



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

John Riley (Chairman)
Ian Edwards (Vice-Chairman)
Tony Burles
Phoday Jarjussey (Labour Lead)
Judy Kelly
Michael Markham
June Nelson
Michael White

Date: THURSDAY, 18
SEPTEMBER 2014

Time: 6.00 PM

Venue: COMMITTEE ROOM 5 -
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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Putting our residents first

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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 - 15 July 2014 1 - 10
- 4 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
- 5 The Role Of The "Crime And Disorder Scrutiny Committee" In Relation To The Safer Hillingdon Partnership's Performance And Plans 11 - 32
- 6 Work Programme 2014/2015 33 - 38
Appendix B - to follow

PART II - PRIVATE, MEMBERS ONLY

- 7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

15 July 2014

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Tony Burles, Peter Davis (In place of Ian Edwards), Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White</p> <p>Also Present: Dr Ian Goodman - Hillingdon Clinical Commissioning Group Ceri Jacob - Hillingdon Clinical Commissioning Group Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Maria O'Brien - Central and North West London NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust Lucy Davies - Royal Brompton and Harefield NHS Foundation Trust Graham Hawkes - Healthwatch Hillingdon</p> <p>LBH Officers Present: Nigel Dicker, Sharon Daye and Nikki O'Halloran</p> <p>Public and press: 4</p>
10.	<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 Ian Edwards. Councillor Peter Davis was present as a substitute.</p>
11.	<p>MINUTES OF THE PREVIOUS MEETING - 18 JUNE 2014 (<i>Agenda Item 3</i>)</p> <p>Members were advised that the Committee's response to the London Ambulance Service Quality Account report 2013/2014 had been submitted on 23 June 2014.</p> <p>With regard to the reviews being undertaken by the Committee during this municipal year, Members were advised that the scoping reports were in the process of being drafted. These would be included on the agenda for consideration by the Committee at its meeting on 18 September 2014.</p> <p>Although Members had requested that they receive an update on developments relating to <i>Shaping a healthier future</i> at the meeting on 15 July 2014, this item had been moved to 18 November 2014. The Committee would instead be receiving an update on the proposal to withdraw the walk in service at Hayes Town Medical Centre.</p> <p>It was noted that Councillor Michael Markham's apologies had been omitted from the minutes of the last meeting.</p>

	<p>RESOLVED: That, subject to the amendment detailed above, the minutes of the meeting held on 18 June 2014 be agreed.</p>
12.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
13.	<p>HAYES TOWN MEDICAL CENTRE WALK-IN SERVICE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. He advised that he and Councillors Corthorne and Edwards had recently met with representatives from the Hillingdon Clinical Commissioning Group (CCG) and North West London Commissioning Support Unit (NWL CSU) in relation to the proposal to allow the contract for the walk-in service at the Hayes Town Medical Centre (HTMC) to lapse when the contract ended at the end of September. The walk in service at HTMC had originally been provided with a view to reducing the number of Accident and Emergency (A&E) attendances. However, during the period that it had been open, attendance at A&E had increased, with a slow decline noted recently in attendances at the Walk in service. As such, there was no evidence to suggest that the walk in provision was fulfilling a service need.</p> <p>Dr Ian Goodman, Chair of the Hillingdon CCG, advised that the HTMC had been established in 2009 on a fixed term contract and that 8k patients had registered with the GP surgery since it opened. The proposal to withdraw the walk in service from HTMC (and the 12 week consultation exercise associated with this proposal) had been discussed with Members at the External Services Scrutiny Committee meeting on 17 July 2012. Since the consultation had ended, there had been significant changes to the provision of health services including introduction of the 111 service and a new 24/7 Urgent Care Centre at the front of Hillingdon A&E.</p> <p>Members were advised that, although NHS England (NHSE) was responsible for the adequate provision of primary care services (including the GP surgery at HTMC), the walk in service at HTMC was the CCGs responsibility. It was noted that the contract for the walk in service at HTMC was due to expire on 30 September 2014. Dr Goodman was clear that there were no proposals to close the GP surgery at HTMC and that an enhanced contract for this service was currently being negotiated by NHSE to include extended opening.</p> <p>It was noted that the patients who experienced the most difficulty with regard to access were not the ones that were using the walk in facility at HTMC. The patients using the walk in service tended to be younger, had access to vehicles, were from Hayes and were already registered with the GP surgery at the Centre. The most common reason for attendance at the walk in were respiratory problems (mainly coughs and colds) followed by rashes, UTIs and medication issues.</p> <p>The CCG had looked at the impact of the withdrawal of walk in services elsewhere. Dr Goodman advised that the withdrawal in Hounslow had resulted in only 10% of the patients previously seen by the walk in service going to the UCC. Erring on the side of caution, Hillingdon CCG had planned for 20% (which would equate to approximately 10 additional patients being seen by the UCC per day). It was noted that capacity at the UCC would easily be able to absorb this additional work.</p> <p>Members were advised that the walk in service provision at HTMC cost £612k whereas the same service provided by the UCC cost only £150k. If agreed as expected by the</p>

CCG Governing Body on 25 July 2014, the £462k savings would be reinvested locally (e.g., contribute towards the extension of access to GPs in Hayes and Harlington) and would help to balance the CCGs financial position. Savings would also be achieved as the current system meant that, when a patient registered elsewhere attended the walk in service, this service was effectively being paid for their care as well their own GP.

It was noted that formal communication in relation to the CCG Governing Body decision would commence with stakeholders on 25 July 2014 and a communications and engagement outreach plan had been formulated to start on 27 July 2014 (to run until March 2015). Members were advised that the Hillingdon System Resilience Group would oversee closure plans and the CCG Governing Body would receive regular updates over the coming months.

Hillingdon had been a pioneer for the NHS 111 service. Dr Goodman advised that the service had subsequently been rolled out across the country. Locally, NHS 111 was now well established and the service was comparable with the rest of London. In addition to this service, the Urgent Care Centre had opened next to the A&E department at Hillingdon Hospital in October 2013. Between October 2013 and June 2014, the UCC had seen 250k patients and, as a result, had reduced the number of patients being seen in A&E which had then freed staff up to focus on more acute conditions (approximately 230 patients were seen at the UCC each day and 150 in A&E). This co-location had also proved useful with regard to those patients that attended the UCC who were actually more unwell than they realised and actually needed to be seen in A&E.

Dr Goodman advised that GPs in the Borough had recently aligned themselves into networks to enable them to work more efficiently. Hillingdon had secured financial support through the Prime Minister's Challenge Fund to set up the networks and work was currently underway to look at introducing a text appointment reminder facility.

Members were advised that all surgeries in Hillingdon used the same IT system (EMIS) which enabled GPs to access patient records online and gave them the ability to offer patients the option of booking appointments online. Although the CCG would continue to encourage practices to offer this facility to their patients, this was actually the responsibility of NHSE. It was noted that, although it could sometimes be quite difficult to get an appointment with a GP, a pilot was underway to ensure that the most vulnerable 2% of patients were given priority access.

Concern was expressed with regard to the phlebotomy service and the length of time that some patients had to wait to be seen at the hospital. Dr Goodman advised that this issue had been looked at previously but that further investigations could be undertaken.

RESOLVED: That the presentation be noted.

14. **UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH**
(Agenda Item 6)

Central and North West London NHS Foundation Trust (CNWL)

Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that there were two main elements to the service that the organisation provided: mental health services and community physical health services. Approximately 37% (100,000) of Hillingdon residents of all ages used one of these services in one way or another. With regard to the Hillingdon service user demographics and the costs associated with each of the

services provided in the Borough, Ms O'Brien would forward a breakdown to the Democratic Services Manager.

Members were advised that the Northwood and Pinner Rehab unit had moved to the CNWL Woodlands Centre on the Hillingdon Hospital campus in October 2013 and was now known as the Hawthorne intermediate care unit. This move had been well received by service users and had enabled the service to be better aligned with hospital services.

With regard to older adult mental health services, it was noted that a specialist memory service had been commissioned from CNWL in April 2013. Although the demand for the dementia service had grown, the assessment waiting time was now 2-3 weeks. Members were also advised that the savings made through the reduction in older adults mental health beds had been reinvested in physical and mental health services.

It was noted that CNWL was commissioned by the Clinical Commissioning Group (CCG) to provide services for residents that would help them stay at home including the Rapid Response service which prevented unnecessary hospital admission. These services had helped reduce the financial implications for social services. Individuals could be referred to the Rapid Response service by their GP, A&E or LAS and referrals were monitored to track the effectiveness of the service and identify how many patients were readmitted. A breakdown of the costs and patient numbers would be forwarded to the Democratic Services Manager for circulation to the Committee.

A consultant-led falls clinic (providing therapy and medical support) had been established jointly with Hillingdon Hospital in 2013 as part of work to enable early and safe discharge from hospital to home. Funding for this clinic had been secured for the next year.

CNWL itself was committed to making planned savings and was looking at the implementation of technology to improve processes and reduce administration which would then free up resources that could be invested in front line services.

Hillingdon Child and Adolescent Mental Health Services (CAMHS) provided community mental health services to children and young people up to the age of 18. It was noted that the types of difficulties dealt with by CNWL were predominantly what would be described as Tier 3 (complex and severe) CAMHS services, with a limited service provided at Tier 2 (mild/moderate) due to resourcing issues. Tier 4 services were provided by a number of providers that were commissioned by NHS England (NHSE).

It was recognised that there had been a number of commissioning gaps in the CAMHS service provided in the Borough. Ms O'Brien advised that work was underway with the CCG and local authority to address these issues.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Mr Nick Hunt, Director of Service Development, advised that RBH was increasingly becoming the hospital of choice for residents in the Home Counties. As such, it was anticipated that demand would increase further from this area when the Heart hospital (UCL) moved to St Bart's.

Ms Lucy Davies, General Manager at Harefield Hospital, advised that the services provided at Harefield had developed rapidly to a 24/7/365 acute cardiac centre which regularly received blue light vehicles and transplant patients even, occasionally, being transported by helicopter. The increased demand for services had resulted from the

dedicated and effective work that had been undertaken by the Trust to win referrals. To ensure that RBH was able to meet the increasing demand, it had put investment plans in place to expand capacity at Harefield Hospital as a precursor to larger scale redevelopment on the site. A planning application for the first three stages would be submitted in the next few weeks and it was anticipated that these phases would result in a 20% increase in capacity at Harefield Hospital:

- Phase 1 - would provide an additional 6 critical care beds, a new purpose built scanning centre and a new 18 bed inpatient ward (Holly Ward). It was anticipated that this would be completed by March 2015.
- Phase 2 - would provide an endoscopy / minor procedures facility and more day case / short stay beds and a daycare lounge. In addition, Oak Ward would be rebuilt as a 2 storey ward (providing an additional 30 beds), the hospital entrance would be reconfigured and the lodge house would be converted for use by up to 4 patients who were medically but not socially fit for discharge.
- Phase 3 - would see the creation of a new purpose built 3 storey graduated care unit, an imaging centre and bring together 48 critical care and high dependency beds. It was anticipated that this would be completed in the next 4-5 years.

