and rubbish dumping,

Mr Brough discussed the misperception with regard to youths hanging around in Hayes and how in particular a group of young Somalis may get targeted. More work was needed to engage youngsters.

The damage that alcohol had on the borough was discussed; it had always been a bigger problem in Hillingdon than drugs. There were continuing problems in Hayes Town with street drinkers but work was continuing with the Police and HAGAM.

Drugs were still an issue although the situation was much better than a few years ago. It was noted that Khat was incredibly damaging and although it was not illegal the negative effects of the drug were noted. It was also noted that Khat remained a matter of education and needed to be on the radar of the drugs service, schools and youth service.

The Partnership was a supporter of safer neighbourhood teams and had been concerned with the lack of staff/officers at the SNTs. Representations had been made to the Borough Commander and it was hoped this would begin to pick up.

The issues regarding Khat were discussed at length by Members. It was noted that the Council's Residents' and Environment Services Policy Overview Committee did a review on Khat which looked at details and effects of taking the drug had on society. The report included a number of recommendations which went to Cabinet and Government. Members discussed a responsible retailer scheme in relation to Khat and also the possible re-classification of the drug to food. If this was done there would be a lot more control over the drug. Members asked for an update from RESPOC on the review that was done with regard to Khat.

Ms Linda Sanders, Director of Social Services, Health & Housing, spoke about BID work and the children's pathway services. Ms Sanders explained to Members how cases would get bounced around

Democratic
Services

	<p>to different places and the connection was not secure or effective. Services had been brought together to become Hillingdon Family Services. This resulted in better team work.</p> <p>The Chairman thanked the witnesses that attended and answered Members questions.</p> <p>The Committee noted the absence of a representative from the Prison Service from the last 2 Committee meetings which related to Crime and Disorder. The Members asked their disappointment be noted and requested a written update from the Prison Services on the work undertaken in the last year.</p> <p>The Committee asked for the following information from Her Majesty's Courts & Tribunal Service (HMCTS):</p> <ul style="list-style-type: none"> - Members noted that often there would be a backlog in courts that were hearing licensing cases. Had the court system acknowledged this and were there plans to improve this? - How were the courts dealing with victims/witnesses that had to travel outside of the Borough to attend court and had this affected the numbers that did not attend for cases? Members noted the comments in the report with regard to Domestic Violence cases. <p>The Committee noted the report from the London Fire Brigade and asked for the following information:</p> <ul style="list-style-type: none"> - Members noted arson levels in LBH were above comparator boroughs. What were LFB doing to to reduce the arson level in the borough? - Members noted the Wards in Hillingdon which had a high number of arson attacks. What was being done to address this? <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the presentations be noted; 2. Members noted the absence of a representative from the Prison Service and requested a written update from the Prison Service of the work undertaken in the last year; 3. Members asked the HMCTS to provide a written response the questions highlighted at the Committee meeting; 4. Members asked the London Fire Brigade to provide a written response the questions highlighted at the Committee meeting; and 5. Members asked RESPOC to provide an update on any current work that is being done with regard to the Khat review. 	<p>Marcia Whyte</p> <p>Margaret O'Keefe</p> <p>Phil Butler</p>
29.	<p>WORK PROGRAMME 2012/2013 (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Committee's Work Programme.</p> <p>Members were asked to consider witnesses and the reports for the</p>	<p>Action by</p>

	<p>Committee meeting that was to be held on 20 November 2012. Members asked that Hearing Services be included on the agenda.</p> <p>The Scoping Report for The Role of Special Constables was agreed by Committee. It was noted the first witness session for the Working Group would be Wednesday 17 October 2012.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Work Programme be noted; 2. the Special Constable Working Group Scoping Report be agreed; and 3. the Committee meeting on 20 November 2012 to include a report on Hearing Services in the Borough. 	
<p>The meeting, which commenced at 6.00 pm, closed at 8.36 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nav Johal / Danielle Watson on 01895 250692 / 01895 277488. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

UPDATE ON OPHTHALMIC SERVICES

Officer Contact

Kelly Nizer, Senior Contracts Manager, NHS North West London.

