



HILLINGDON  
LONDON



# External Services Scrutiny Committee

## Councillors on the Committee

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

**Date:** TUESDAY, 15 MARCH 2016

**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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## 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

## Chairman's Announcements

### **PART I - MEMBERS, PUBLIC AND PRESS**

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

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

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

4 Minutes of the previous meeting - 12 January 2016 1 - 8

5 Safer Hillingdon Partnership Performance Monitoring 9 - 24

6 Safer Hillingdon Partnership's Priority Objectives for 2016/2017 25 - 32

7 Update on the Implementation of Recommendations from Past Reviews of the Committee 33 - 40

8 Work Programme 2015/2016 41 - 48

### **PART II - PRIVATE, MEMBERS ONLY**

9 Any Business transferred from Part I

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

12 January 2016

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



HILLINGDON  
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	<p><b>Committee Members Present:</b> Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White</p> <p><b>Also Present:</b> Maria O'Brien - Central and North West London NHS Foundation Trust Kim Cox - Central and North West London NHS Foundation Trust Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob - Hillingdon Clinical Commissioning Group Dr Steve Vaughan-Smith - Hillingdon Clinical Commissioning Group Dr Chris Jowett - Hillingdon Local Medical Committee Graham Hawkes - Healthwatch Hillingdon</p> <p><b>LBH Officers Present:</b> Dr Steve Hajioff (Director of Public Health) and Gary Collier (Better Care Fund Programme Manager) and Nikki O'Halloran</p> <p><b>Press and Public: 1</b></p>
38.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor Brian Crowe.</p>
39.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED: That all items of business be considered in public.</b></p>
40.	<p><b>MINUTES OF THE PREVIOUS MEETING - 17 NOVEMBER 2015</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED: That the minutes of the meeting held on 17 November 2015 be agreed as a correct record.</b></p>
41.	<p><b>HEALTH UPDATES</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting and wished them a Happy New Year. He noted that requests for further information and clarification had been made at the Committee's previous meeting and that these issues would be addressed by those present.</p> <p><u>Mental Health Services</u> Dr Steve Vaughan-Smith, Hillingdon Clinical Commissioning Group (HCCG) Governing Body GP Mental Health Lead, advised that significant investment had been made in</p>

mental health services in the Borough between 2013 and 2015. This investment included:

- **IAPT (Improving Access to Psychological Therapies) £940k** - this service provided support to people with common mental health disorders and accepted self referrals (rather than having to be referred by a GP or hospital). An additional 1,800 individuals were entering treatment each year. The investment had been recognised by NHS England (NHSE) and the service had achieved and exceeded the 15% access target (currently at 17%), with more than 50% of patients making a full recovery. Central and North West London NHS Foundation Trust (CNWL) was commended by HCCG for this achievement;
- **Primary Care Plus £449k** - a number of nurses had been placed in GP practices to work with patients that did not meet the threshold for secondary care services and to provide support to GPs in the management of people with mental ill health. The service had been running in the Borough for a few months and, although it was provided throughout Hillingdon, it was concentrated at Uxbridge Health Centre. It currently dealt with 110 patients each year and it was expected that this would rise to 370 per year;
- **CAMHS (Child and Adolescent Mental Health Services) £570k** - NHSE had provided a significant amount of money in Hillingdon to develop an eating disorder service and a self harm scheme to enable urgent issues to be followed up quickly. Self harm issues would be followed up within four hours; the waiting time for CAMHS Community Eating Disorders would be four weeks for routine treatment and, for urgent cases, one week to the commencement of NICE (National Institute of Health and Care Excellent) treatment. It was anticipated that 25 children and young people and their families would receive intensive family interventions during 2016/17 from the CAMHS Community Eating Disorders team; and 200 additional children and young people would receive support in relation to self harm;
- **CAMHS OOH (Out of Hours) £131k** - to increase the service provision to 24/7 by including urgent out of hours access to support and responding to calls within 4 hours. It was suggested that time would tell whether this would be sufficient investment but that the service would be supplemented by the availability of the Home Treatment team which was funded by HCCG;
- **Perinatal £123k** - to provide support to women with serious mental illness pre and post birth. This was a well established service in Hillingdon that would provide a link to health visitors in the Borough and provide ongoing support to mothers and families in crisis. There were currently 20 patients currently using this service and it was noted that the waiting time for the service was approximately one week;
- **Older Adults Home Treatment £743k** - this had been piloted in the north of the Borough, providing intensive support for over 65s (e.g., where one partner was suffering with dementia), with plans to roll it out in the south later in the year. It was anticipated that there would be approximately 520 new assessment undertaken each year;
- **Learning Disability CAMHS £198k** - the business case for this project to provide support to children and young people with learning disabilities and complex behaviour was being considered by HCCG in February 2016 and would help to ensure that the individual's health and social care needs were met. It was anticipated that an additional 90 children and young people would be helped by the service each year;
- **Mental Health Discharge Lounge £140k** - a pilot undertaken in 2015 had identified that 50% of four hour breaches in A&E were as a result of mental health issues. Based at the Riverside Centre, it was anticipated that this facility would transfer inappropriate attendance from A&E and, it was estimated, would

see 120 patients in its first year;

- **Urgent Care Services £357k** - this would provide a single point of access (telephone number) and extended community services into evening and weekends. The service was available to the emergency services, patients, carers and professionals and could refer individuals to other services such as the Home Treatment Team which worked 24/7. Although it was based at the CNWL head office, a consultant psychiatrist (who could take the appropriate action) would be available on the telephone and service responses would be Hillingdon focussed with a local team ready to take action. It was estimated that there would be 2,000 referrals in Hillingdon each year;
- **Memory Assessment Services £230k** - this support from NHSE had enabled the enhancement of the Memory Clinic to improve the early diagnosis of dementia. An additional 200 patients would be seen each year; and
- **Transformation Fund £287k** - this allocation had been made to CNWL for various transformation initiatives. Ms Ceri Jacob, Chief Operating Officer at HCCG, advised that further, more specific information about individual initiatives could be brought back to a future meeting if required.

The Committee was advised that, in relation to the Mental Health Discharge Lounge, it was important to stabilise a patient's physical health before addressing their mental health needs. It was noted that some of the challenges faced by A&E in meeting its four hour target were in relation to patients with mental health needs. Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that there had been historic challenges but that the work outlined by Dr Vaughan-Smith would help to get services to where the providers and commissioners wanted them to be. It was noted that funding had previously been withdrawn without CNWL having mechanisms in place to deal with those patients that would be affected. The additional funding and the focus on preventative intervention would help to improve access to services and the overall patient experience. However, it was important to ensure that the available services were publicised effectively.

#### CAMHS

Ms Jacob noted that CNWL received a block contract from HCCG which, for CAMHS, equated to approximately £1,473k. In 2015, CNWL had received the following additional funding for CAMHS:

- £120k for additional therapist to deliver treatment for those on the waiting list (they were seeing approximately 25 patients per week);
- £130,915 for the CAMHS OOH service; and
- £198k to develop the new CAMHS Learning Disability Service.

Following the release of additional funding from the Department of Health for CAMHS, CNWL would also receive the following from January 2016:

- £149k for the development of a CAMHS Community Eating Disorder Service;
- £100k for new posts in the CAMHS Learning Disability Service; and
- £198k for the development of a Self Harm/Crisis/Intensive Support Service.

It was noted that HCCG had improved its financial position and, although it had been required to invest an additional 8% in mental health services in 2015/2016, it had invested 9%. National planning guidance for 2016/2017 required a further 5.8% to be invested in the coming year. HCCG had been working closely with the Council and providers to identify where this additional funding should be targeted.

Members were advised that 5,048 face-to-face contacts had been commissioned in the

CAMHS service during 2014/2015, which included 479 initial contacts/assessments. Although there had been 1,222 planned contacts between April 2015 and June 2015, there had actually been 1,630 (34% more than expected). As at 3 December 2015, there were 85 children and young people awaiting assessments (the longest having waited since July 2015) and 227 awaiting treatment (the longest having waited since February 2015).