Members were advised that Harefield hospital dealt with cardiac and thoracic and cancer patients and that 50% of the work undertaken on the site was in relation to lung cancer. Mr Hunt noted that, between its two hospitals, RBH was the biggest lung cancer specialist in the country.

Although a new cardiology ward had been built two years previously, this was now at capacity. It was noted that the hospital had 15k inpatients and 40k outpatients, of which, approximately 5-8% were private patients. Mr Hunt advised that RBH provided the CCG with statistical information on a monthly basis about the services that it provided to Hillingdon residents. He would ensure that this information was also passed on to Members of the Committee.

Members were advised that the *Safe and sustainable* review was over and had been replaced by a general review of congenital heart services (from foetal to old age). The remit of this new review was believed to be more logical. Mr Hunt again thanked the Committee for the support that it had given the Trust during the *Safe and sustainable* review.

Public Health (PH)

Ms Sharon Daye, Interim Director of Public Health, advised that the service had been fully transferred to the Council on 1 April 2013. The remit of PH was broad and covered services such as: community mental health services (it was anticipated that the latest mental health needs assessment would be published in the autumn), smoking cessation, wellbeing services and substance misuse. As well as providing the core offer to the CCG (where the PH team attended meetings with the CCG and provided JSNA updates), it was noted that PH also commissioned services such as:

- sexual health services - CNWL currently held a 2 year contract for this service and THH provided the GUM clinic (genitourinary medicine). The last sexual health needs assessment was undertaken in 2011/2012;
- school nursing - the current contract was held by CNWL;
- substance misuse services - this contract was due to expire at the end of October 2014 but Cabinet had agreed to extend the current contract so that the service could be put out to tender. The substance misuse needs assessment was currently being refreshed to ensure that it contained the right information for the level of need in the Borough;
- smoking cessation services; and

- local health improvement work.

Members were advised that a number of the primary care contracts would be let later in the year. Local enhanced schemes were being looked at in light of the new Department of Health framework and, as such, it was anticipated that these would be signed off by the autumn (subject to negotiation with the LMC and Pharmaceutical Association).

Ms Daye regularly reported to the Hillingdon Health and Wellbeing Board in relation to the Health and Wellbeing Strategy and the PH Action Plan.

It was recognised that most attendances at the GUM clinic would be voluntary. However, PH had undertaken outreach work at the university and was able to text results to the individual and, if needed, organise an appointment for treatment. Concern was expressed in relation to the links between sexual health and substance misuse and asked whether the Council had access to data in relation to blood borne viruses. Ms Daye advised that, specialised commissioning fell within the remit of NHSE. However, expectant mothers were routinely screened for HIV and PH did have access to information about blood borne viruses. Members requested that they be provided with further statistical information and analysis to in relation to the work of the PH team.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Mr Shane DeGaris, Chief Executive, advised that the Trust had been consistently receiving a Monitor 'Continuity of Services' rating of 3 (ratings ranged from 1 to 5) since it had become a Foundation Trust. It had also been classed as Band 6 (lowest risk) in the last 3 CQC intelligence monitoring assessments with the next full assessment expected in late September 2014.

THH had managed a small surplus in 2013/2014, despite it being recognised that, when looking at the national formula, the Trust had been underfunded. The Trust had planned a break-even budget in 2014/2015.

Members were advised that THH had achieved its best ever results for c-difficile and MRSA infections with a reduction of 48% in c-difficile cases between 2012/2013 and 2013/2014.

Professor Theresa Murphy, Director of Patient Experience and Nursing, advised that the Friends and Family test results covering April 2013 to April 2014 had shown a positive comparative performance (with a continuing low level of negative comments). The feedback received through this process was fed into a schedule of improvements, was reviewed at Board, Corporate Nursing team and at ward level and actions were taken as appropriate (e.g., Comfort at Night which was cited by the Secretary of State).

With regard to seven day working and safer staffing, Members were advised that the Trust had been highly commended by 'Dr Foster' for the reduction in weekend mortality. The Committee requested that Members be provided with further mortality information, broken down by numbers, days and causes.

Senior medical cover had been extended across 7 days in acute medicine, paediatrics, obstetrics and A&E and winter funds had been used to expand a number of services across the weekend, e.g., therapies, radiology, pharmacy. However, it was recognised that significant further progress was required which would mean having to use existing budgets in a different way.

Insofar as midwifery was concerned, it was noted that a review had led to £658k investment in nursing and midwifery staffing. However, it was acknowledged that this was an area which would benefit from even further investment. Members were advised that the Trust had a monthly recruitment programme which had proved successful in appointing good quality staff.

Current activity pressures at THH included a 35% increase in admissions to resus in May 2014 (compared to May 2013) and a 12% increase in non-elective admissions in April and May 2014. The Trust was working with partners to identify and address the cause of these additional pressures.

Mr DeGaris stated that the Trust's outline business case (OBC) in relation to *Shaping a healthier future* review was expected to be signed off by the THH Board in July 2014. The OBCs for North West London (NWL) would be considered as part of an overall plan for NWL. It was anticipated that the Trust would receive £17m as part of this review to help with the backlog of maintenance and building improvements. A further £23m was expected for work in relation to Theatre upgrade and the expansion of A&E, maternity and critical care services.

Work that was already underway or completed included:

- the completion of the refurbishment of Beaconsfield East;
- modernisation of the MRI service;
- the expansion of the neuro-rehabilitation service at Mount Vernon; and
- building a new Acute Medical Unit (AMU) and Endoscopy Department at Hillingdon Hospital.

Members were advised that, although the Trust performed very well, it was unable to raise the £40m-£60m that would be needed to refurbish Hillingdon Hospital to ensure that it was fit for the future. Although the Trust would be replacing the 45 year old leaky windows on the top two floors of Hillingdon Hospital, THH was lobbying for additional funding for work to be undertaken on the rest of the building. In addition, a planning application had been submitted to build a single deck extension to the car park, to include a reconfiguration of the access to mitigate the impact on passing traffic (funding was already in place to support this development).

Hillingdon Clinical Commissioning Group (CCG)

Ms Ceri Jacob, Chief Operating Officer, advised that the CCG formally became operational on 1 April 2013, was coterminous with the Borough and included all 48 GP practices. The area was split into three localities which were each represented on the Governing Body by three GPs.

When created, the CCG (which had a budget of approximately £300m - or £75 per person, per year) had inherited a deficit which had been compounded by underfunding (approximately £23m against the target figure). A financial recovery plan was in place to help the CCG move closer to where it should be but it was a slow process. Of the £12m QIPP (Quality, Innovation, Productivity and Prevention) savings needed for 2014/2015, £10.3m had been identified and further investigations were being undertaken to identify where the shortfall could be made.

Members noted that the CCG worked collaboratively with the CCGs in Brent and Harrow. In addition, the CCG was working with the other North West London (NWL) CCGs on programmes such as the *Shaping a healthier future* (SaHF) review. Although, as part of SaHF, there were moves for more procedures to be undertaken by

GPs, the smaller practices were struggling and needed support from the GP networks that had been set up. This support was being assisted by an improved training programme and the Out of Hospital Strategy.

The CCG was also looking at better delivery of services and the transformation agenda. To this end, the organisation had worked with the Council on the Better Care Fund submission (in relation to the integration on health and social care). NHSE had made very few comments on this submission which had had a focus on working together to improve the services provided to the frail elderly.

Ms Jacob advised that the CCG was involved in individual care planning with individual patients. Although the CCG did not have access to individual patient level data, there were routes through which individual patients could be tracked. On a commissioning level, Ms Jacob advised that the CCG looked at the patient pathway to identify gaps and duplication which would then inform the design of the service.

Dr Ian Goodman, CCG Chair, advised that the 8 NWL boroughs had collaborated to establish a 'data warehouse' which would be up and running in the next 8 months. It was anticipated that, once functioning, this facility would be able to produce comprehensive data and it was hoped that social care information would also be included.

With regard to the Yiewsley Health Centre, Members were advised that the development was progressing. It was anticipated that the new Centre would accommodate three existing practices from the area which were all in sub-standard properties. Although the new centre would not have much additional capacity, it was likely to be co-located with some CNWL and out of hospital services.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer, advised that HH had been set as a result of the Health and Social Care Act 2012 at the same time as the CCG. HH had built on the work that had been undertaken by its predecessor, the Local Involvement Network (LINK).

HH Board comprised a Chair and 8 Board Members, had 3½ FTEs and they had recruited over 30 volunteers. The organisation had a budget of £175k and a 2 year contract which would expire in 2015. HH provided residents with a platform to voice views on health and social care and enabled them to get involved in shaping service provision. In addition, the HH role included:

- providing information, signposting and helping residents to negotiate complex care pathways, e.g.:
 - publicising the NHS 111 facility; and
 - helping vulnerable residents (e.g., those with learning difficulties) to ensure that they were supported to receive an equal service; and
- acting as a critical friend to challenge the work of commissioners and providers, e.g.:
 - patient led assessments of the clinical environment - these were undertaken annually and looked at factors such as cleanliness and food; and
 - quarterly assessment at Mount Vernon and Hillingdon Hospital - which had resulted in improved signage and the development of an action plan to prioritise areas for improvement.

Although the services in Hillingdon were of a good standard and there was an ethos of

quality improvements, it was acknowledged that there were areas which required improvement. A high number of complaints received by HH were in relation to individual members of staff rather than the service itself.

Although a large proportion of residents understood that the NHS was stretched financially, they were not necessarily aware of how they could help themselves to prevent unnecessary use of services. Mr Hawkes advised that HH was aiming to increase its promotion of the support and advice that it provided throughout the Borough.