Papers with report

None

REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

- Question the witnesses using the suggested questions/key lines of enquiry
- Ask additional questions as required
- Make recommendations to address issues arising from discussions at the meeting

INFORMATION

NHS Ophthalmic Services

NHS optometric eye services are provided by a qualified optometrist registered with the General Ophthalmic Committee in the main operating from within a high street dispensing optician's premises.

The Optometrist may provide mandatory or additional NHS services by virtue of a general ophthalmic service contract (GOS) which obliges them to deliver sight tests, undertake examinations to assess the health of a patient's eyes and to detect abnormalities and diseases that may be present for example glaucoma.

The mandatory service contract governs the provision of services on the high street and the additional services contract governs provision of services in a domiciliary setting.

At the end of the sight test, if clinically indicated the optometrist provides the patient with a prescription which may be taken to any optician of the patient's choice for glasses or contact lenses to be dispensed provided the optician accepts NHS optical vouchers.

Eligibility for a free NHS sight test is as follows;

- Aged under 16
- Aged 16, 17 or 18 and are in full-time education
- Aged 60 or over
- Registered as partially sighted (sight impaired) or blind (severely sight impaired)
- Diagnosed with diabetes or glaucoma

- 40 or over, and your mother, father, brother, sister, son or daughter has been diagnosed with glaucoma
- Advised by an ophthalmologist (eye doctor) that you're at risk of glaucoma
- Prisoner on leave from prison receive Income Support
- In receipt of income-based Jobseeker's Allowance (not Contribution-based)
- In receipt of pension Credit Guarantee Credit
- In receipt of income-based Employment and Support Allowance (not Contribution-based)
- Entitled to, or named on, a valid NHS tax credit exemption certificate
- Low income and named on a valid HC2 (full help) or HC3 (partial help) certificate

Patients may get help with the cost of glasses or contact lenses if they:

- Are aged under 16, or aged under 19 and in full-time education or
- Are eligible for an NHS complex lens voucher (your optician will advise you on your entitlement)

Some patients may get an NHS optical voucher if they

- Receive income Support or Income-based Jobseeker's Allowance (not contribution-based)
- Receive Pension Credit Guarantee Credit.
- Receive Income-based Employment and Support Allowance.
- Are entitled to, or named on, a valid NHS tax credit exemption certificate.
- Are named on a valid NHS certificate for full help with health costs (HC2). People named on an NHS certificate for partial help with health costs (HC3) may also get help.

Patients are asked to show proof of your entitlement to optical vouchers to the optician or a member of their staff.

There are currently eight voucher values. The values are dependent on the strength of your prescription. The stronger the prescription the higher the voucher value.

Those who receive an NHS optical voucher, you are free to take it to any supplier of their choice, providing the supplier accepts NHS optical vouchers. If the glasses or contact lenses cost more than the voucher value, the patient will have to pay the difference.

Enhanced Services are commissioned by the PCT and Public Health teams.

Witnesses

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

- NHS Hillingdon (PCT)
- Hillingdon Clinical Commissioning Group (CCG)
- Central & North West London NHS Foundation Trust (CNWL)
- The Hillingdon Hospital NHS Foundation Trust
- Hillingdon Community Health

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the organisations present on the ophthalmic services provided within the Borough and decide whether to take any further action.

BACKGROUND REPORTS

Information about NHS Ophthalmic Services is available from:

<http://www.dh.gov.uk/health/category/policy-areas/nhs/primary-care/eye-care-services/>

Information about health costs/vouchers:

<http://www.nhs.uk/NHSEngland/Healthcosts/Documents/2012/HC12-april-2012.pdf>

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UPDATE ON PHARMACIES AND PRESCRIPTION SERVICES

Officer Contact

Dr Ellis Friedman, Joint Director of Public Health, NHS Hillingdon and London Borough of Hillingdon

Papers with report

None

REASON FOR ITEM

To enable the Committee to receive updates and review the work being undertaken with regard to pharmacies and prescription services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

- Question the witnesses using the suggested questions/key lines of enquiry
- Ask additional questions as required
- Make recommendations to address issues arising from discussions at the meeting

INFORMATION

Brief description of how the pharmacy system works summarising rules in England

Community pharmacists were known in the past as chemists. Like GPs, community pharmacists are part of the NHS family. Every day about 1.8 million people visit a pharmacy in England.

Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. Many are open long hours when other health care professionals are unavailable. There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings.

The traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed. In recent years community pharmacists have been developing clinical services in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.