Ms Jacob noted that the waiting list initiative had enabled an additional 25 patients to be seen each week. However, demand for the service continued to increase, particularly in relation to self harm. The five year transformation fund had allocated funding to address the increase in demand at a system level, for example, the importance of the need for more early intervention services and schools' role in this. It was important for the Council and HCCG to continue to work closely together on this initiative.

Although investment for CAMHS had increased across the country and some new staff had been appointed at CNWL, recruitment was a challenge. These additional staff had helped to reduce waiting times but, it was anticipated, the recruitment of more could result in waiting times being reduced to weeks rather than months.

#### Primary Care Co-Commissioning

Members were advised that primary care co-commissioning had commenced in Hillingdon in April 2015. A Joint Committee had been set up with NHSE - Hillingdon met with NHSE on a monthly basis as well as meeting on a quarterly basis in common with the other North West London (NWL) CCGs. The Hillingdon meeting was chaired by a lay Governing Body member and was attended by the Council's Cabinet Member for Social Services, Health and Housing and Healthwatch Hillingdon members.

Although the governance had taken longer to put in place than anticipated, the Primary Care Model of Care had now been established. This recognised the central role of primary care in the health system and would help to ensure the quality standards set out in the Strategic Commissioning Framework were achieved consistently by general practice in the Borough.

Other areas that had been focussed on as part of the Primary Care Model of Care were: population segmentation (looking at issues such as older people with long term conditions); risk stratification (identifying individuals early to prevent hospital readmissions and help them live independently at home for longer); and investment in primary care to ensure stability (it was noted that there would be a 4-5% increase in funding to GPs over the next five years in recognition of the additional work that they would be undertaking).

Members were advised that the Primary Care Model of Care supported integrated commissioning and encouraged out of hospital working at the GP Network level. It was anticipated that the model would be implemented for older people and people with long term conditions from October 2016 (or the wider population, if possible).

Ms Jacob noted that work was being undertaken with the 10 practices in the Borough affected by the Personal Medical Services (PMS) review. £1m of PMS premium funding would be used to support the implementation of the Primary Care Model of Care. In addition, Health Impact Assessments (HIAs) and Equality Impact Assessments (EIAs) would be completed with regard to current premium services provided by PMS practices.



Other issues noted by Ms Jacob included:

- a system wide estates strategy being undertaken by the Strategic Estates Group;
- following NHS Planning Guidance, a five year Sustainability and Transformation Plan would be implemented at SPG level with a one year operational plan being developed at a local level; and
- the CNWL Transformation Plan would enable patients to be processed more equitably which would help to rehabilitate patients back into the community.

Dr Vaughan-Smith advised that HCCG was beginning to look at minority groups, particularly in the south of the Borough. There was still stigma attached to mental health issues within some cultures and, as such, further work needed to be undertaken to determine how to enable these hard to reach groups to access services. Other areas identified for further work included: dementia; CAMHS; perinatal; and personality disorders.

#### The Hillingdon Hospitals NHS Foundation Trust

Mr Shane DeGaris, Chief Executive at THH, advised that, at Month 8, the Trust was green in all performance indicators with the exception of A&E. During November and December 2015, THH had achieved a performance of 93.4% for all type attendances, with a year to date performance of 94.7%. Furthermore, there had been only one Clostridium Difficile case resultant from a "lapse of care" out of 10 cases.

Members were advised that the winter surge management plans had been put in place with all winter pressure beds would be open from January to March. It was noted that the first of three single day junior doctor strikes had taken place on 12 January 2016. The doctors had completed thorough handovers for all patients affected, there had been minimal delays and all patients were safe.

As at the end of Month 8, THH had a financial deficit of £1,28m and a Financial Sustainability Risk Rating of 2. The forecast remained breakeven with a downside risk of £1.5m. It was noted that the Government cap on agency staff spending had been implemented and that this was being managed carefully by the Trust. Agency staff rates could now not be more than 55% above the Agenda for Change rates and the cap could only be overridden for exceptional circumstances and must be reported to Monitor. Members were advised that the Trust's recruitment process was going well with regard to nursing staff but that it had proved more difficult for some posts such as specialist nurses and doctors' training posts. Concern was expressed that the health service was receiving negative publicity and that this was impacting on health being seen as an attractive career choice for future generations. It was suggested that consideration be given to look at what attracted individuals to work for an agency (for example, flexibility and remuneration) to determine whether this could be replicated for the Trust's substantive staff.

Mr DeGaris stated that patients' feedback on their experience of services remained generally positive with 96% of patients stating that they would recommend the Trust. There had been a slight increase in the number who would recommend A&E services and a significant improvement in the number of patients recommending the Trust's maternity services. Mr DeGaris commended the work of the team for improving complaints performance month on month over the last three months. Furthermore, Dr Chris Jowett, Vice Chairman of the Hillingdon Local Medical Committee (LMC), suggested that the positive Friends and Family survey results needed to be reinforced in the public domain, possibly by taking action such as displaying posters in GP practices to promote the Trust.

Members were advised that work was progressing in relation to the integration agenda and the development of an Accountable Care Partnership (ACP) in Hillingdon. It was noted that that ACP would exist in shadow form from April 2016 and would comprise THH, CNWL and GP Networks.

Master planning was being undertaken to look at the future configuration of health services at both Hillingdon Hospital and Mount Vernon Hospital. It was anticipated that this work would ensure best use of the sites and space available and would help to closer align the Trust's Estates Strategy with the health and social care economy. Progress was being made with regard to the Memorandum of Understanding (MOU) to agree the redevelopment of the Mount Vernon Site with East and North Herts. It was anticipated that the MOU would be considered by the Trust Board at its meeting in January 2016 to ensure that the principles were clear.

Professor Theresa Murphy advised that the last quarter had seen a number of new openings and launches including the formal opening of Daniels Ward at Mount Vernon Hospital. A new simulation suite at Hillingdon Hospital had also recently featured in the media and was being used to train doctors, nurses and therapists on skills and drills.

To further enhance the care and support that the Trust provided its patients, THH had launched John's Campaign. This was a national initiative which focussed on supporting carers' right to stay with patients. 200 hospitals had signed up to the Campaign which helped to make them more community focussed.

Since launching the CARES values three years ago, the scheme had had a number of achievements, including:

- being shortlisted for two awards;
- relaunching the Trust's appraisals to incorporate the values and care standards; and
- the introduction of a range of new training for staff (healthcare assistants were all completing basic and advanced care standards training).

As a result of the *Shaping a healthier future* (SaHF) programme, THH had introduced new services and expanded others:

- a new midwifery-led service for low risk women, comprising four new en suite birthing rooms;
- a new transitional care service on Marina Ward and the triage service relocating to a bigger area on Marina Ward; and
- the relocation of the Early Pregnancy Assessment Unit (EPAU) to Fleming Ward.

Work on the paediatrics unit was also underway as a result of SaHF and included:

- a brand new, purpose built four bed extension to the children's ward;
- an expanded and modernised Paediatric A&E unit built to modern standards; and
- bigger bed bays providing a much better environment for patients and staff.

Members were advised that postpartum haemorrhage rates at THH were stable (1.7% in October 2015; 1.5% in November 2015; 1.8% from July to September 2015). Rates were monitored on a monthly basis and specific actions and staff training were in place.