RESOLVED: That:

- 1. Ms O'Brien forward a breakdown to the Democratic Services Manager of the demographics and costs associated with each of the services provided to Hillingdon service users (including the Rapid Response service);**
- 2. Ms Jacob provide the Democratic Services Manager with a breakdown of the costs and patient numbers using the services provided to help them stay at home;**
- 3. Ms Daye provided the Democratic Services Manager with further statistical information and analysis to in relation to the work of the PH team;**
- 4. Mr Hunt forward a breakdown of the services provided by RBH and associated costs to the Democratic Services Manager;**
- 5. Mr DeGaris provide the Democratic Services Manager with further mortality information, broken down by numbers, days and causes; and**
- 6. the presentations be noted.**

15. **WORK PROGRAMME 2014/2015** (*Agenda Item 7*)

Consideration was given to the Committee's Work Programme for 2014/2015. As there had been a new directive requiring local authorities to meet a 26 week timescale for adoptions, an additional meeting would be set up to scrutinise the issue and review potential external barriers that might hinder their progression through the Family Court. Members agreed that Lord Justice James Munby be contacted and that a meeting be scheduled around his availability.

Members were keen to ensure that they received regular statistical information and analysis from the local Trusts in relation to outcomes, costs and numbers of patients. The Democratic Services Manager would contact each organisation to request that this information was provided.

It was noted that, although mention had been made during the meeting about the air quality health implications, the health challenges presented by Heathrow in terms of foreign nationals being unwell when they arrived at the airport. Members agreed that this was an issue about which they would like further information at a future meeting.

RESOLVED: That:

- 1. the Democratic Services Manager contact Lord Justice Munby to organise an additional Committee meeting to review potential external barriers that hinder the progression of adoptions through the Family Court;**
- 2. the Democratic Services Manager request that each Trust provide the Committee with regular statistical information;**
- 3. further information be sought at a future meeting in relation to the health challenges presented by foreign nationals being unwell when they arrived Heathrow airport; and**
- 4. the amended Work Programme be noted.**

	The meeting, which commenced at 6.00 pm, closed at 8.47 pm.
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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 - THE ROLE OF THE “CRIME AND DISORDER SCRUTINY COMMITTEE” IN RELATION TO THE SAFER HILLINGDON PARTNERSHIP’S PERFORMANCE AND PLANS

Contact Officer: Ed Shaylor
Telephone: 01895 277532

REASON FOR ITEM

To enable the Committee to comment on the Safer Hillingdon Partnership’s performance to date in the year 2014/15 and consider future priority areas for action.

OPTIONS OPEN 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.

INFORMATION

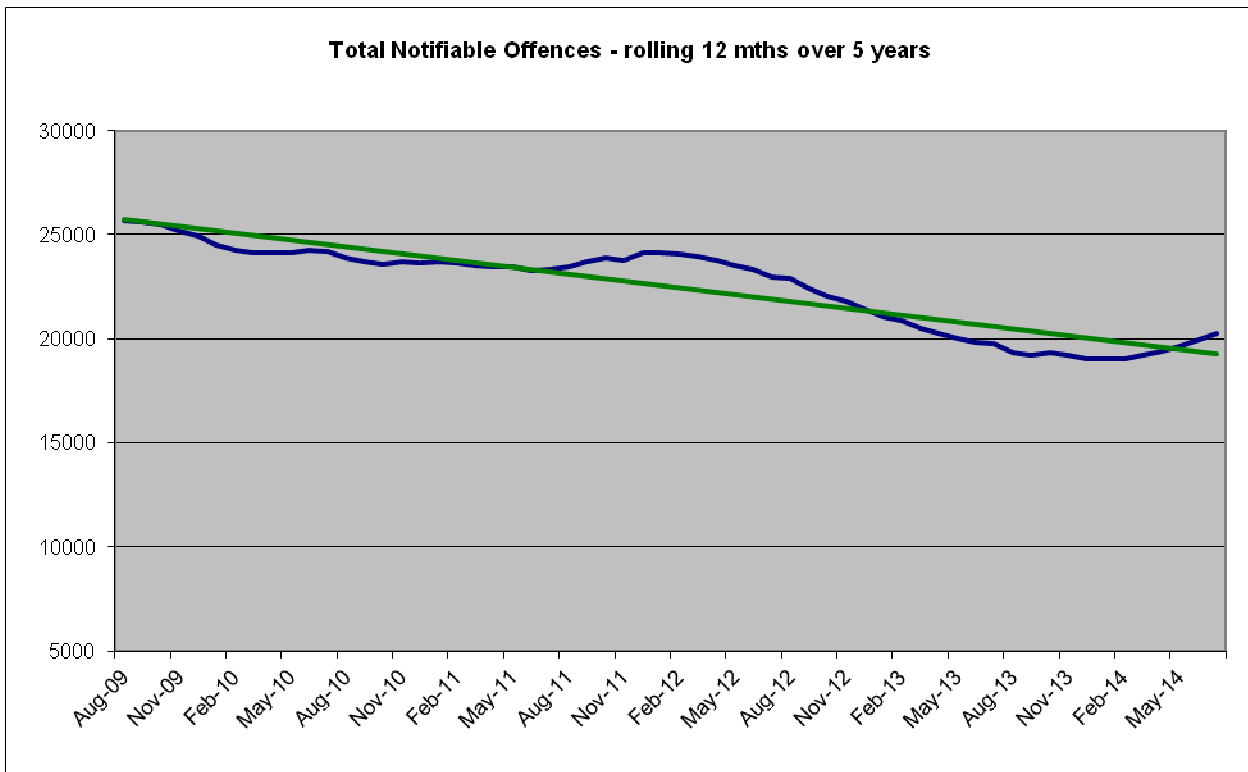
Introduction

The Safer Hillingdon Partnership Plan (2014/15) identifies 4 priority areas for action. Within each key priority are a number of objectives.

Safer Hillingdon Partnership priorities	Safer Hillingdon Partnership objectives
Deal effectively with ASB	Deal effectively with ASB reported to the council, police and other agencies.
Reduce offending and victimisation	Deal effectively with criminal justice clients with alcohol misuse problems. Deal effectively with criminal justice clients with drug misuse problems. Deliver new, effective partnerships to work with Integrated Offender Management cohort. Deliver support services to victims of domestic violence. Deliver support to residents who are hoarders. Improve training, guidance & information about improving home safety. Improve resilience of Year 6 pupils when they transfer to senior school. Reduce risk factors associated with youth offending. Reduce violent crime.

Safer Hillingdon Partnership priorities	Safer Hillingdon Partnership objectives
Reduce crime and disorder in vulnerable locations	Conduct Home Fire Safety Visits in priority postcodes. Reduce the number of fires. Deliver a project to reduce raves. Deliver crime reduction projects to vulnerable locations in Hayes town. Reduce the number of burglaries in the borough.
Improve resident confidence	Support the work of the new Safer Neighbourhood Board. Support residents to work together to reduce crime and disorder.

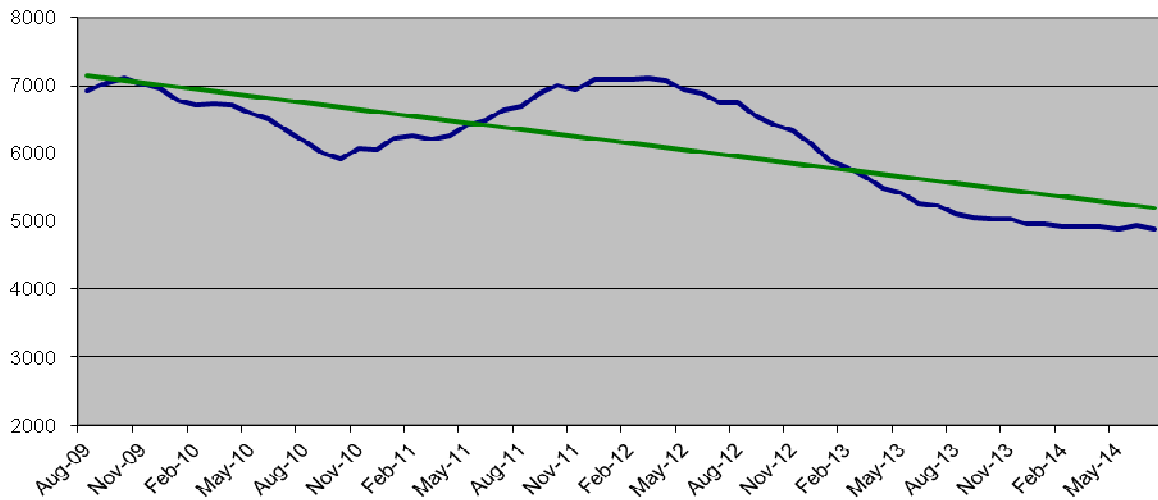
Crime performance to 31 July 2014 ¹



Total notifiable offences have decreased by 21% when we compare the number of reports in the 12 months prior to July 2009 (25,621 offences) to the same period in 2014/15 (20,229 offences).

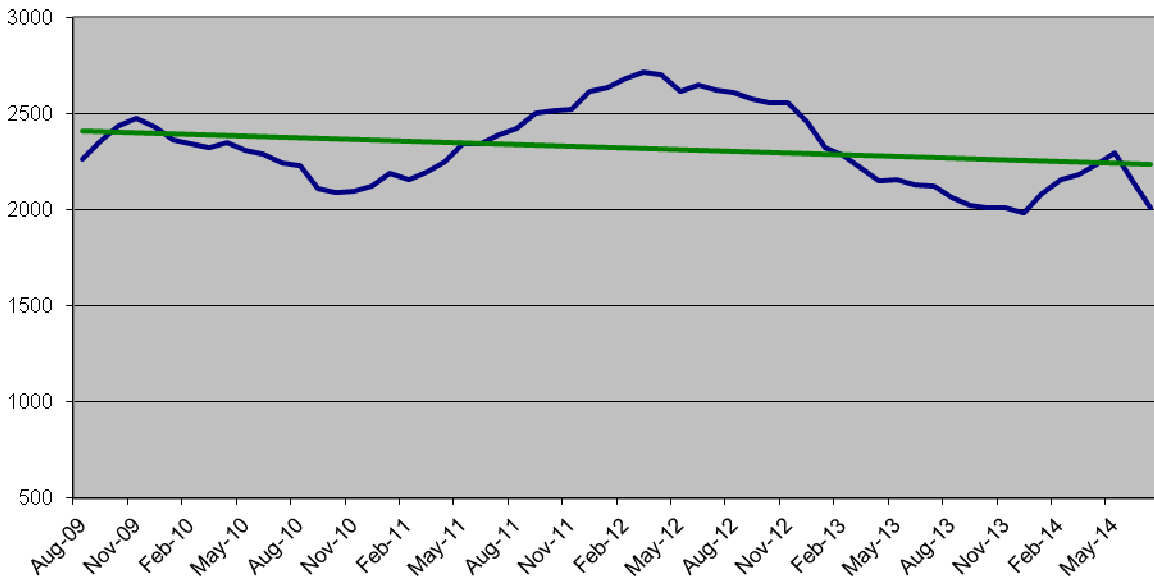
¹ The blue (wavy) line in all the graphs shows the number of offences in the 12 months prior to the point on the graph. The green (straight) line is the trend over the full period of the graph.