The Pharmacy in England White Paper, April 2008 sets out a vision for building on the strengths of pharmacy, using that capacity and capability to deliver further improvements in pharmaceutical services over the coming years as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

The Drug Tariff, published monthly by the Department of Health, contains the details of pharmacy services within England and remuneration information in relation to the Community Pharmacy Contractual Framework.

The Community Pharmacy Contractual Framework comprises three types of services:

- **Essential services** provided by all contractors – dispensing of medicines, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting, support for self care and clinical governance.
- **Advanced services** provided by accredited contractors – medicines or appliance use reviews.
- **Enhanced services** – locally commissioned by PCTs which may include out of hours rota, advice to care homes, smoking cessation, needle exchange, supervised methadone consumption, palliative care and emergency hormonal contraception.

Although a number of these contractual elements are agreed and funded nationally, there remains significant scope for PCTs to commission community pharmacy services locally, e.g. via the enhanced service route.

Description of hospital and outside hospital prescribing system including who can prescribe, over the counter medicines, etc.

Prescribing within hospitals is the remit of the relevant hospital chief pharmacist and their pharmacy department. Prescribing outside hospitals is generally referred to as primary care prescribing and there are a number of healthcare professionals that are able to prescribe medicines. The majority of primary care prescribing is undertaken by GPs (general practitioners or doctors) although there are other independent prescribers such as nurses and pharmacists that have undertaken the relevant training and qualifications for writing prescriptions.

Medicines can be POM (Prescription Only Medicine – can only be dispensed against a prescription), P (Pharmacy only - sold from registered pharmacies under the supervision of a pharmacist) or GSL (General Sales List – sold from anywhere). Additionally, some medicines are classified as Controlled Drugs and have further rules and regulations governing them. P medicines are often referred to as over-the-counter (OTC) medicines.

Brief description/discussion on the situation in Hillingdon including the availability of pharmacy services, the relative costs of the service, how performance is monitored and how we do locally.

The Pharmaceutical Needs Assessment (PNA) is a statutory document that supports commissioning of pharmaceutical services. It describes pharmaceutical services that are currently delivered and options for improvement within existing services. It also provides a rationale for future new entrant pharmacies. It focuses on the strategic commissioning priorities for NHS Hillingdon (NHSH), a primary care trust (PCT). The PNA is designed to assist NHSH in commissioning services from both current and potential providers through a systematic process of identifying needs and seeking to address them.

The PNA plays an essential role in equipping NHSH to deal with applications to provide pharmaceutical services under the Control of Entry processes and to reduce the associated risk to NHSH. It also provides a framework to enable the strategic development and commissioning of community pharmacy services to help meet the needs of the local population.

The PNA enables the health and pharmaceutical needs of the local population to be clearly identified and through this helps to enable clear decisions to be made regarding commissioning of pharmaceutical services.

Contractual monitoring of Hillingdon community pharmacy services is conducted by North West London team.

Witnesses

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

- NHS Hillingdon (PCT)
- Hillingdon Clinical Commissioning Group (CCG)
- Central & North West London NHS Foundation Trust (CNWL)
- The Hillingdon Hospital NHS Foundation Trust
- Hillingdon Community Health

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the organisations present on the pharmacies and prescription services provided within the Borough and decide whether to take any further action.

BACKGROUND REPORTS

Information from the PSNC

http://www.psn.org.uk/pages/about_community_pharmacy.html

Information from DH white paper

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

Link to electronic copy of the latest Drug Tariff

<http://www.nhsbsa.nhs.uk/924.aspx>

Hillingdon PCT Pharmaceutical Needs Assessment (PNA)

<http://www.hillingdon.gov.uk/media.jsp?mediaid=21774&filetype=pdf>

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WORK PROGRAMME 2012/2013

Officer Contact

Nav Johal and Danielle Watson, Central Services

Papers with reportAppendix A: Work Programme 2012/2013
Appendix B: Scoping Report: Diabetes Working Group

REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

1. Note the proposed Work Programme.
2. To make suggestions for/amendments to future working practices and/or reviews.

INFORMATION

1. Members are asked to highlight other issues that they feel the Committee may want to examine in 2012/2013. The meeting dates for the next municipal year are as follows and the meetings will start at 6pm unless indicated:

Meetings	Room
Thursday 11 October 2012	CR6
Tuesday 20 November 2012	CR6
Thursday 10 January 2013	CR6
Tuesday 19 February 2013	CR6
Tuesday 19 March 2013 – 5pm	CR5
Thursday 18 April 2013	CR6

2. Representatives from NHS North West London have been invited to a future meeting so that Committee can be updated on the consultation response. The Committee will be advised of confirmation of this date and to note that Members of Social Services, Health & Housing Committee will also be invited to this joint item.
3. Members of the Committee have agreed that, over the forthcoming year, major reviews will be undertaken of the following topics:
 - The role of Special Constables
 - Diabetes and the care pathway
4. The witness sessions for the role of Special Constables Working Groups have been completed and the Working Group is now in the draft final report stage.

5. The scoping report for Diabetes and the care pathway is attached to this agenda and for Members consideration.

SUGGESTED COMMITTEE ACTIVITY

1. Members to review the work to be undertaken in the 2012/2013 municipal year and highlight issues for potential scrutiny.
2. Members note the Work Programme and make any amendments as appropriate.
3. Ensure Members are clear on the work coming before the Committee.

BACKGROUND DOCUMENTS

None.

EXTERNAL SERVICES SCRUTINY COMMITTEE

2012/13 WORK PROGRAMME

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

Shading indicates completed meetings

Meeting Date	Agenda Item
6 June 2012	<p>NHS NWL NHS North West London will attend to update the Committee to Shaping a healthier future.</p>
17 July 2012 – 5pm	<p>LINK To receive a report on the progress of LINK in the Borough since the last update received by the Committee in July 2011.</p> <p>CNWL To receive an update from CNWL.</p> <p>Public Health To receive an update in relation to public health from Dr Friedman.</p>
13 September 2012	<p>NHS & GPs Performance updates, updates on significant issues and review of effectiveness of provider services:</p> <ul style="list-style-type: none"> • NHS Hillingdon • The Hillingdon Hospital NHS Foundation Trust • Royal Brompton & Harefield NHS Foundation Trust • Central & North West London NHS Foundation Trust • London Ambulance Service • Hillingdon CCG • Hillingdon LINK <p>Previous Major Review Updates To receive an update on progress made with regard to the Committee's major review recommendations over the last four years - Members requested that they receive an update at the meeting on 13 September 2012 on progress made with regard to the Committee's major review recommendations over the last four years.</p>

Meeting Date	Agenda Item
11 October 2012	<p>Safer Hillingdon To scrutinise the issue of crime and disorder in the Borough (Safer Neighbourhoods Team, Metropolitan Police Service, etc).</p>
20 November 2012	<p>Pharmacies and Opticians To receive an update in relation to pharmacies and opticians in the Borough.</p> <p>Prescription Services To receive a report on prescription services in the Borough.</p> <p>CNWL Consultation Update To receive an update following the conclusion of the consultation in relation to proposed changes to the bed based mental health service at Hillingdon Hospital.</p>
10 January 2013	<p>Utility Services To receive an update on the impact of the provision and quality of services provided by the utility companies in the Borough (TfL, water, gas, electricity, cable and telephone).</p> <p>Other areas to be scrutinised include the standard of maintenance of the substations and the enforcement options open to the Council when utility companies fail to adhere to standards.</p>
19 February 2013	<p>Crime & Disorder</p> <ul style="list-style-type: none"> • Metropolitan Police Service (MPS) • Mayor's Office for Policing and Crime (MOPC) • Safer Neighbourhoods Team (SNT) • Hillingdon Primary Care Trust (PCT) • London Fire Brigade • Probation Service • British Transport Police • Safer Transport Team <p>The MPS to be asked to provide information in relation to cautions and prosecutions.</p>
19 March 2013 – 5pm	<p>Community Cohesion Review To review the community cohesion achievements since March 2012 – topic to be agreed</p>

Meeting Date	Agenda Item
18 April 2013	Quality Reports & CQC Evidence Gathering <ul style="list-style-type: none">• Hillingdon Primary Care Trust (PCT)• The Hillingdon Hospital NHS Foundation Trust• Royal Brompton & Harefield NHS Foundation Trust• Central & North West London NHS Foundation Trust• London Ambulance Service• Care Quality Commission (CQC)• Hillingdon LINK