With regard to puerperal sepsis, it was noted that the previously reported high rates

	<p>had been as a result of inaccurate coding as the data submitted had been in relation to all puerperal infections (rather than specifically for sepsis). These rates (0.98% from July to September 2015 and 1.2% in November 2015) were being reconciled with the NWL database. Audit and data verification took place on an ongoing basis within maternity as well as monthly monitoring of rates, including those of other puerperal infections.</p> <p>It was suggested that further work needed to be undertaken to promote the positive work that THH was doing to redress the public perception/reality balance. Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon, noted that 86% of patients were happy with their GP but that they were not necessarily happy with the availability and convenience of appointments.</p> <p><b>RESOLVED: That the presentations be noted.</b></p>
42.	<p><b>WORK PROGRAMME 2015/2016</b> (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Committee' Work Programme and the possibility of undertaking a review on flooding in the Borough. Members were advised that the remit of Council's Residents' and Environmental Services Policy Overview Committee (RESPOC) included flooding. RESPOC had received reports in relation to flooding and continued to monitor the situation in the Borough.</p> <p>It was noted that the Democratic Services Manager had forwarded information in relation to the following two events to the Committee:</p> <ul style="list-style-type: none"> <li>• 9am Friday 29 January 2016 - CQC Strategy 2016-2021 consultation event; and</li> <li>• 10am Friday 4 March 2016 - CNWL Quality Account Priorities 2016/2017 consultative workshop.</li> </ul> <p>Members agreed that the Better Care Fund item be considered by the Committee at its meeting on 15 March 2016.</p> <p><b>RESOLVED: That the Work Programme be noted.</b></p>
	<p>The meeting, which commenced at 6.00 pm, closed at 7.30 pm.</p>

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

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# Agenda Item 5

## EXTERNAL SERVICES SCRUTINY COMMITTEE - SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING

**Contact Officer:** Teresa McKee  
**Telephone:** 01895 556322

**Appendix 1** - Safer Hillingdon Partnership Annual Plan 2015/16  
**Appendix 2** - Performance data and trends

### REASON FOR ITEM

Appendix 1 - To enable the Committee to comment on performance to date towards the objectives in the 2015/16 annual plan.

Appendix 2 - To enable the Committee to note performance data and trends.

### OPTIONS AVAILABLE TO THE COMMITTEE

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

### SUGGESTED COMMITTEE ACTIVITY

Members to scrutinise the Safer Hillingdon Partnership's performance from April to December 2015 (quarters one two and three).

### BACKGROUND PAPERS

None.

## APPENDIX 1 - Safer Hillingdon Partnership Annual Plan 2015/16

The Safer Hillingdon Partnership Plan (2015/16) identifies 4 priority objectives for action. Within each key objective are a number of projects and targets that are delivered by organisations that make up the Safer Hillingdon Partnership. Performance is reported on a quarterly basis to the Safer Hillingdon Partnership Board. The table below shows the information that was presented to the Board on 17/2/16 to the end of quarter 3 (December 2015).

Objective 1 - Deal effectively with anti-social behaviour				
Project	Target	Q1	Q2	Q3
Deal effectively with ASB reported to the council and take robust enforcement action	ASB cases reported to the council are closed with a successful outcome in 75% of cases.	Q1 81% <b>ON TARGET</b>	Q1 and 2 83% <b>ON TARGET</b>	Q 1 2 and 3 82% <b>ON TARGET</b>
	Reduce reports of ASB made to the police by 10% compared to 2014/15	Q1 2014 - 2,363 Q1 2015 - 2,098 <b>ON TARGET</b>	Q2 2014 - 2,596 Q2 2015 - 2,272. <b>ON TARGET</b>	Q3 2014 - 2,148 Total 7,107 Q3 2015 - 1,982 Total 6,352 Reduction 10.6% <b>ON TARGET</b>
Deal effectively with ASB reported to police and other organisations	Satisfaction levels of reporters of ASB to the council above 70% (2014/15 target 70%, achievement 50%)	Changes have been made to the LBH ASB service to improve customer satisfaction with speed and resolution. These changes need to take full effect before satisfaction levels can be re-assessed. Other measures will be used in Q4 to measure performance from case data (such as average time taken to complete a case) and consideration will be given to how best to measure customer satisfaction later in 2016 after the summer peak period.		

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Objective 2 - Identify and work with vulnerable residents to reduce victimisation				
Project	Target	Q1	Q2	Q3
Deliver effective support and prevention services to victims of	Reduce number of repeat cases presented to DV MARAC compared to 13 repeat cases in 2014/15	Number of repeat cases for this quarter: 5 <b>ON TARGET</b>	Number of repeat cases for this quarter: 7 <b>ON TARGET</b>	Number of repeat cases for this quarter: 5 17 year to date <b>MISSED TARGET</b>

### PART I – MEMBERS, PUBLIC AND PRESS

domestic violence				The MARAC co-ordinator has been asked, for Q4, to provide some narrative as to why there has been an increase in the number of repeat cases. Additionally, the domestic homicide review (DHR) currently being conducted has identified areas for improvement within the MARAC process which will be taken forward as part of the DHR recommendations and action plan.
	Ensure pan-London IDVA service (funded by MOPAC) is fully operational and linked into LBH IDVA service	MOPAC have awarded the IDVA service contract to Victim Support. LBH has 2 FTE IDVAs (one of which will focus on repeat victimisation) and 0.5 case worker to be base in the Police Station. Additionally, LBH has 1 FTE IDVA based in MASH and 0.5 caseworker based in Housing. The additional IDVAs are now in post.  <b>ON TARGET</b>		The additional IDVAs are now in post.  <b>ON TARGET</b>
Reduce victimisation by cybercrime	Police cadets to delivery 100 presentations to older residents about protecting themselves against cybercrime	28 presentations delivered  <b>ON TARGET</b>	22 presentations delivered  <b>ON TARGET</b>	33 presentations delivered 88 year to date  <b>ON TARGET</b>
Reduce violence with injury.	Reduce violence with injury by 10% to 2,130 compared to 2,367 in 2014/15	12 mths to June 2014 2,104 12 mths to June 2015 2,413 Increase of 309 (15%)  <b>MISSED TARGET</b>	12 mths to Sept 2014 2,216 12 mths to Sept 2015 2,414 Increase of 198 (9%)  <b>MISSED TARGET</b>	12 months to Dec 2014 2,281 12 months to Dec 2015 2,435 Increase of 154 (7%)  <b>MISSED TARGET (but improving)</b>

## PART I – MEMBERS, PUBLIC AND PRESS

<b>Objective 3 - Identify and work with vulnerable locations to reduce crime, disorder and ASB</b>				
<b>Project</b>	<b>Target</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Conduct Home Fire Safety Visits (HFSV) in priority postcodes.	Carry out 2,400 HFSV in Hillingdon, of which, 80% carried out in priority households. (2,197 HFSV carried out 2014/15, or which 82% in priority postcodes)	Year to date target = 600 Year to date actual = 798  <b>ON TARGET</b>	Year to date target = 1,200 Year to date actual = 1,458  <b>ON TARGET</b>	Year to date target 1,800 Year to date actual 2,018  (88% priority households)  <b>ON TARGET</b>
Reduce the number of dwelling fires and arson fires	Reduce number of arson fires to 267	Year to date target = 67 Year to date actual = 71 <b>SOME SLIPPAGE</b>	Year to date target = 134 Year to date actual = 138 <b>SOME SLIPPAGE</b>	Year to date target = 200 Year to date actual = 168 <b>ON TARGET</b>
	Reduce number of dwelling fires to 148	Year to date target = 37 Year to date actual = 32 <b>ON TARGET</b>	Year to date target = 74 Year to date actual = 78 <b>SOME SLIPPAGE</b>	Year to date target = 111 Year to date actual = 110 <b>ON TARGET</b>
Deliver crime reduction projects to vulnerable locations in Hayes town.	Deliver a range of preventative and enforcement action against crime and ASB located in alleyways in Hayes town centre.	Enforcement action conducted this quarter includes: 46 EPA notices issued for duty of care (waste); waste removal at various sites along Botwell Lane, Coldharbour Lane followed by issuing of Community Protection Notices; community meeting between business owners, police and council to advise of duty of care standards; a Fixed Penalty Notice issued from breach of street trading.  <b>ON TARGET</b>	Enforcement action conducted this quarter includes: work with Police and in liaison with the Hayes Town Partnership Chair, regarding drug sellers and users along East Avenue and Coldharbour Lane which resulted in a conviction and clearing of alleyways; enforcements on disused electric substation along the Hayes Canal by Bulls Bridge.  <b>ON TARGET</b>	Enforcement action conducted this quarter includes: 11 warnings and 5 Notices issued for blocking the access to alleyways in Botwell Lane - 1 is now been issued with an FPN; enforcements on disused electric substation completed with full compliance; action plan in place for improvements to Austin Road estate and CCTV replacement in Skeffington Court  <b>ON TARGET</b>