Serious Acquisitive Crime - rolling 12 mths over 5 years



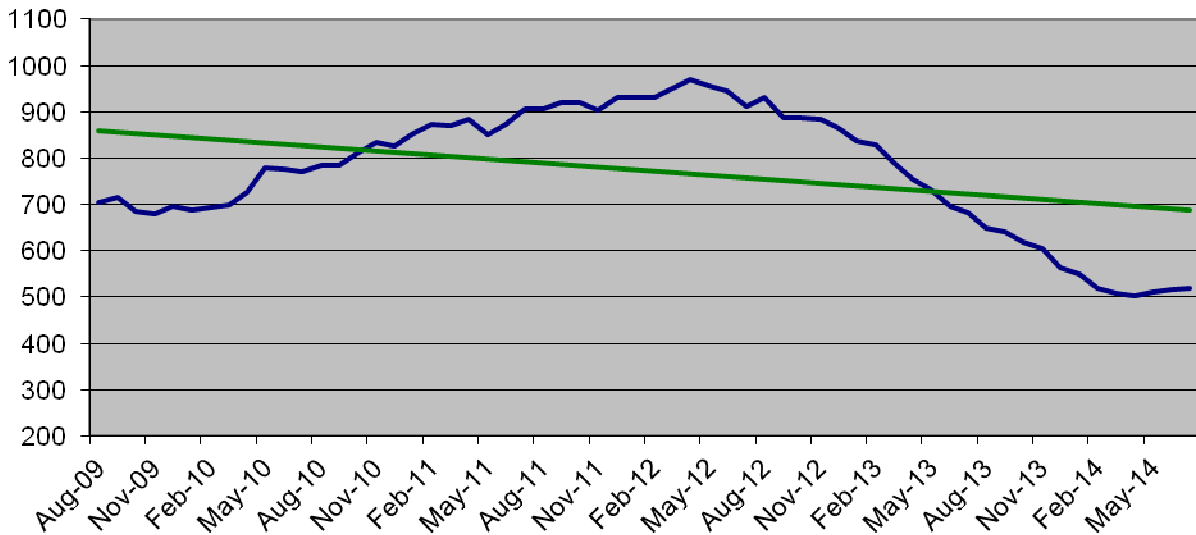
Serious Acquisitive crime offences (burglary, robbery, theft of vehicles and theft from vehicles) have decreased by 28% when we compare the 12 months prior to July 2009 (6,862 offences) to the same period in 2014/15 (4,896 offences).

Total burglary - rolling 12 mths over 5 years



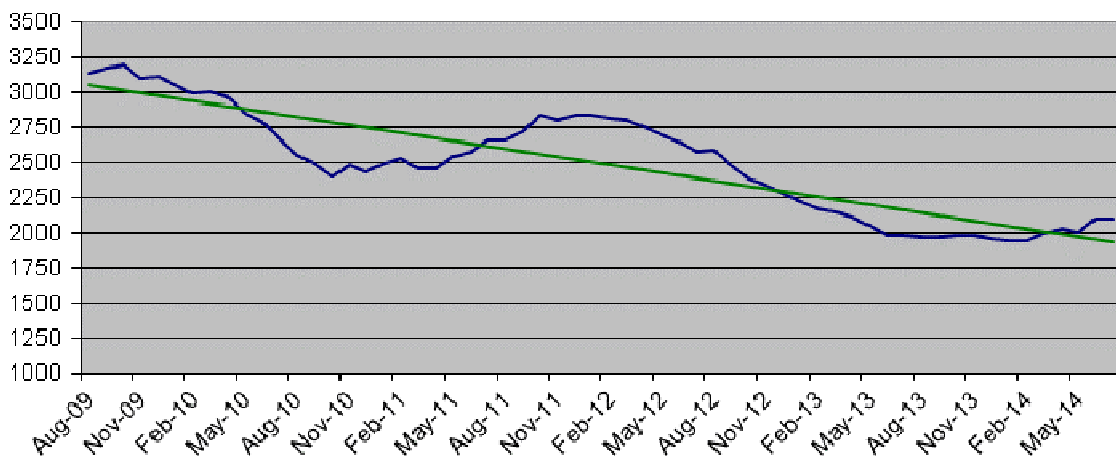
Total burglaries have reduced by 9% when we compare the 12 months to July 2009(2,215 offences) and the same period in 2014/15 (2,008 offences). This reduction is largely attributable to the very sharp drop in burglaries since the end of 2012.

**Total Robbery Figures - Rolling 12 Months
Over 5 years**



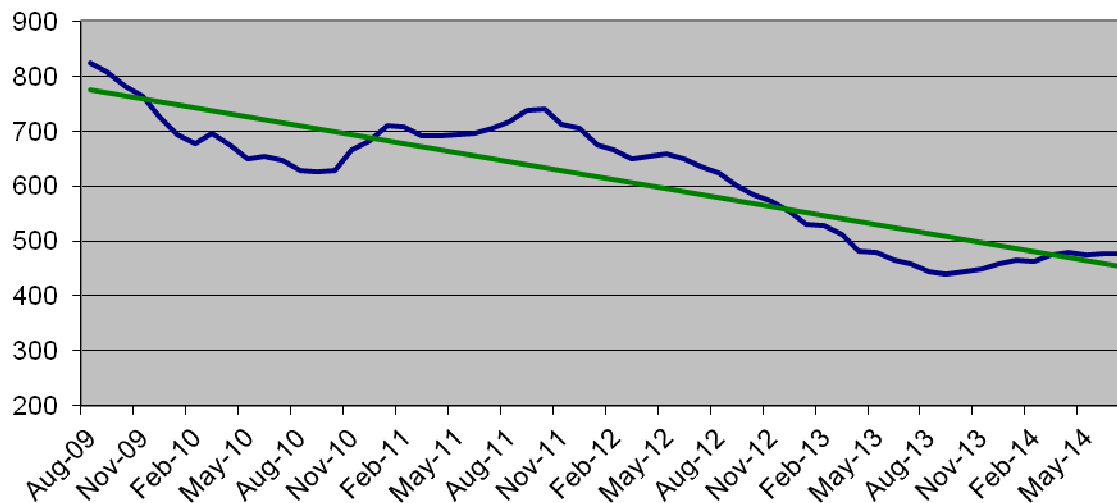
The number of reported robberies has reduced by 28% when we compare the 12 months to July 2009 (728 offences) and the same period in 2014/15 (518 offences). As with burglary, the recent reduction is largely attributable to the very sharp drop in offences since the end of 2012.

**Total Theft from Motor Vehicle - Rolling 12 Months
Over 5 years**



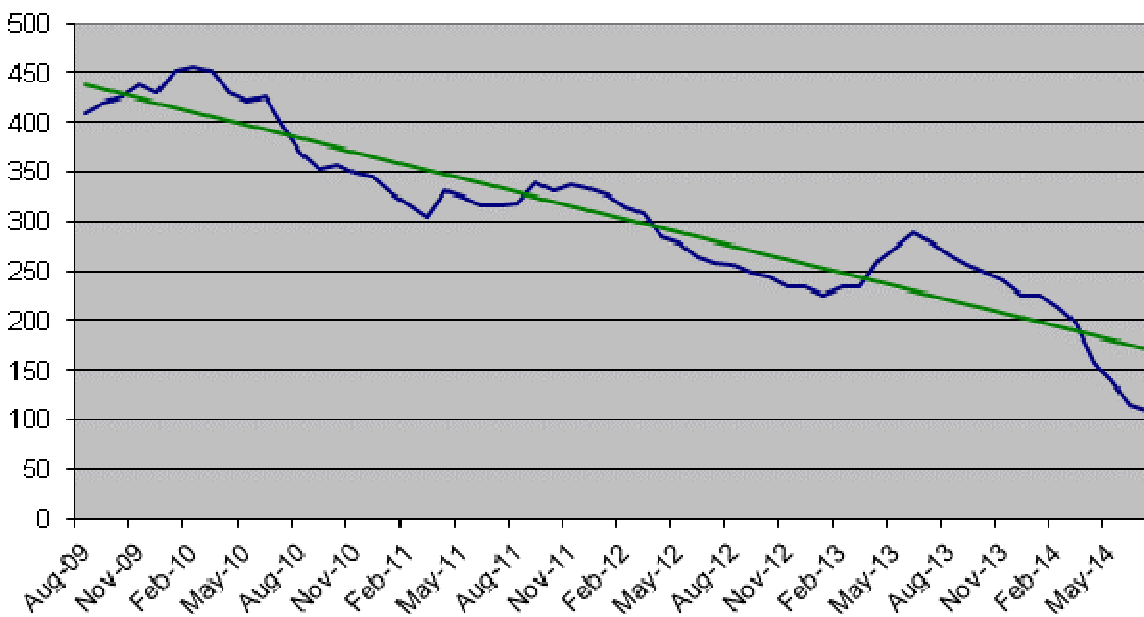
The number of reported thefts from vehicles have reduced by 32% when we compare the 12 months to July 2009 (3,079 offences) and the same period in 2014/15 (2,092 offences).