Themes	Future Work to be Undertaken
<p>The Role of Special Constable Working Group</p> <p>Comprising Councillors:</p> <ul style="list-style-type: none"> • Dhillon • Gilham • Kemp • Yarrow 	<p>Detailed review of the role of special constables.</p> <p>Working Group Meeting dates:</p> <ul style="list-style-type: none"> • 2pm, Wednesday 17 October 2012 – CR6 (1st witness session) • 2pm, Wednesday 24 October 2012 – CR4 (2nd witness session) • 2pm, Monday 10 December 2012 – CR3 (To review final report)
<p>Diabetes Care Working Group</p> <p>Comprising Councillors:</p> <ul style="list-style-type: none"> • East • Gilham • Jarjussey • Kauffman • Kemp • White 	<p>Detailed review of the diabetes care pathway in Hillingdon.</p> <p>Working Group Meeting dates:</p> <ul style="list-style-type: none"> • Stakeholder event (January 2013 – TBC) • 1st Witness Session – TBA • 2nd Witness Session – TBA • 3rd Witness Session – TBA • 4th meeting, draft final report - TBA • Site visit to be arranged - TBC



HILLINGDON

LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2012/2013

OBJECTIVE

Short title of review

REVIEW OF DIABETES IN THE BOROUGH

Aim of review

To review diabetes prevention and diabetes care pathways in the Borough and make recommendations for improvements.

Terms of Reference

1. To consider comprehensively all arrangements in the Borough with regard to diabetes care, diabetes prevention and diagnosis and any improvements that could be made;
2. To review whether diabetes care, diabetes prevention and diagnosis arrangements are timely, effective and cost efficient;
3. To review the guidance and support that is currently available from the NHS and the Council to those with diabetes and their carers;
4. To seek out the views on this subject from residents and partner organisations, including the voluntary sector, using the best consultation mechanisms;
5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
6. After due consideration of the above, to bring forward cost conscious and practical recommendations to the Cabinet and our partner organisations.

Reasons for the review

Diabetes is a long-term condition caused by too much glucose (sugar) in the blood. In the UK, approximately 2.9 million people are affected by diabetes. There are also thought to be around 850,000 people with undiagnosed diabetes.

There are three main types of diabetes:

- Type 1 - Previously known as insulin-dependent diabetes.
- Type 2 - Previously known as non-insulin dependent diabetes.
- Gestational diabetes mellitus (GDM)

Type 1

This is also known as juvenile, early onset, or insulin-dependent diabetes. It usually first develops in children or young adults. In the UK, about 1 in 300 people develops type 1 diabetes at some stage.

With type 1 diabetes the illness usually develops quite quickly (over days or weeks) as the pancreas stops making insulin. It is treated with insulin injections and a healthy diet.

Type 2

This is also known as maturity-onset, late-onset, or non-insulin-dependent diabetes. Type 2 diabetes usually develops after the age of 40 (but sometimes occurs in younger people). It is more common in people who are overweight or obese. Type 2 is the most common of the three types of diabetes.

With type 2 diabetes, the illness and symptoms tend to develop gradually (over weeks or months). This is because in type 2 diabetes you still make insulin (unlike type 1 diabetes). However, you either do not make enough for your body's needs, and/or the cells in your body are not able to use insulin properly. This is called insulin resistance.

Gestational diabetes mellitus (GDM)

Gestational diabetes mellitus (GDM) is a type of diabetes that arises during pregnancy (usually during the second or third trimester).

In some women, GDM occurs because the body cannot produce enough insulin to meet the extra needs of pregnancy. In other women, GDM may be found during the first trimester of pregnancy. In these women, the condition most likely existed before the pregnancy.

Diabetes Nationally

Diabetes in London and the UK is increasing at an alarming rate. The increase is predominately down to an ageing population and unhealthy lifestyles leading to obesity. More recently, a greater number of children are being diagnosed with type 2 diabetes.

Diabetes can cause serious health implications like heart disease, nerve damage and kidney damage. Amputation, blindness and even death can all result from not properly diagnosing or treating diabetes.

It is estimated that diabetes will cost the NHS more than a sixth of its entire budget by 2035. Diabetes and its complications account for approximately 10% (£9.8 billion) of NHS spending, but this is projected to rise to £16.9 billion over the next 25 years, or 17% of the health service's funds.