## PART I – MEMBERS, PUBLIC AND PRESS



Reduce the number of burglaries	Reduce total burglary by 5% to 2,454 compared to 2,583 in 2014/15	12 mths to June 2014 2,723 12 mths to June 2015 2,495 Decrease of 228 (8%) <b>ON TARGET</b>	12 mths to Sept 2014 2,673 12 mths to Sept 2015 2,474 Decrease of 199 (7%) <b>ON TARGET</b>	12 months to Dec 2014 2,676 12 months to Dec 2015 2,227 Decrease of 449 (17%) <b>ON TARGET</b>

<b>Objective 4 - Reduce offending and re-offending</b>				
<b>Project</b>	<b>Target</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Deal effectively with criminal justice clients with drug misuse problems (LCPF funding)	Minimum 37% (in Q1) of clients identified as having a treatment need will fully engage with DIP treatment services. Increase to 60% by Q4.	88% (14 out of 16 clients) <b>ON TARGET</b>	47% (8 out of 17 clients) <b>ON TARGET</b>	44% (24 out of 55 clients) <b>MISSED TARGET</b>
	Minimum 25% (in Q1) of clients will achieve abstinence from heroin and/or crack within six months of having fully engaged with DIP. Increase to 40% by Q4	53% (10 out of 19 clients) <b>ON TARGET</b>	47% (14 out of 30 clients) <b>ON TARGET</b>	23% (8 out of 35 clients) <b>MISSED TARGET</b>  The service provider for the Drug Intervention Programme has recently changed following a re-tender. The new provider (ARCH) has been working hard to increase service users accessing the programme and feel that the missed target this quarter is based on the surge of clients. A plan has been implemented to address the missed targets (this one and the one below) and ARCH is confident that Q4 target will be achieved.

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	Of those clients who had a treatment need and fully engaged with DIP treatment services, 15% will not have been arrested and charged with drug possession and/or supply within 6 months from the date of engagement with the DIP service.	This target will be reported on in Q4 based on police data.		Self-reporting data shows 42 out of 44 clients report not to have re-offended - 95%
Effectively manage offenders and reduce their re-offending	75% of adult offenders successfully complete their Community Order/Suspended Sentence Order	85% <b>ON TARGET</b>	90% (Pan London Q2 performance in relation to this target is 86%. The performance in Hillingdon in same quarter 136/150 Order are positive terminations in this quarter (ie termination without revocation due to failure/breach)) <b>ON TARGET</b>	Due to a recent IT upgrade the Community Rehabilitation Company are unable to access local information at present. Local data should be restored in Q4
	65% of adult offenders successfully complete their licence/Post Sentence Supervision period without recall/breach	79% <b>ON TARGET</b>	93% (Pan London Q2 performance in relation to this target is 87%. The performance in Hillingdon in same quarter 14/15 licences that terminated in this period are recorded as positive completions) <b>ON TARGET</b>	Due to a recent IT upgrade the Community Rehabilitation Company are unable to access local information at present. Local data should be restored in Q4