**Total Theft of Motor Vehicle Figures - Rolling 12 Months
Over 5 years**

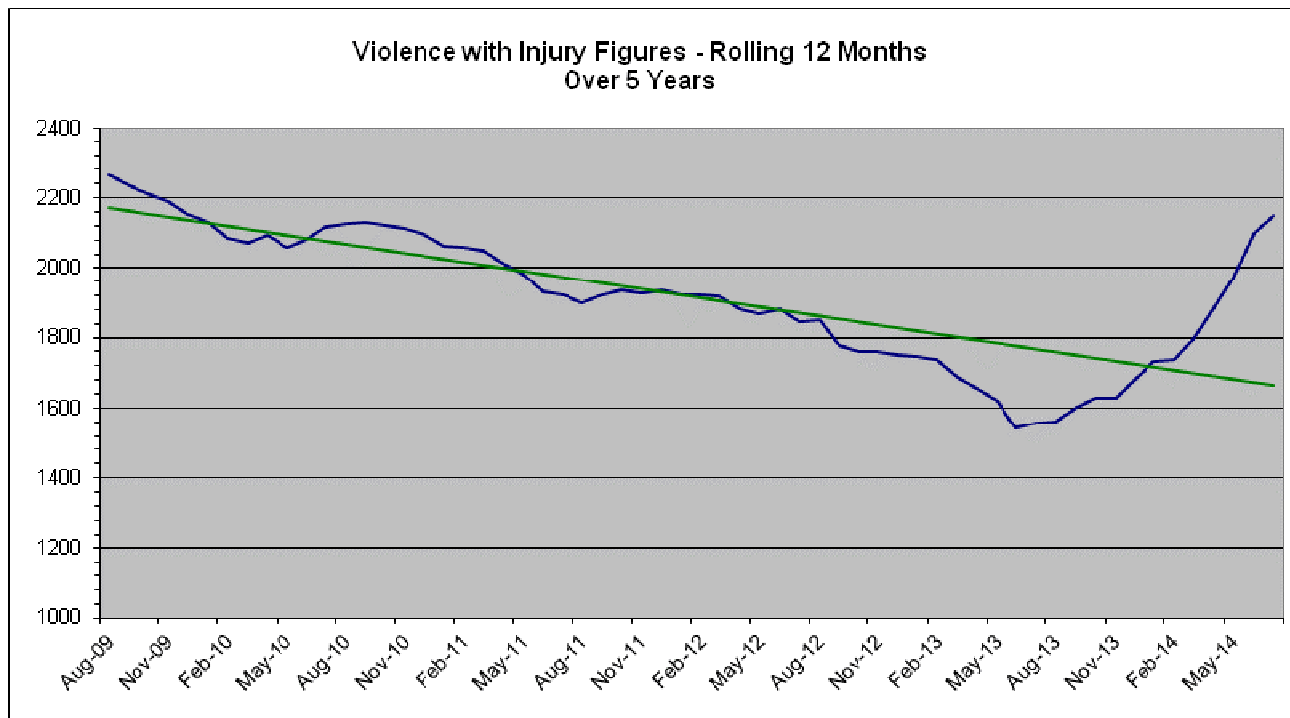


The number of reported vehicles being stolen have reduced by 43% when we compare the 12 months to July 2009 (838 offences) and the same period in 2014/15 (477 offences).

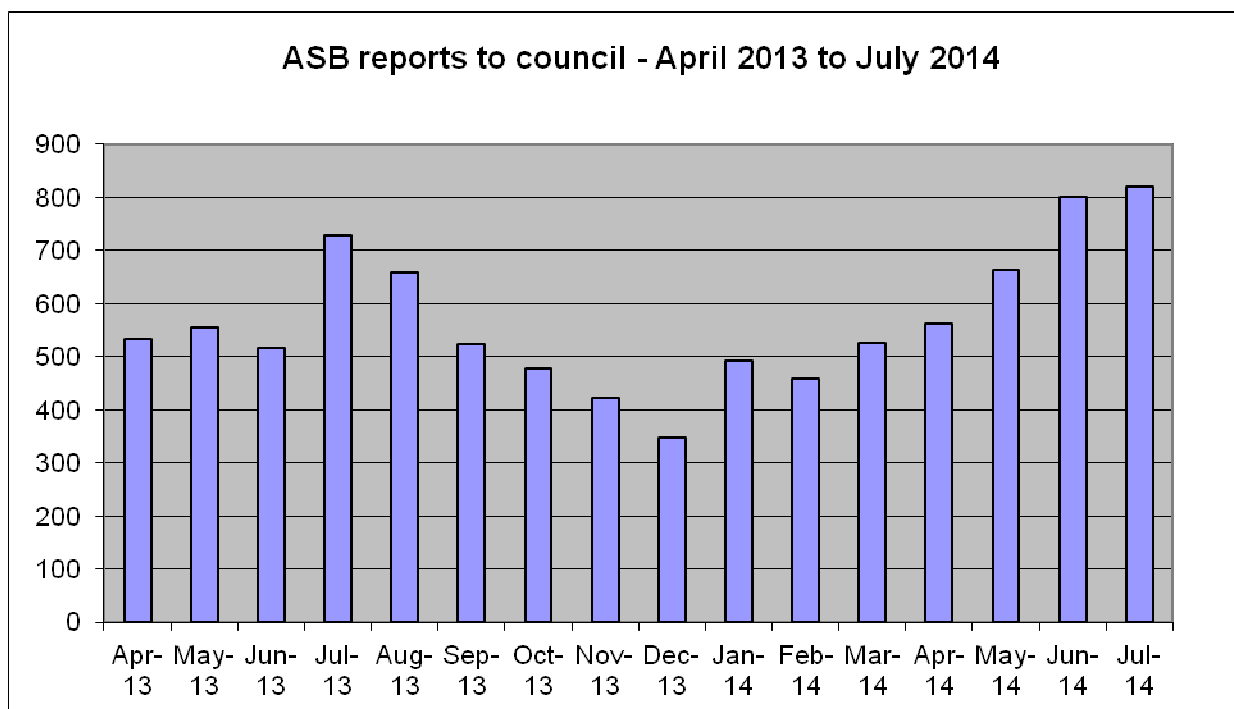
Most serious violence - rolling 12 mths over 5 years



The number of reports of Most Serious Violence have reduced by 72% when we compare the 12 months to July 2009 (401 offences) and the same period in 2014/15 (109 offences).



The number of reports of violence with injury have reduced by 6% when we compare the 12 months to July 2009 (2,299 offences) and the same period in 2014/15 (2,149 offences).



The data shows a normal seasonal spike of reports during the summer (due in part to school holidays and longer days). However, the number of reports being made to the council has increased compared to the same summer months last year.

Commentary on current and past performance

Keeping people safe is one of the Council's top priorities, and this is shared by the other statutory partners of the Safer Hillingdon Partnership – the Police Service, Fire Service, Health Service and Probation Service.

The figures in the tables above highlight that all organisations working to keep Hillingdon safe have faced significant challenges in terms of reducing resources but have, for the most part, risen to these challenges with reducing crime numbers. Hillingdon remains a safe borough to live in, work in and visit.

Total number of crimes in Hillingdon August 2003 to July 2004 = 28,857

Total number of crimes in Hillingdon August 2013 to July 2014 = 20,229

This shows a decrease of 29% over the last 10 years.

Hillingdon also remains one of the safest boroughs in London and one of the safest areas within our Most Similar Group of 15 local authorities²:

(August 2013 to July 2014):

Hillingdon has 6th (out of 15) lowest crime rate per 1,000 population in Most Similar Group. Hillingdon has 15th (out of 32) lowest crime rate per 1,000 population across all London boroughs.

Future issues

The most significant future issues facing the Safer Hillingdon Partnership are as follows:

Anti Social Behaviour, Crime and Policing Act 2014: During 2014/15 this new Act will be implemented across England and Wales. The first 7 parts of the Act introduce a range of new tools and powers available to partner organisations to deal with anti-social behaviour. The six new powers replace over 20 current powers available. Training has already started across the Partnership to ensure that frontline staff understand the new powers and are able to use them to give residents speedy resolutions to neighbourhood disorder.

Transforming Rehabilitation: The changes to the Probation Service have started to take shape. In June 2014 the new National Probation Service took over the management of high risk offenders and a number of Community Rehabilitation Companies (CRCs) started to manage medium and low risk offenders. Currently the CRCs are interim organisations as later in 2014 private sector organisations will bid for the contracts to run the CRCs in different parts of the country. Hillingdon falls within the London CRC area.

Ending Gangs and Serious Youth Violence: In October 2014 the Home Office will be carrying out a "peer review" of how Hillingdon is currently working to reduce serious youth violence and prevent gangs from gaining a foothold in our communities. The review group will interview a range of stakeholders and deliver a report outlining our current strengths and areas for improvement.

² Most Similar Groups are clusters of local authority areas across England and Wales that share similar demography and socio-economic factors. Hillingdon's Most Similar Group includes Trafford (Greater Manchester), York, Swindon, Sheffield, Plymouth, Exeter, Hounslow, Leeds, Reading, Southampton, Cardiff, Northampton, Bristol and Oxford.

BACKGROUND PAPERS

Protocol for the Crime and Disorder Committee.

Protocol for the Crime and Disorder scrutiny function of the External Services Scrutiny Committee

Preamble

Section 19 of the [Police and Justice Act 2006](#)³ requires every local authority to have a crime and disorder committee with the power to review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions. The [Crime and Disorder \(Overview and Scrutiny\) Regulations 2009](#)⁴ (the Regulations) complement these provisions.

The Act and the Regulations do not require councils to alter existing committee structures. There must, however, be a formal place where community safety matters can be discussed.

Hillingdon has designated the External Services Scrutiny Committee (“the Committee”) to deal with crime and disorder scrutiny.

It will be recommended to Council that the Terms of Reference for the External Services Scrutiny Committee be amended to include the following:

- To scrutinise the work of the Safer Hillingdon Partnership (the Crime and Disorder Reduction Partnership for the borough) and its member agencies, insofar as their activities relate to the Partnership itself
- To consider actions undertaken by the responsible authorities of the Partnership
- To make reports or recommendations to the Cabinet with regard to those activities
- To ensure that members of the Safer Hillingdon Partnership are accountable to residents, businesses and visitors to the borough and to its elected councillors, and that performance is improved
- To focus on improvement, on enhancing the performance of existing services, and on a constructive examination of the priorities of the Safer Hillingdon Partnership
- To base its investigations on finding solutions to weaknesses in performance and making policy recommendations to Cabinet or partners when necessary

Role of the Committee

The role of the Committee is a ‘critical friend’ of the Safer Hillingdon Partnership, providing it with constructive challenge at a strategic level rather than adversarial fault-finding at an operational level.

The Committee includes in its work programme a list of issues which it needs to cover during the year. This will be forwarded to the relevant partners on the Safer Hillingdon Partnership, reflecting local community need, for their information.

The Committee may establish task and finish groups with the specific remit to deal with crime and disorder scrutiny matters which are brought to its attention outside the formal committee process, to be reported back to the Committee.

³ <http://www.opsi.gov.uk/acts>

⁴ <http://www.opsi.gov.uk/si/si2009>

Bringing matters to the Committee (either as a policy or performance issue or a Councillor Call for Action)

In order to avoid inappropriate matters being brought to the Committee, the Terms of Reference common to all Policy Overview Committees and the procedure for **Councillor Call for Action** should be followed. These are included on page 136 of the [Council's Constitution](#)⁵.

Recommendations made by the Committee

- Copies of reports and recommendations should be sent to such responsible authorities or co-operating bodies as are affected by the report or recommendations
- Receipt of the recommendation should be acknowledged within 10 calendar days
- The recipient of the recommendation should submit a response within a period of 28 calendar days from the date the report or recommendations are submitted, and
- In the response, the responder must detail how progress in implementing the recommendations will be measured
- The Committee will monitor that recommendations have been implemented.