Diabetes in Hillingdon

The Joint Strategic Needs Assessment (JSNA) reported in 2011 that there are 15,176 diabetics in Hillingdon which is expected to increase to 18,974 by 2020. By the end of March 2007, 1 in every 21 of the adult population had been diagnosed with diabetes. By the end of March 2012 the figure increased to 1 in every 16 which is expected to increase further in the next 6 years to be 1 in every 10.

In order to tackle increasing rates, it is important to target action towards prevention and identification of undiagnosed diabetes. Early detection should contribute towards prevention as well as tackling obesity (which is a major risk factor), smoking, physical inactivity and poor diet. Programmes such as the NHS Health Check offers adults between the ages of 40-74 an assessment on their health. The programme assesses an individual's risk of developing heart disease, stroke, type 2 diabetes and kidney disease, which are the largest contributors to cause of death in the UK. The aim of the programme is to provide tailored advice and support to help lower or manage this risk.

Dr Rowan Hillson is a consultant physician and diabetologist at Hillingdon Hospital where she and colleagues have established a very successful local diabetes service. In 1989 she established the diabetes team in Hillingdon and led the project to develop the Hillingdon Diabetes and Endocrine Unit. This centre, named Diabeticare, gained an international reputation and in 1997 Dr Hillson and the team won the national Hospital Doctor Diabetes Team award. Dr Hillson also has the additional role as National Clinical Director for Diabetes. Dr Hillson is responsible for helping to improve the care of the 2.4 million people with diabetes in England.

Supporting the Cabinet & Council's policies and objectives

- Hillingdon Health and Wellbeing Strategy and Action Plan (draft)
- Older People's Commissioning Plan (draft)
- Joint Strategic Needs Assessment

INFORMATION AND ANALYSIS

Key Issues

1. Are residents' expectations and concerns about diabetes care, diabetes prevention and diagnosis reflected in the Council's services?
2. How well developed are local strategies and partnerships with regard to diabetes?
3. How is diabetes currently identified and dealt with in the Borough and is there any additional scope for this to be improved and standardised?
4. How have other areas/councils successfully dealt with the issue of diabetes management?
5. What impact has this had on the local service provider?
6. What training is available to health professionals to properly detect and assess diabetes cases?
7. How can education and training in relation to diabetes for health and social care professionals, care home staff, diabetes patients and their carers be improved?
8. How can diabetes-related hospital admissions and unscheduled care costs (on the health side) be reduced? What impact would this have on individuals with diabetes?
9. Why does Hillingdon have a low spend poor outcome in diabetes services?
10. How good is local awareness, early identification and diagnosis?
11. How are we working with high risk communities such as Asian and African-Caribbean populations?
12. What information and advice is available locally? What treatment and support services are available?
13. How good is care for people with diabetes in hospital? How are people with diabetes supported in living at home? What is the quality of life for people with diabetes in care homes?
14. What are the links of diabetes to obesity and how does the work of the obesity agenda contribute to the prevention of diabetes?
15. What joint work is there currently between NSH and London Borough of Hillingdon and how can this be improved?

Remit - who / what is this review covering?

With regard to Hillingdon, it is proposed that this review will look at:

1. how awareness and understanding causes and treatment of diabetes can be raised for health and social care professionals and the public;
2. improvements that could be made with regard to prevention, early diagnosis, intervention and management.
3. how to ensure a higher quality of care/living well with diabetes; and
4. how to reduce diabetes-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

Connected work (recently completed, planned or ongoing)

Diabetes and Endocrine Unit

The Hillingdon Diabetes and Endocrine Unit is based at Hillingdon Hospital. It includes the Pagett ward for in-patients, and Diabeticare (out-patient District Diabetes Centre) where the team also sees patients. There is also a diabetic and an endocrine clinic at Mount Vernon Hospital (no walk-in). Patients meet members of an experienced multi-disciplinary team including doctors, nurses with specialist skills, midwives, dieticians, podiatrists and psychologists.

Diabeticare is the Diabetes and Endocrine outpatient department, for patients with diabetes and other hormone problems. Staff are available without appointment (walk-in) to respond to enquiries regarding your diabetic management and equipment but it may be necessary to refer you for a further appointment. Out-patient appointments in Diabeticare: Patients with urgent problems can be seen in Diabeticare on the same day and most people can be seen within two weeks of referral.