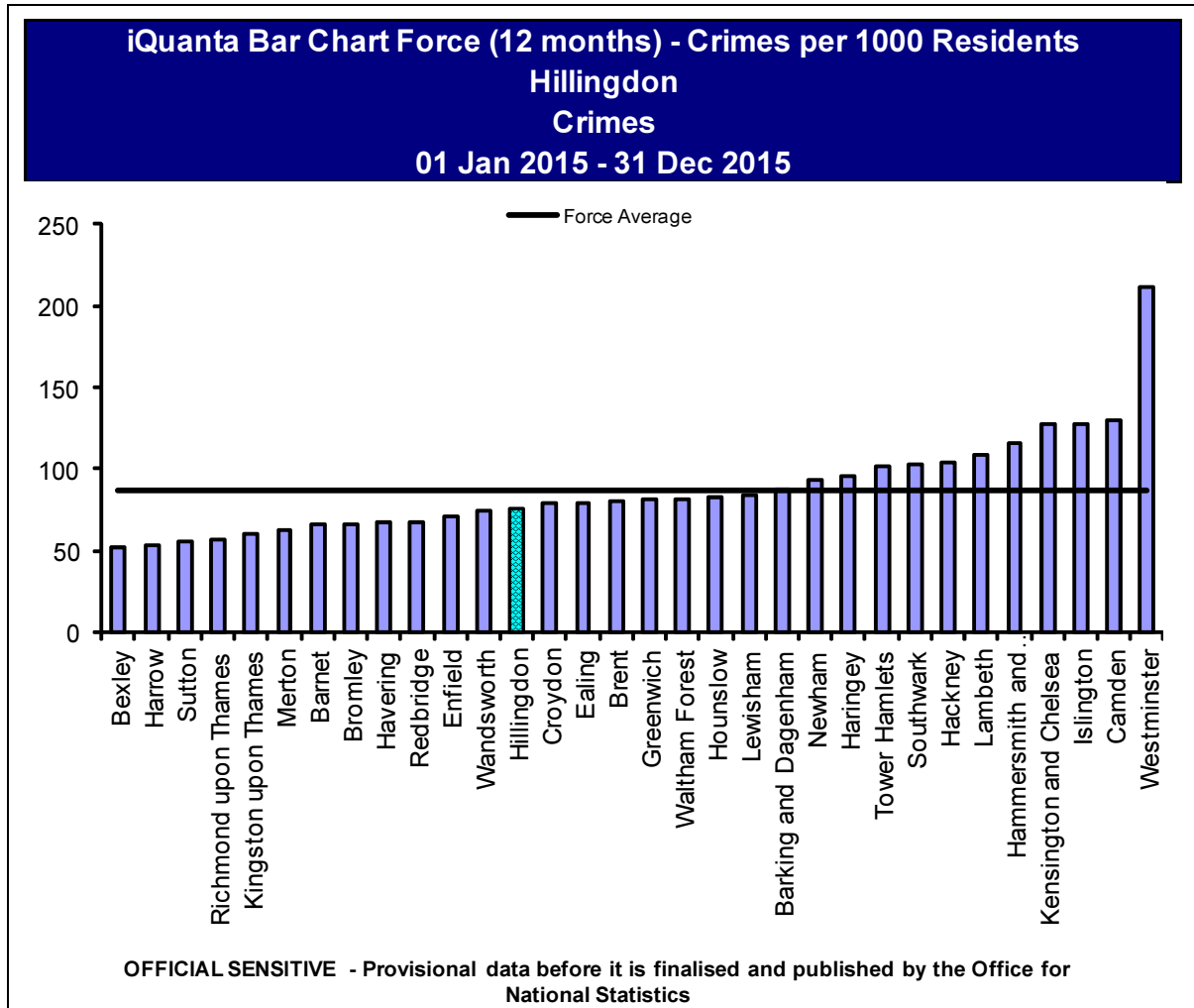
## PART I – MEMBERS, PUBLIC AND PRESS

	90% of Offenders complete their Unpaid Work Requirement	86% (N.B. - Pan-London performance is 84%. The slippage against target is being addressed pan-London and auditing activity has recently taken place to identify all those CP cases over 12 months which have hours outstanding. I am working with the senior probation officers to ensure work instructions have been issued, that the hours are being worked or that action has been taken to return the matter to court where a breach has occurred. This activity has been given high priority in the preparation of our forthcoming move into Cohort Working.)  <b>SOME SLIPPAGE</b>	89% (Pan London Q2 performance is 88%. The performance in Hillingdon in same quarter is recorded as 86 cases out of 96 completing in this quarter are recorded as having done so successfully)  <b>SOME SLIPPAGE</b>	Due to a recent IT upgrade the Community Rehabilitation Company are unable to access local information at present. Local data should be restored in Q4
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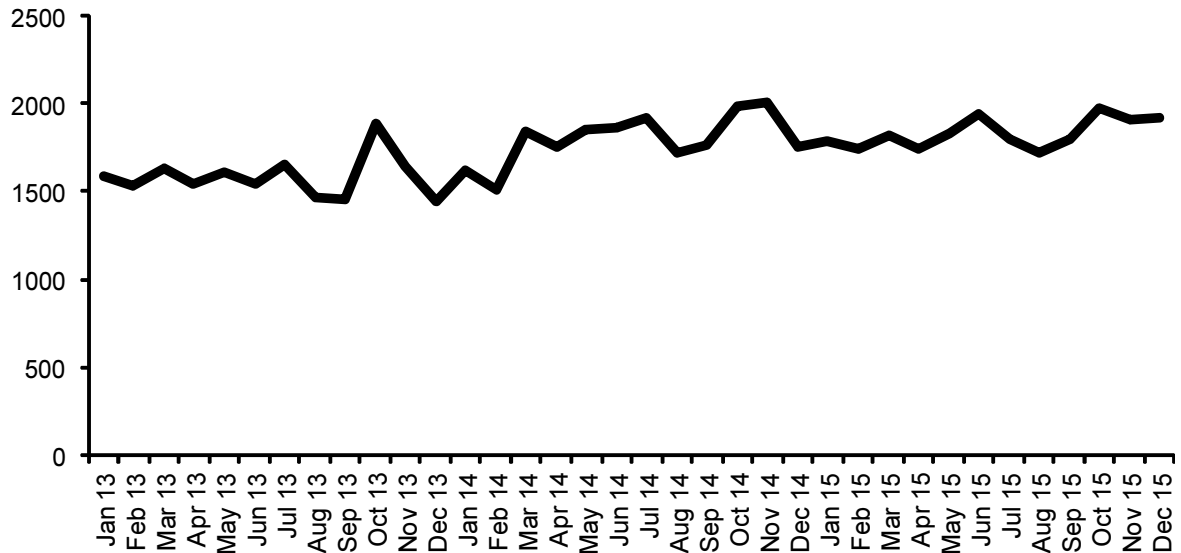
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## APPENDIX 2 - Performance data and trends

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



**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Crimes  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter				Current Quarter		
01 Jul 15 - 30 Sep 15				01 Oct 15 - 31 Dec 15		
5,317			<b>Up 488 (9%)</b>	5,805		
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
1,794	1,725	1,798		1,977	1,905	1,923

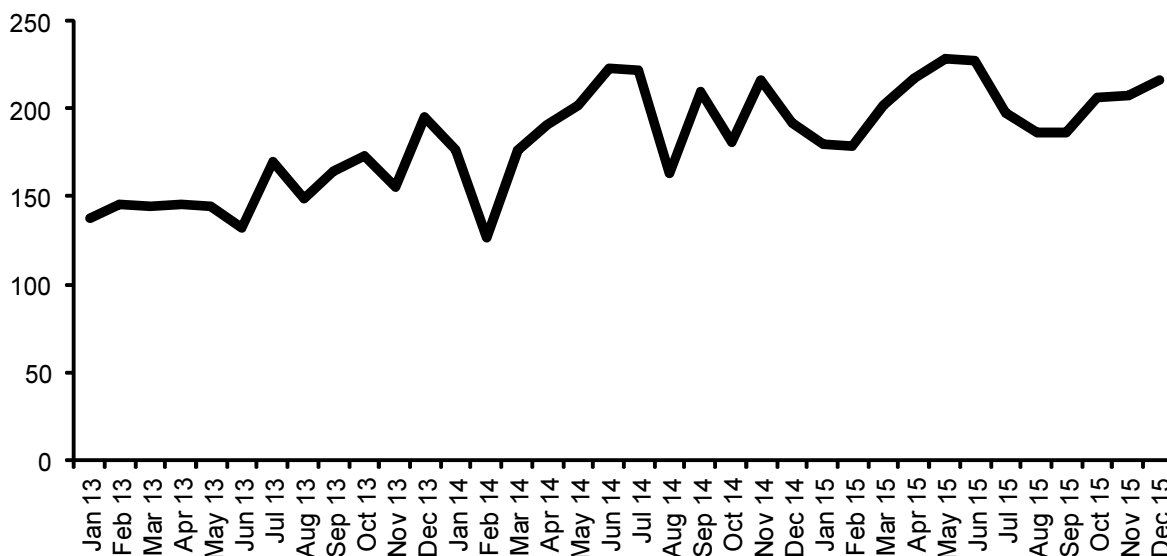
Quarter Previous Year				Current Quarter		
01-Oct-14 - 31-Dec-14				01-Oct-15 - 31-Dec-15		
5,739			<b>Up 66 (1%)</b>	5,805		
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
1,982	2,004	1,753		1,977	1,905	1,923

Previous Year to Date			Year to Date	
01 Apr 14 - 31 Dec 14			01 Apr 15 - 31 Dec 15	
16,620		<b>Up 22 (0%)</b>	16,642	

Prev Year Ending Selected Month			Year Ending Selected Month	
01 Jan 14 - 31 Dec 14			01 Jan 15 - 31 Dec 15	
21,604		<b>Up 393 (2%)</b>	21,997	

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**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Violence with injury (iQuanta)  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter			Current Quarter		
01 Jul 15 - 30 Sep 15			01 Oct 15 - 31 Dec 15		
570			630		
Up 60 (11%)					
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
198	186	186	206	208	216

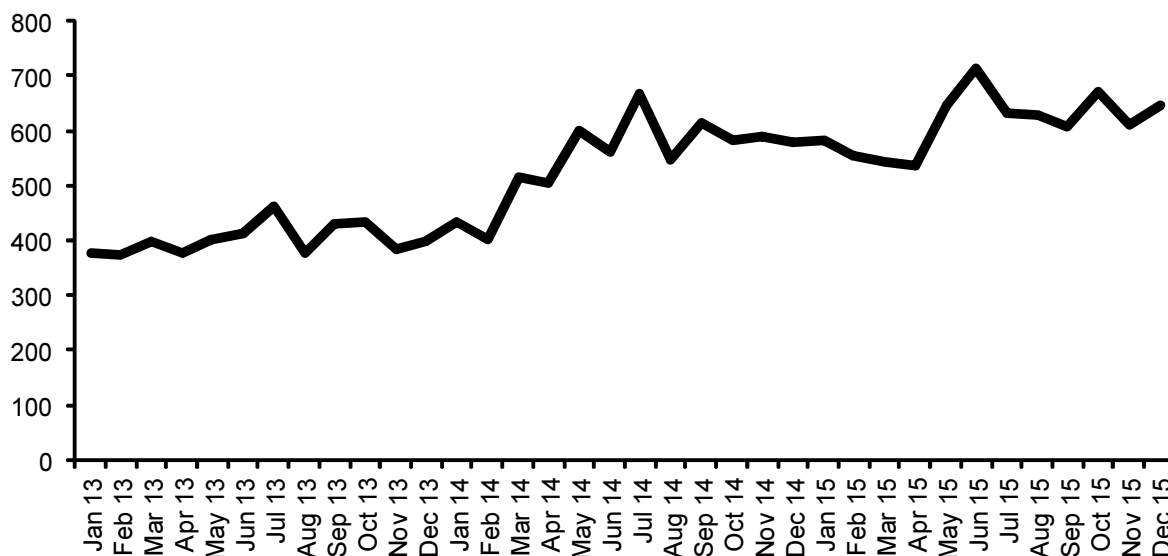
Quarter Previous Year			Current Quarter		
01-Oct-14 - 31-Dec-14			01-Oct-15 - 31-Dec-15		
589			630		
Up 41 (7%)					
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
181	216	192	206	208	216

Previous Year to Date	Year to Date
01 Apr 14 - 31 Dec 14	01 Apr 15 - 31 Dec 15
1,800	1,874
Up 74 (4%)	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jan 14 - 31 Dec 14	01 Jan 15 - 31 Dec 15
2,281	2,435
Up 154 (7%)	

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**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Violence against the person (iQuanta)  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter				Current Quarter		
01 Jul 15 - 30 Sep 15				01 Oct 15 - 31 Dec 15		
1,868			<b>Up 61 (3%)</b>	1,929		
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
632	629	607		671	612	646