With this provision there is a clear link between the Police and Justice Act and the Local Government and Public Involvement in Health Act, which also requires partners to respond to requests for information, and to respond to reports and recommendations made by an authority's scrutiny function. Section 19 of the Police and Justice Act complements these existing powers.

Frequency of meetings

The regulations leave the frequency of meetings to local discretion, subject to the minimum requirement of once per year (current terms of reference on p.140 refer to a bi-annual scrutiny of decisions).

Attendance

The Committee will expect the following responsible authorities to arrange for a senior officer (such as Chief Executive, Director, Head of Community Safety and / or Head of Partnerships) to attend when required (see below in relation to the Met Police Authority):

- London Borough of Hillingdon
- Metropolitan Police Service
- Primary Care Trust
- Fire Service
- Probation Area

The Committee will invite other organisations as and when required.

Role of the Police and Crime Commissioner

The Police Reform and Social Responsibility Act established the role of elected Police and Crime Commissioner and brings Police Authorities to an end. In London, the Police and Crime Commissioner will be the Mayor of London through the new Mayor's Office of Policing and

⁵ <http://www.hillingdon.gov.uk>

Crime. The Police and Crime Commissioner will have a similar role to the Metropolitan Police Authority, to:

- secure an efficient and effective police force
- appoint and hold to account the Commissioner of Police
- set the police and crime objectives for the force
- set the budget
- contribute to national policing capabilities
- co-operate with the criminal justice system
- fund community safety activity

Each police area will also have an elected Police and Crime Panel to scrutinise and support the Police and Crime Commissioner. In London this role will be undertaken by a specific committee of the Greater London Assembly.

Co-option

The Council's Constitution makes provision for the External Services Scrutiny Committee to recommend to Council the appointment of non-voting co-optees, either as permanent members or for a limited duration to assist with a specific project from a panel of advisers set up for this purpose. It is anticipated that these co-optees would be specialists in particular areas, and would be an employee, officer or member of a responsible authority or of a co-operating person or body and would not be a member of the Cabinet of the local authority. Membership may be limited to membership in respect of certain issues only. The Committee will take care to clarify the role of such a co-optee, who may be expected, as part of the Committee, to hold his or her own organisation to account.

There is also a general power to include additional non-voting members under section 21(10) LGA and paragraph 5 of Schedule 8 to the Police Justice Act.

Attending Committee meetings

The Committee may request the attendance of other representatives from one or more of the responsible authorities. Those so invited must receive details of what is expected of them when they attend the meeting and will usually be given reasonable notice of requirement to attend, namely a minimum of 28 calendar days.

It will generally be more appropriate for more senior officers to attend, mainly because they are likely to have the general expertise to enable them to answer policy questions at the meeting itself. Less senior officers with relevant experience and expertise may accompany the senior officer.

In inviting representatives of the responsible authorities to attend, members should have regard to the capacity constraints of the partners so invited, and the value they are likely to be able to add to a Committee discussion.

Requests for information

The Committee will from time to time request further information from the Safer Hillingdon Partnership – performance information, for example.

Receipt of the request for information should be acknowledged within 10 calendar days and the recipient of the request should submit a response within a period of 28 calendar days from the date of the request.

Responses to requests for information must be well focused and thought through.

The information provided by responsible authorities and co-operating bodies must be depersonalised, unless the identification of an individual is necessary or appropriate in order for the Committee to properly exercise its powers.

Chairman, External Services Scrutiny Committee

Head of Community Safety

11 February 2010⁶

END

⁶ amended 9/2/12 with reference to the Role of the Police and Crime Commissioner



LFB Hillingdon Performance Review

A Comparison of LFB Hillingdon with
its Family Group

Prepared by Borough Commander Phil Butler

25th August 2014

1 Introduction

This document has been produced for the London Borough of Hillingdon's External Services Scrutiny Committee and the information relates to the rolling 12 months up to and include July 2014. It compares the data to that experienced by the other London Borough's that are members of the same 'family' group. Hillingdon is in a family group that comprises: Barnet, Bexley, City, Havering, Merton and Redbridge. The LFB grouped these boroughs together on the basis that their performance is broadly similar overall and therefore they may be compared with each other to identify adverse or positive trends. Please note the City of London's performance is an exception to the general rule referred to above.

The aim of the report is to inform key stakeholders of the borough's performance in relation to key performance indicators and targets in support of the London Safety Plan 5 (LSP 5). An appendix highlights the current targets fire crews are working to achieve in the borough for 2014-15. The report is designed to allow key stakeholders to easily recognise the successes and challenges associated with the LFB activities and enable them to raise questions with the Borough Commander.

2 Community Engagement

To the end of July 2014 fire crews in Hillingdon spent 13.1% of their time conducting community safety activities within the borough against a target of 12%. These activities were carried out in support of the following community safety initiatives:

- Arson Reduction
- Unwanted Calls Reduction
- Home Fire Safety
- Road Safety

Other community safety work is being carried out by the LFB Schools Team and the LFB's NW Area Community Safety Team based at Hillingdon Fire Station. Partnership work with Heathrow Airport and other high risk locations continues to ensure there are effective contingency plans in place in the case of an emergency requiring the attendance of the fire service. The LFB continues to work in partnership with a number of organisations and key stakeholders. In particular, during the last 12 months the LFB initiated the Vulnerable Persons Panel with the support of the LB Hillingdon and Safeguarding Adults Partnership. The Panel is chaired by the LFB and aims to deal with vulnerable people who fall outside of the criteria set for Safeguarding referrals, e.g. people at risk due to their lifestyle. Other partnerships that the LFB participate in are listed below:

- Unsuitable Accommodation (Beds in Sheds) Group.
- Junior Citizens Partnership
- Safeguarding Adults Partnership Board
- Safer Hillingdon Partnership (and Implementation Group)
- Travellers Forum
- Armed Forces Covenant Partnership

3 Arson Reduction

3.1 Arson

Arson is perhaps the most recognisable crime with which the LFB are associated. During the last rolling 12 months the borough has continued to experience a decrease in the number of arson incidents despite periodic spikes in activity due to an arsonist who sets fire to car number plates and private garden sheds and garages. Successful partnership work with the Metropolitan Police and the Safer Neighbourhoods teams continues to tackle these sporadic outbreaks of arson, which have resulted in arrests but to date have not resulted in prosecutions due to the difficulties in obtaining evidence associated with such criminal activity.

In 2013-14 the LFB attended 195 arson incidents whereas the LFB have attended 175 incidents for the last rolling 12 months. This will represent a 10.26% reduction if it is maintained until the end of 2014-15 and result in the borough achieving a stretch target. In the last LFB report the statistics clearly demonstrated that arson in Hillingdon was a level above comparator boroughs, however, the current data shows that we have reduced arson in the borough to levels redolent of other borough's in the family group.

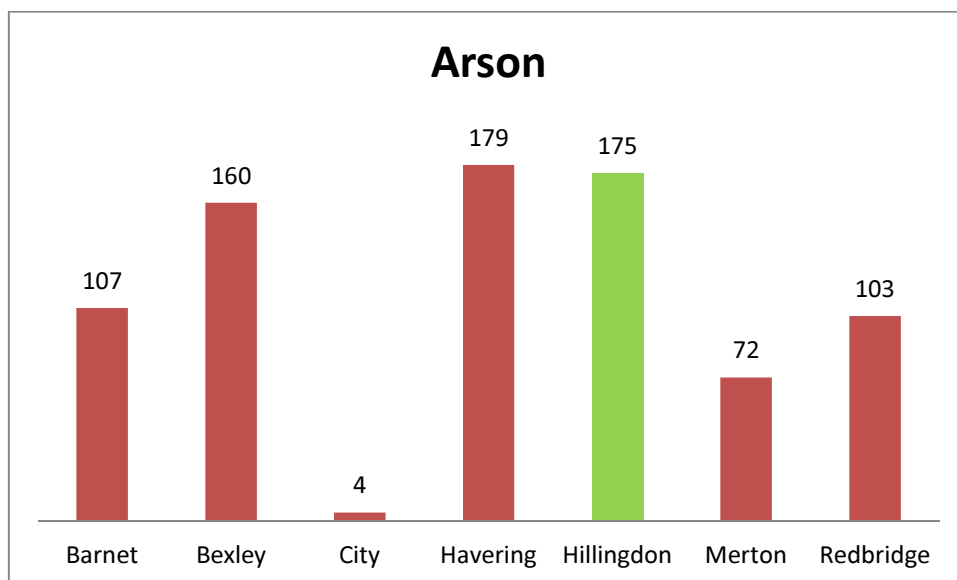


Figure 1 Arson August 2013 – July 2014

Arson hot spots in the borough are reflected in the graph below which highlights the wards in the borough where the LFB have attended 5 or more arson incidents. The most prevalent is in Botwell Ward where the car number plate arsonist(s) is most prevalent.

Figure 3 (below) breaks down arson into the top 10 types of property most affected. This highlights that vehicles are more likely to be involved in arson than any other type of property; and arson involving rubbish or refuse is second only to that.



Figure 2 Arson by Ward August 2013 – July 2014

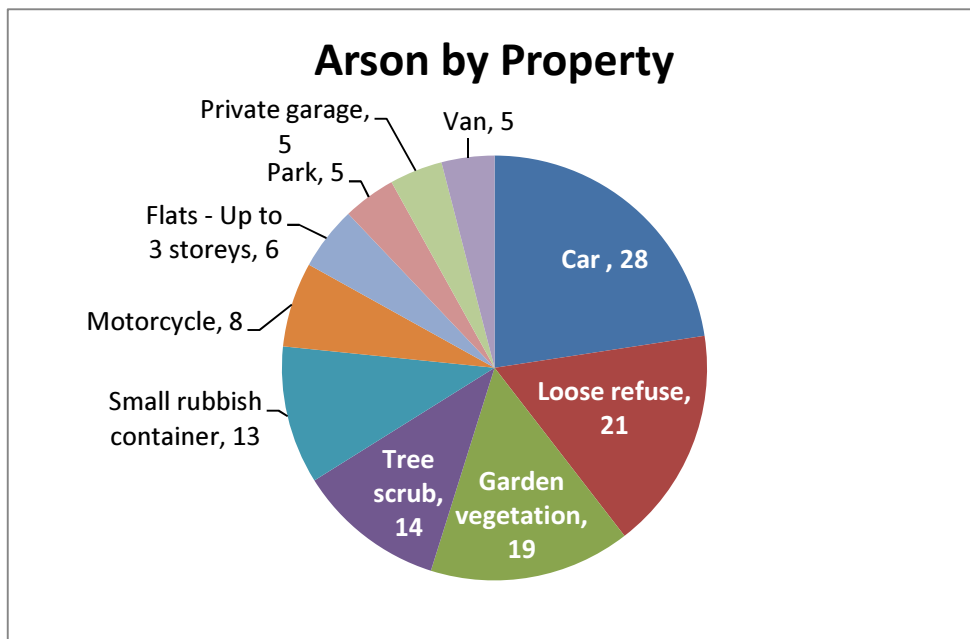


Figure 3 Arson by Property Type August 2013 – July 2014

4 Unwanted Calls

4.1 Malicious Calls

Hoax or malicious calls have remained broadly static over the last three years. As such malicious call rates are monitored locally and interventions made only when a spike in calls is identified.