The Explore Hillingdon Programme

Explore Hillingdon is a programme of walking and cycling and is linked to Change4life Hillingdon. It is relevant for helping to prevent diabetes as well as those who have a diagnosis of diabetes.

The Walk Hillingdon programme is part of the National Walking for Health programme and is well established in Hillingdon, having been operational for over 120 years. It was set up by the Specialist Health Promotion team locally and encourages regular physical activity through offering led walks throughout the Borough.

A new referral process has been established with Diabeticare, whereby walking activity in this programme is recorded and followed up at patient reviews by specialist diabetic nurses. This process has within 2 months seen more referrals to the walk programme by health professionals than those typically made in any one year.

This process is currently being promoted to Clinical Commissioning Groups through Multi-Disciplinary Group meeting with the aim of GP's adopting the system.

This preventative action can of moderate intensity physical activity can reduce the risk reduction of type 2 diabetes by up to 60%.

The Age Well on Wheels programme is also part of the Explore Hillingdon programme. It is a programme of free led cycle rides that are available to people over the age of 50. This programme is also being promoted to GP's through the Explore Hillingdon dissemination and through previously referred to Multi-disciplinary groups.

Integrated Care Programme (ICP)

In July 2011, NHS North West London (NWL) launched a large scale project to integrate care for its population of older people (over 75s) and those living with diabetes. The project was launched in partnership with CCG's and Local Authorities. The Integrated Care Programme (ICP) is currently being piloted in Hillingdon. The pilot brings together organisations from the acute, primary care, community care and social care sectors. The programme is aiming to develop integrated approaches and better co-ordinated health and social care plans for people with complex needs who are over 75 years old and or have diabetes. As such, better quality care in the community should reduce unnecessary emergency admissions and make better use of available resources with potential efficiencies.

Dose Adjustment For Normal Eating (DAFNE)

Dose Adjustment For Normal Eating (DAFNE) is a structured educational patient programme in intensive insulin therapy and self management where people with type 1 diabetes are taught to match their insulin dose to their chosen food intake on a meal by meal basis. The DAFNE training programme is available at The Hillingdon Hospitals NHS Foundation Trust.

Diabetes Education Structured for the Management of Ongoing and Newly Diagnosed Diabetes (DESMOND)

DESMOND is a one day session, delivered by trained facilitators using specially developed resources; the programme is delivered at several locations in Hillingdon to groups of up to ten people who have been newly diagnosed with type 2 diabetes. Following a GP referral patients are invited to attend at a venue of choice and are encouraged to bring along a friend or relative for support. Those who attend the course will learn how management of the following lifestyle changes can improve wellbeing:

- Exercise
- Blood glucose monitoring
- Medication
- What you can eat

- Sugar content in food and drink

EVIDENCE & ENQUIRY

Methodology

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.
2. The Working Group Members may also make visits to sites and/or to other Boroughs or organisations with best practice examples.
3. A consultation exercise or stakeholder event could also be undertaken.

Witnesses

Possible witnesses could include:

1. Individuals with diabetes living in Hillingdon.
2. Older People's Services, Commissioning Team, Public Health Team.
3. External partners, e.g., Older People's Forum, Age UK, Community Integrated Care (CIC), Hillingdon Clinical Commissioning Group, NHS Hillingdon, The Hillingdon Hospital NHS Foundation Trust, CQC, Health and Wellbeing Board, Hillingdon LINK, NHS Health Watch, Dr Hillson and Dr Trish Hurton (Clinical Lead for Diabetes).
4. Cabinet Member for Social Services, Health and Housing.

There may need to be some prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals with diabetes, relevant charities, service departments and outside organisations. Consideration of a possible stakeholder event, similar to the one undertaken on dementia care, which was highly successful.

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 November 2012	Agree Scoping Report	Information and analysis
Date TBA	Site Visit / Stakeholder Event	Evidence & enquiry
Date TBA	Introductory Report / Witness Session 1	Evidence & enquiry
Date TBA	Witness Session 2	Evidence & enquiry
Date TBA	Witness Session 3	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC – 19 March 2013	Agree Draft Final Report	
Cabinet – 25 March 2013		

Equalities

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse Borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.