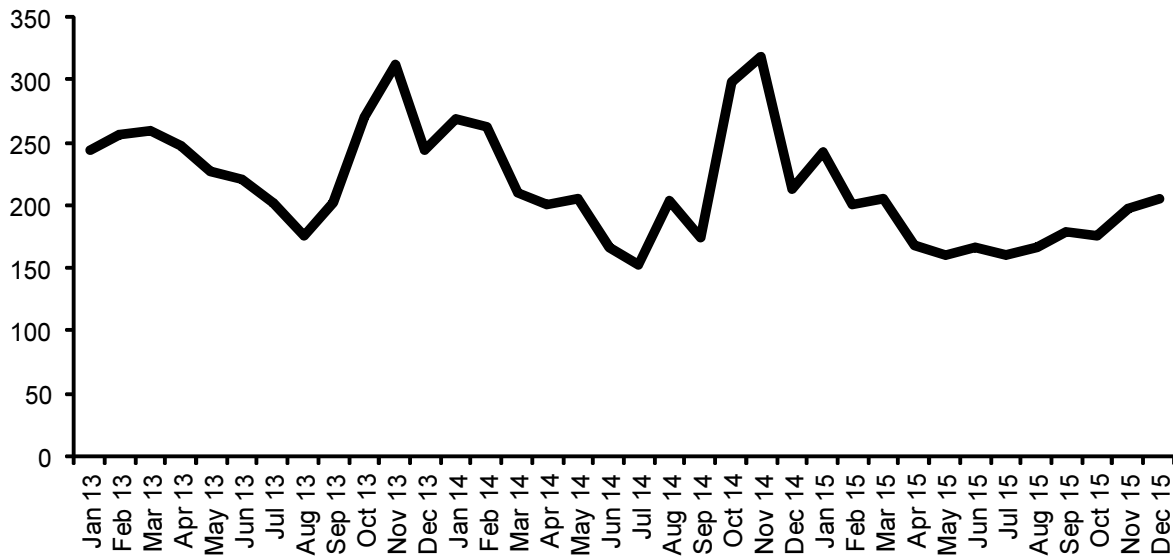
Quarter Previous Year				Current Quarter		
01-Oct-14 - 31-Dec-14				01-Oct-15 - 31-Dec-15		
1,751			<b>Up 178 (10%)</b>	1,929		
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
582	589	580		671	612	646

Previous Year to Date			Year to Date	
01 Apr 14 - 31 Dec 14			01 Apr 15 - 31 Dec 15	
5,247		<b>Up 444 (8%)</b>	5,691	

Prev Year Ending Selected Month			Year Ending Selected Month	
01 Jan 14 - 31 Dec 14			01 Jan 15 - 31 Dec 15	
6,599		<b>Up 772 (12%)</b>	7,371	

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**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Burglary  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter			Current Quarter		
01 Jul 15 - 30 Sep 15			01 Oct 15 - 31 Dec 15		
506			578		
<b>Up 72 (14%)</b>					
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
161	166	179	176	197	205

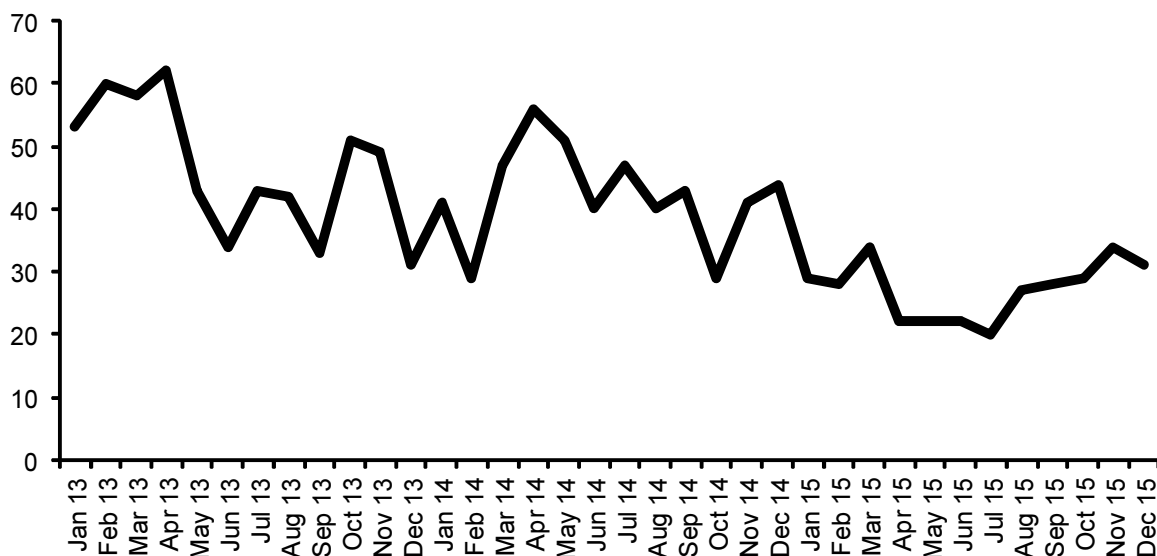
Quarter Previous Year			Current Quarter		
01-Oct-14 - 31-Dec-14			01-Oct-15 - 31-Dec-15		
830			578		
<b>Down 252 (30%)</b>					
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
298	319	213	176	197	205

Previous Year to Date		Year to Date	
01 Apr 14 - 31 Dec 14		01 Apr 15 - 31 Dec 15	
1,934		1,580	
<b>Down 354 (18%)</b>			

Prev Year Ending Selected Month		Year Ending Selected Month	
01 Jan 14 - 31 Dec 14		01 Jan 15 - 31 Dec 15	
2,676		2,227	
<b>Down 449 (17%)</b>			



**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Robbery  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter				Current Quarter		
01 Jul 15 - 30 Sep 15				01 Oct 15 - 31 Dec 15		
75			<b>Up 19 (25%)</b>	94		
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
20	27	28		29	34	31

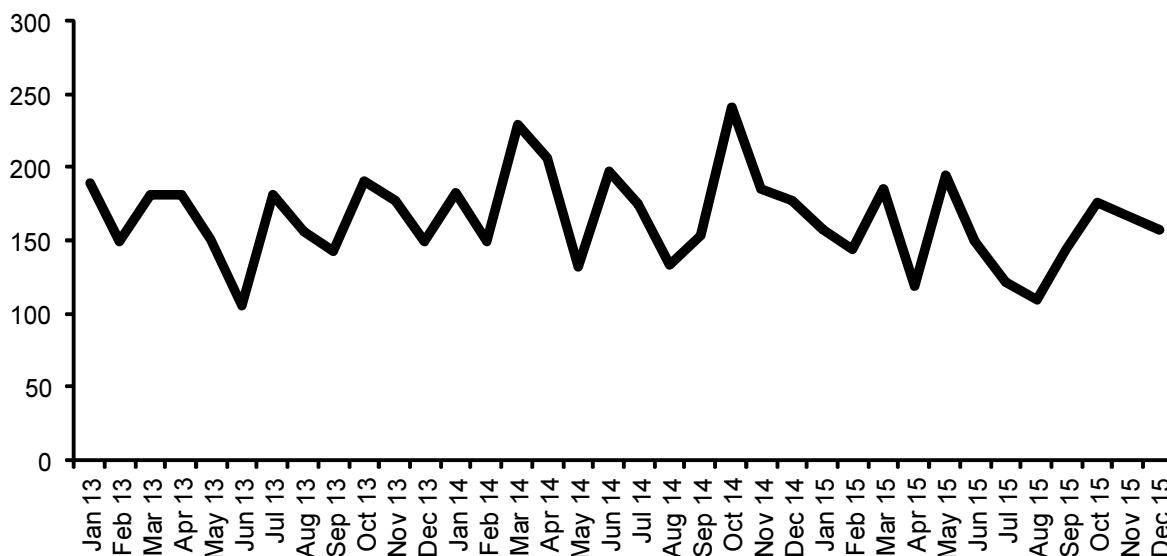
Quarter Previous Year				Current Quarter		
01-Oct-14 - 31-Dec-14				01-Oct-15 - 31-Dec-15		
114			<b>Down 20 (18%)</b>	94		
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
29	41	44		29	34	31

Previous Year to Date			Year to Date	
01 Apr 14 - 31 Dec 14			01 Apr 15 - 31 Dec 15	
391		<b>Down 156 (40%)</b>	235	