One on-going initiative is that of the LFB Schools Team and fire crews who visit the borough's primary schools and educate the children about the risks associated with making a hoax call to the LFB or any other emergency service.

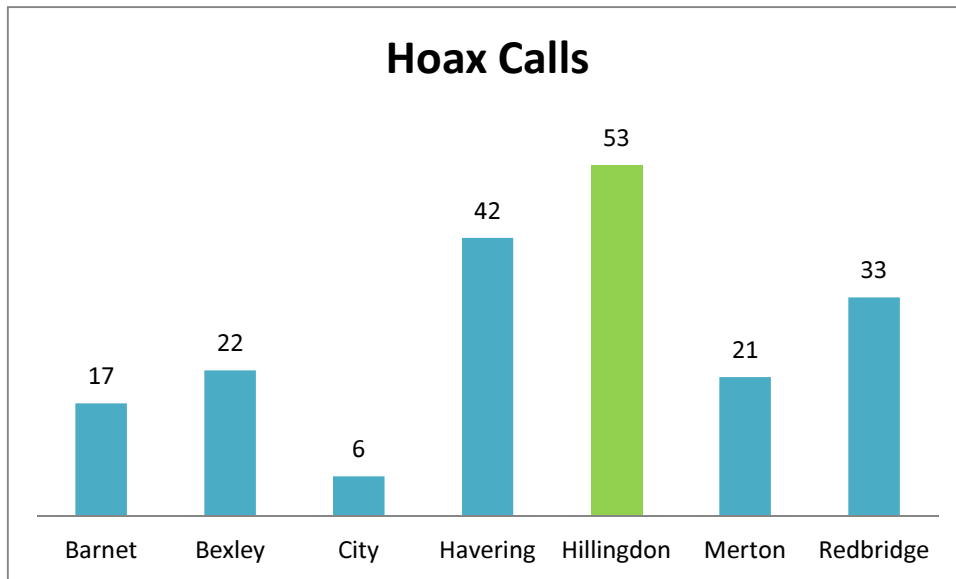


Figure 4 Malicious Calls August 2013 – July 2014

4.2 People Shut in Lifts

Until recently the LFB for many years routinely attended calls to release people stuck in defective lifts. Over the rolling 12 months the LFB have attended 44 such calls (see figure 5). Over the last two years the LFB introduced charges for releasing people from such lifts on the third occasion and above. Prior to this much work was done by local LFB officers with the managers or owners of the premises that experienced the highest volume of calls. Consequently there has been a dramatic reduction in the LFB's attendances with the corresponding reduction in risk to members of the public caused by a fire engine travelling to an emergency (see figure 6).

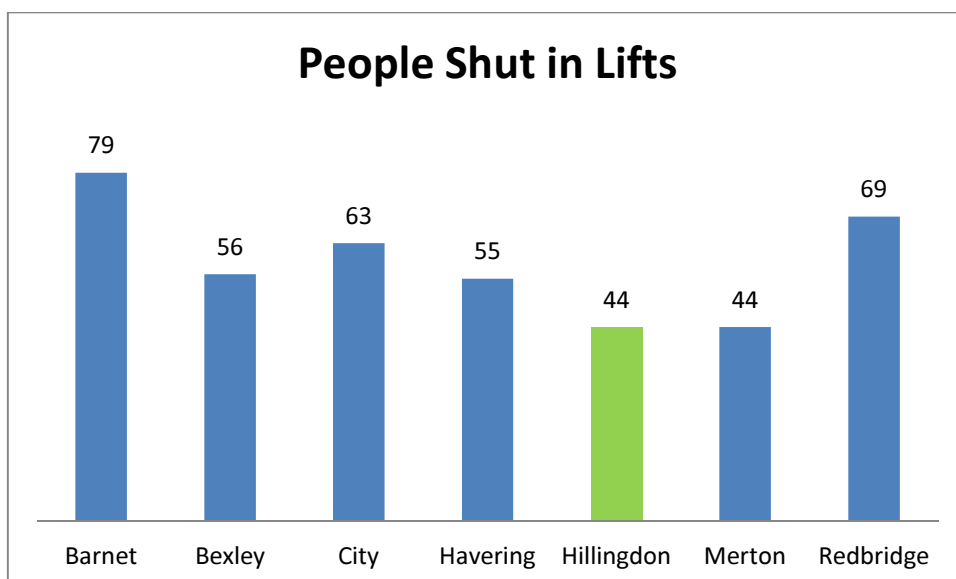


Figure 5 People Shut in Lifts Calls August 2013 – July 2014

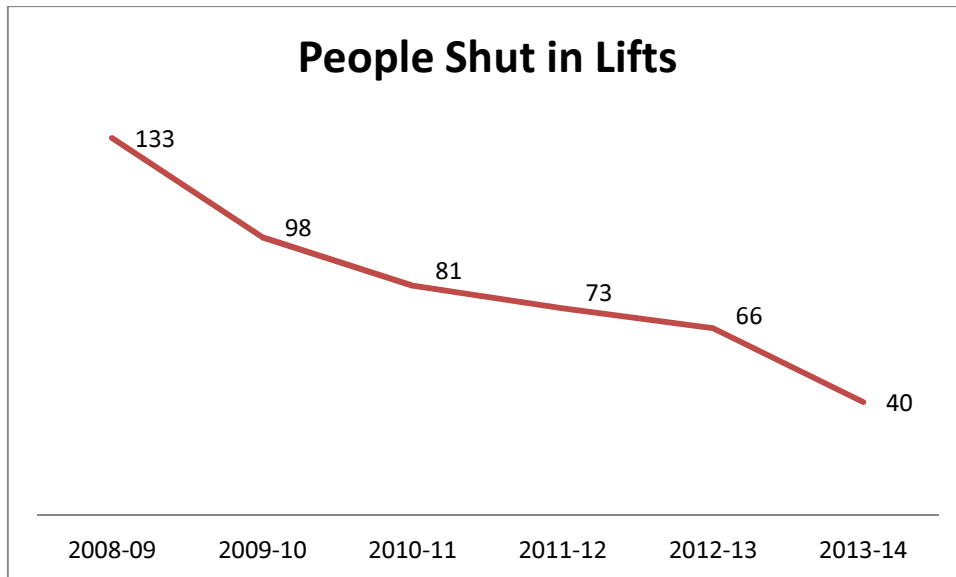


Figure 6 Reduction in People Shut in Lifts Calls 2008 – 2014 in Hillingdon

4.3 Automatic Fire Alarm (AFA) Calls to Non-Dwellings

Until the introduction of LSP 5 the LFB for many years routinely attended calls to automatic fire alarms actuating in non-dwellings, i.e. industrial, commercial, retail, etc. properties. Over the rolling 12 months the LFB have attended 975 such calls (see figure 7). The majority of these relate to Heathrow Airport and its surrounding hotels. However, LSP 5 introduced charges for attending the same premises on the 10th occasion and above. Prior to this much work was done by the Station Manager at Heathrow and the borough's Fire Safety team with the Airport Fire Service, Heathrow Airport Limited and hotels, to reduce the calls. This included the transfer of the attendance to such calls to the Airport Fire Service which was introduced in February of this year. Thus the benefit to the LFB has yet to be quantified in full, however, AFA calls are down from 269 in Q1 of 2013-14 to 161 in Q1 of this year, representing a 40% reduction.