Prev Year Ending Selected Month			Year Ending Selected Month	
01 Jan 14 - 31 Dec 14			01 Jan 15 - 31 Dec 15	
508		<b>Down 182 (36%)</b>	326	

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**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Theft from a vehicle  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter			Current Quarter		
01 Jul 15 - 30 Sep 15			01 Oct 15 - 31 Dec 15		
376			500		
<b>Up 124 (33%)</b>					
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
122	110	144	176	167	157

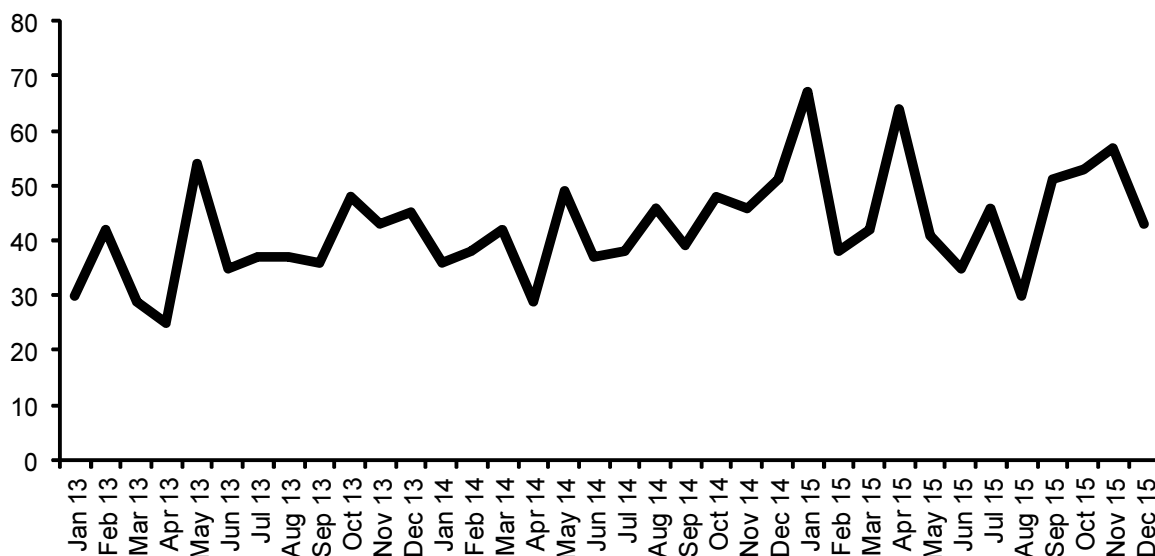
Quarter Previous Year			Current Quarter		
01-Oct-14 - 31-Dec-14			01-Oct-15 - 31-Dec-15		
603			500		
<b>Down 103 (17%)</b>					
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
241	185	177	176	167	157

Previous Year to Date	Year to Date
01 Apr 14 - 31 Dec 14	01 Apr 15 - 31 Dec 15
1,600	1,339
<b>Down 261 (16%)</b>	

Prev Year Ending Selected Month	Year Ending Selected Month
01 Jan 14 - 31 Dec 14	01 Jan 15 - 31 Dec 15
2,160	1,825
<b>Down 335 (16%)</b>	

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**iQuanta Volume Chart - Crimes  
Metropolitan Police - Hillingdon  
Theft of a vehicle  
01 Jan 2013 - 31 Dec 2015**



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

Previous Quarter				Current Quarter		
01 Jul 15 - 30 Sep 15				01 Oct 15 - 31 Dec 15		
127			<b>Up 26 (20%)</b>	153		
<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
46	30	51		53	57	43

Quarter Previous Year				Current Quarter		
01-Oct-14 - 31-Dec-14				01-Oct-15 - 31-Dec-15		
145			<b>Up 8 (6%)</b>	153		
<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>		<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>
48	46	51		53	57	43

Previous Year to Date			Year to Date	
01 Apr 14 - 31 Dec 14			01 Apr 15 - 31 Dec 15	
383		<b>Up 37 (10%)</b>	420	

Prev Year Ending Selected Month			Year Ending Selected Month	
01 Jan 14 - 31 Dec 14			01 Jan 15 - 31 Dec 15	
499		<b>Up 68 (14%)</b>	567	

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# Agenda Item 6

## EXTERNAL SERVICES SCRUTINY COMMITTEE - SAFER HILLINGDON PARTNERSHIP'S PRIORITY OBJECTIVES FOR 2016/2017

**Contact Officer:** Teresa McKee  
**Telephone:** 01895 556322

**Appendix A:** Safer Hillingdon Partnership Strategic Assessment Matrix 2016/17

**Appendix B:** Summary of data used for volume, performance and trend scores

**Appendix C:** Sources of data

### REASON FOR ITEM

To enable the Committee to comment on the Safer Hillingdon Partnership's process for setting priorities and objectives for 2016/17.

### OPTIONS AVAILABLE TO THE COMMITTEE

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

### INFORMATION

The Safer Hillingdon Partnership is obliged to undertake an annual strategic assessment and create a partnership plan under the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) and Statutory Instrument 2007 (3076) Crime and Disorder: Formulation of Strategy with regard to crime and disorder including anti-social and other behaviour adversely affecting the local environment, the misuse of drugs, alcohol and other substances in its area.

The assessment and plan should include:

- the priorities for the coming year identified in the strategic assessment;
- the steps each of the responsible authorities will take to meet these priorities;
- how the responsible authorities will allocate resources to meet the priorities;
- how the responsible authorities will measure success in implementing projects to meet the priorities;
- how the strategy group will engage with the local community and encourage local people to assist in reducing crime and disorder; and
- publish a summary of the full plan for people in the local area to have access to.

### Methodology

In order to identify priorities for the coming year, a matrix has been used as a convenient way to collate a range of information and rank community safety issues in order of priority. Each issue is scored in seven categories:

1. Volume
2. Performance
3. Trend
4. Partner priority
5. Public concern
6. Cost
7. Whether the issue generates other problems

Appendix A shows the 2016/17 matrix.

Appendix B summarises the data used for volume, performance and trend scores.

Appendix C contains the data sources for each crime types.

### Priorities

The results from the Strategic Assessment matrix suggest the following top nine priorities for the 2016/17 Partnership Plan. These have a minimum score of 19 or above.

- Reducing violence
- Reducing anti social behaviour
- Reducing re-offending
- Reducing burglary
- Reducing harm caused by drugs
- Reducing domestic violence
- Reducing harm caused by alcohol
- Reducing youth offending
- Reducing theft from shops

### Priority Objectives

These priorities can be grouped into three overarching priority themes to address over the coming year.

- **Reduce violence**

Violent behaviour features in three of the top 8 priorities and should therefore merit being a priority theme. This theme would cover violent crimes, domestic abuse and the harm caused by alcohol (violent crime where alcohol is a contributing factor).

- **Reduce offending and re-offending**

Many of the priority crimes committed the borough are carried out by a small number of persistent offenders so it is necessary to find effective ways to reduce repeat offending of this small group of offenders. This priority theme would cover the priorities of reducing re-offending, reducing youth offending and reducing drug-related offences/offending.

- **Identify and work with vulnerable residents and locations to reduce offending and victimisation**

Some members of our community are particularly vulnerable to becoming victims of crime or ASB and there are some areas of the borough that are the scenes of more crimes and ASB than others. This priority theme would cover the priorities of anti-social behaviour, burglary and theft from shops.

The Safer Hillingdon Partnership Board considered the matrix and suggested priorities at their meeting on 17 February 2016. The chief officers and Cabinet member agreed the objectives and suggested themes with the exception of theft from shops. Members of the partnership felt that retail theft, whilst serious, is not in their experience highlighted within the borough as worse than any other equivalent borough and that suitable measures are in place to combat retail

theft, specifically in the business sector. Additionally, drug related offending (often one of the causes of shop lifting) is already identified as a priority.

## **BACKGROUND PAPERS**

None.