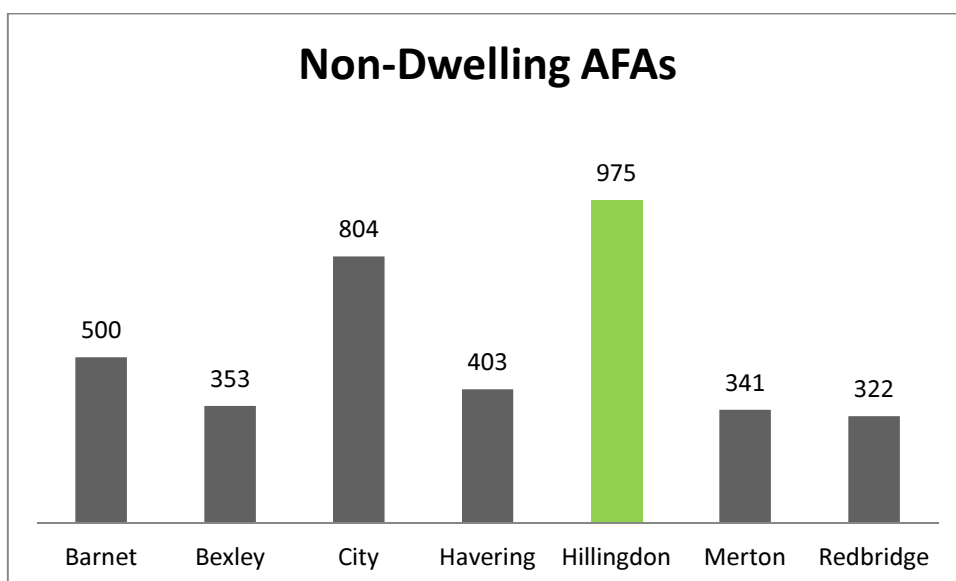


Figure 7 People Shut in Lifts Calls August 2013 – July 2014

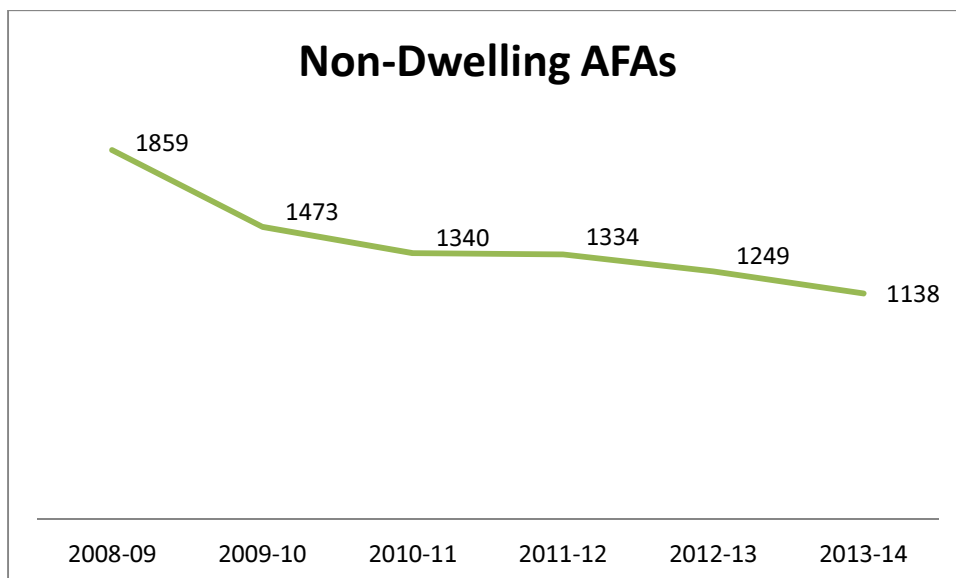


Figure 8 Reduction in Non-Dwelling AFA Calls 2008 – 2014 in Hillingdon

5 Home Fire Safety

The fire crews in Hillingdon carry out free Home Fire Safety Visits (HFSV) across the borough not only to prevent Hillingdon’s residents from having a fire in their home, but also to influence their behaviour when confronted with a fire to ensure their safety. A significant proportion of time is concentrated in locations that are known to experience such fires and/or those locations identified as hosting an at risk population, e.g. people with mobility problems, who are statistically more likely to experience a fire in their homes, and who may not be able to react in a timely manner. For the rolling 12 months, 2687 HFSVs have been completed against a target of 2400 and of these 90% took place in the homes of our vulnerable residents, which is 10% above the rate achieved at the end of last year. Despite this good work, 2 people sadly died and 24 people were injured as a result of a fire in their home.

Consequently, the goal of reducing all fires occurring in people’s homes remains a challenge (see figure 9). Over the last two years a small number of HFSV partnerships have been initiated with key providers of services to vulnerable people, e.g. those with mental health conditions. Consequently for 2014-15 the Borough Commander has set a target for 20% of all HFSVs carried out in the borough to be as a result of a referral from a local partnership. Currently, dwelling fires have reduced slightly with 154 attended in the rolling 12 months compared to 160 for 2013 – 14.

The above the LFB are promoting the installation of automatic fire suppression systems including misting devices and sprinklers in the homes of vulnerable people. The LB Hillingdon subsequently installed sprinkler systems in two of its premises for such people, however, with the cost of such systems being as low as £2000 for a portable device, the LFB will continue to lobby the LB Hillingdon and others to fit automatic suppression devices in their properties. Not only are there the economic savings from the consequences of a fire developing in the properties, they demonstrably save lives.

The LFB are also developing partnership working in 2014-15 with the LB Hillingdon’s ‘Beds in Sheds ‘ and Houses of Multiple Occupation (HMO) team. Unsuitable accommodation caused the

death of one resident in the rolling 12 months and is a significant challenge for all partners due to the limited legislative powers available to them to deal with rogue landlords.

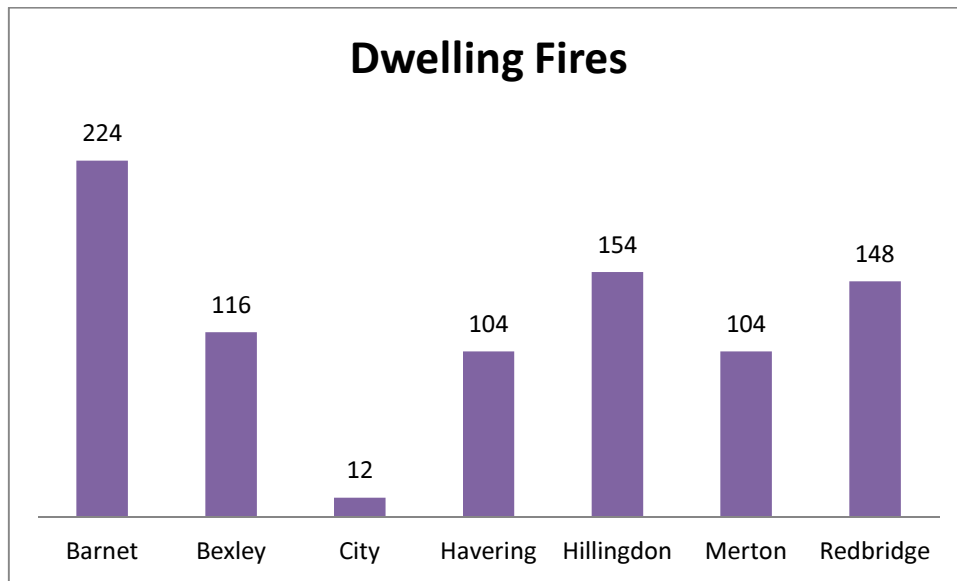


Figure 9 Dwelling Fires August 2013 – July 2014

6 Road Safety

In 2013-14 the LFB in partnership with the LB Hillingdon, London Ambulance Service and the Metropolitan Police delivered the first Save Drive Stay Alive road safety event at the Winston Churchill Hall in Ruislip. The event is aimed at Year 12's who are either just starting to drive, thinking about driving for the first time, or more likely, being driven by people who have just learnt to drive. The event lasts for approximately 90 minutes and deliberately plays on the emotions of the students to make the key safe drive messages more memorable. Work has already begun on delivering the event again in 2014-15.

7 Summary

At the end of 2013-14 the LFB in Hillingdon was the highest performing borough in the LFB and at the time of writing, continues to be so. The information above clearly highlights our overall performance compares favourably with that of the boroughs in our Family Group and shows substantial improvements in reducing our attendance to arson incidents and unwanted calls. There has also been a small improvement in reducing calls to fires in people's homes, but this is countered by 2 fire deaths and 24 injuries. However, all this success was achieved in a rolling 12 months that saw the loss of a fire engine from Hayes and a senior manager's post; and a prolonged industrial dispute. Which is a testimony to the dedication and professionalism of all LFB staff in Hillingdon.

Appendices:

Appendix 1

Targets for 2014-15:

Target		Stretch Target
Primary fires – injuries (excl. prec. checks)	18	17
Arson incidents (all deliberate fires)	272	209
Dwelling fires - all	149	139
All outdoor rubbish fires	196	164
Fires in care homes / sheltered housing	11	N/A
HFSV by LFB staff - volume	2400	N/A
P1 HFSVs - high risk people/ places (%)	80%	N/A
Time spent by station staff on CFS	13%	N/A
Non-domestic primary fires in Regulatory Reform (Fire Safety) Order properties	90	79
AFA's - non dwelling buildings	1205	995
People shut in lift releases	51	45

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Agenda Item 6

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2014/2015

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.

Consideration may also be given to whether the Committee's Work Programme can be fulfilled within the existing timetable of meetings for this municipal year.

INFORMATION

1. The meeting dates for the remainder of the municipal year are as follows:

Meetings	Room
Thursday 9 October 2014 - 6pm	CR6
Tuesday 18 November 2014 - 6pm	CR6
Tuesday 13 January 2015 - 6pm	CR5
Tuesday 17 February 2015 - 6pm	CR6
Tuesday 17 March 2015 - 6pm	CR5
Tuesday 28 April 2015 - 6pm	CR6

2. It has been agreed by Members that consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A.
3. Please note that the venue for Committee's next meeting on 9 October 2014 has changed to Committee Room 6. Arrangements have been made for microphones to be available at all future meetings.

Scrutiny Reviews

4. At its meeting on 18 June 2014, the External Services Scrutiny Committee agreed that it would undertake the following two scrutiny reviews during this municipal year:
 - a) Mental Health Service provision in the Borough (to be undertaken within the existing scheduled meetings and to focus specifically on children).
 - b) Review of the impact that mental health has on the role of the Metropolitan Police Service (to be undertaken by a Working Group).

- A copy of the scoping report is attached at Appendix B.
- The Working Group will comprise 5 Members and the Chief Whips have been contacted to establish who these will be.
- Once the membership has been determined, officers will work with Working Group Members to establish convenient dates and times for the meetings.

Family Court - Single Meeting Review

5. In addition, Members have agreed that consideration be given to undertaking a single meeting review into the external barriers faced when meeting the 26 week target of processing adoptions through the Family Court. It was suggested that, as there is a new directive requiring local authorities to meet a 26 week timescale for adoptions, consideration should be given to reviewing the possible external barriers that might hinder their progression through the Family Court. It has been agreed that an additional meeting will be scheduled to accommodate this review.
6. The Democratic Services Manager has written to Sir James Munby (as President of the Family Division of the High Court) to invite him to attend and participate in this review and establish his availability for a meeting. Once his availability has been identified and the meeting has been arranged, consideration will be given to inviting practitioners from across the piste.

EXTERNAL SERVICES SCRUTINY COMMITTEE

2014/2015 WORK PROGRAMME

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

Shading indicates completed meetings

Meeting Date	Agenda Item
15 July 2014	<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>Hayes Town Medical Centre Update Members to receive an update from CCG and North West London Commissioning Support Unit</p>
18 September 2014	<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
9 October 2014	Major Review: Witness Session 1

Meeting Date	Agenda Item
18 November 2014	<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>
13 January 2015	Major Review: Witness Session 2
17 February 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>New Policing Model To receive an update on the implementation of the new policing model</p>
17 March 2015	<p>Major Review: Final Report</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Stigma • Anti Social Behaviour

Meeting Date	Agenda Item
28 April 2015	<p>Quality Account Reports & CQC Evidence Gathering</p> <p>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 • Local Medical Committee • Local Dental Committee • Public Health • Hillingdon Clinical Commissioning Group • Care Quality Commission (CQC) • Healthwatch Hillingdon
Additional Meeting Date/Time: TBA	<p>Family Court / Adoptions</p> <p>To consider the external barriers faced when meeting the 26 week target of processing adoptions through the Family Court</p>

MINOR SCRUTINY REVIEW BY WORKING GROUP

Members of the Working Group:

- To be determined

Topic: The impact that mental health has on the role of the Metropolitan Police Service (MPS)

Meeting	Action	Purpose / Outcome
ESSC: 18 September 2014	Agree Scoping Report	Information and analysis
Working Group: 1st Meeting - Date, Time and Room TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2nd Meeting - Date, Time and Room TBA	Witness Session 2	Evidence and enquiry
Working Group: 3rd Meeting - Date, Time and Room TBA	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 March 2015	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 23 April 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 glean further information.