## Appendix A: Safer Hillingdon Partnership Strategic Assessment Matrix 2016/17

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Category	Volume	Performance	Trend	Public concern	SNB survey	Partner priority	Cost (unchanged from last year)	Generator (unchanged from last year)	Score	2015/16 score	Ranking 2016/17
	The number of recorded incidents over the most recent 12-month period. (High volume = high score).	How Hillingdon compares with other London boroughs. (Hillingdon performance good = low score).	Either iQuanta predicted trend based on past performance, or whether there has been an increase or decrease of incidences from previous years (decrease = good = low score)	Public concern scores are now a combination of two engagement activities; the Council's public, on-line survey conducted in September and October 2014 plus the Safer Neighbourhood Board (SNB) event on 7 February 2015. The matrix included in this report includes results from both engagement activities	Priority concerns for all members of the Safer Hillingdon Partnership The score for this category is doubled to reflect the importance of considering professional judgements, partner assessments and government priorities (priority issue for many organisations = high score).	The cost to public authorities of the issue "The economic & social costs of crimes against individuals and households" – Dubourg & Hamed, updated 2010. If costs were not available we have estimated the seriousness of the impact of an issue on the community (high cost/very high level of seriousness = high score).	This category considers whether an issue has an impact on, or creates other crimes or fear of crime (significant driver of other crimes/generates high fear of crime = high score).				
Violence	4	2	3	3	4	8	4	2	30	30	1
ASB	4	2	1	4	3.5	8	3	3	28.5	27.5	2
Re-offending (last years scores)	3	2	4	1	2.5	8	3	4	27.5	27.5	3
Burglary	3	2	2	3.5	3	8	3	2	26.5	25.5	4
Drug Offences	2	2	3	1.5	0.5	8	4	4	25	22	5
Domestic violence	3	4	3	1	0	8	2	1	22	19	6
Harm caused by alcohol	1	1	1	1.5	2	6	4	4	20.5	24.5	7
Youth offending	1	1	1	3	1	6	3	3	19	23	8
Theft from shops	3	4	3	1	0	4	1	3	19	14	8
Road safety	1	3	4	1.5	0	4	3	1	17.5	15.5	10
Disorder on public transport	1	2	4	2	0	2	3	3	17	19	11
Primary fires	1	4	3	0.5	0	4	3	1	16.5	12.5	12
Theft of vehicles	2	1	3	2	0	4	2	2	16	16	13
Hate crime	1	2	3	1	0	6	2	1	16	16	13
Theft from vehicles	3	3	2	2	0	2	1	2	15	17	15
Robbery	1	1	1	2.5	1.5	2	2	3	14	21	16
Criminal damage	3	3	2	1	0	2	1	1	13	14	17

### PART I – MEMBERS, PUBLIC AND PRESS



## Appendix B: Summary of data used for volume, performance and trend scores

Category	Volume (number of incidents in latest 12 months)	Performance (1 is best, 32 is worst)	Trend
Violence against the person	6063	Ranked 13 out of 32 boroughs	projected increase
ASB	7944	Ranked 16 out of 32 boroughs	decrease over past 4 calendar years
<b>Reoffending</b>			
Burglary	2229	Ranked 11 out of 32 boroughs	projected decrease
Drug Offences	990	Ranked 11 out of 32 boroughs	projected increase
Domestic abuse	2602	Ranked 4 out of 5 west London boroughs	4.1% increase from previous 12 months
Harm caused by alcohol	133	data not available. Used previous matrix score	14% decrease compared with previous year
Youth offending	128	Hillingdon rate=400; London rate=422; comparator group rate=420	decrease over past 4 years
Theft from shops	1570	Ranked 25 out of 32 boroughs	projected increase
Road safety	84	Ranked 24 out of 32 boroughs	30% increase from previous year
Disorder on public transport	416	Ranked 9 out of 32 boroughs	2013-2014 = increase of 8%; 2014-2015 increase of 9%
Primary fires	424	Ranked 25 out of 32 boroughs	slight (1%) increase from previous year
Theft of vehicles	570	Ranked 6 out of 32 boroughs	projected increase
Hate crime	383	Ranked 15 out of 32 boroughs	projected increase
Theft from vehicles	1847	Ranked 20 out of 32 boroughs	projected decrease
Robbery	347	Ranked 6 out of 32 boroughs	projected decrease
Criminal damage	2082	Ranked 18 out of 32 boroughs	projected decrease

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<b>Scoring system</b>	0-500 = 1	Ranked 1-8 = 1	Projected large decrease = 1
	501-1000 = 2	Ranked 9-16 = 2	Projected slight decrease = 2
	1001 - 3000 = 3	Ranked 17-24 = 3	Projected slight increase = 3
	3001 + = 4	Ranked 25-32 = 4	Projected large increase = 4

PART I – MEMBERS, PUBLIC AND PRESS

## Appendix C: Sources of data

Category	Provided by	Volume	Performance	Trend
Violence	iQuanta	Number of recorded incidents of violence against the person (ONS group) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
Reoffending	CRC	Due to a recent IT upgrade the Community Rehabilitation Company are unable to access local information at present.		
ASB	Hillingdon Police	Number of ASB CAD calls between Jan and Dec 2015	Number of incidents between Jan and Dec 2015 per 1000 population compared with all 32 London boroughs	Increase or decreased compared with previous 3 calendar years (2014, 2013, 2012)
Burglary	iQuanta	Number of recorded incidents of burglary (all categories - ONS group) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
Harm caused by alcohol	Hillingdon Hospital	Number of attendences for assault at Hillingdon Hospital A&E where alcohol has been consumed by patient between Jan and Dec 2015	No comparable data available	Increase or decrease comparing Jan-Jun 2014 with Jan-Jun 2015
Youth offending	YOS	Number of first time entrants between Jan and Dec 2015 using local data (not PNC data)	FTEs based on rate per 100,000 of 10-17 population for 12 month period July 2014-June 2015	Increase or decrease of FTE between 2010 and 2015
Drug Offences	iQuanta	Number of recorded incidents of drug offences (ONS crime grouping - Drug offences (possession and trafficking)) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
Robbery	iQuanta	Number of recorded incidents of robbery (iQuanta grouping - robbery (of personal property and business property)) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
Domestic violence	Hillingdon Police	Number of recorded (flagged) domestic abuse incidents between 14 Jan 2014 and 13 Jan 2015	Number of recorded (flagged) domestic abuse incidents between 14 Jan 2014 and 13 Jan 2015 per 1000 population compared with Hounslow, K&C, Kingston and Merton	Increase or decrease compared with previous 12 months

## PART I – MEMBERS, PUBLIC AND PRESS

<b>Disorder on public transport</b>	Hillingdon Police - STT	Number of recorded incidents of any crime occurring at a bus stop, bus garage or on a bus between Jan and Dec 2015	Number of recorded incidents between Jan and Dec 2015 per 1,000 population compared with all 32 London boroughs	Increase or decrease between 2013 and 2015
<b>Theft from vehicles</b>	iQuanta	Number of recorded incidents of theft from a vehicle (iQuanta grouping - serious acquisitive crime - theft from a vehicle) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
<b>Theft of vehicles</b>	iQuanta	Number of recorded incidents of theft from a vehicle (iQuanta grouping - serious acquisitive crime - theft of a vehicle) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
<b>Hate crime</b>	iQuanta	Number of recorded incidents of hate crime (iQuanta grouping - racially/religiously aggravated offences) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
<b>Road safety</b>	LBH Team	Number of people fatally or seriously injured in Hillingdon between Jan and Dec 2014	Number of people per 1000 population fatally or seriously injured in Hillingdon between Jan and Dec 2014 compared to all London boroughs	Increase or decreased compared with Jan-Dec 2013
<b>Theft from shops</b>	iQuanta	Number of recorded incidents of shoplifting (ONS crime grouping - theft offences - shoplifting) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
<b>Criminal damage</b>	iQuanta	Number of recorded incidents of criminal damage (ONS group) between 01 Dec 2014 and 30 Nov 2015	Number of recorded incidents between 01 Dec 2014 and 30 Nov 2015 per 1,000 population compared with all 32 London boroughs	12 data point projection for Jan - Nov 2016, based on performance from Dec 2013 to Dec 2015
<b>Primary fires</b>	Hillingdon Fire	Number of recorded incidents of primary fires between January and December 2015	Number of recorded incidents between Jan and Dec 2015 per 1,000 population compared with all 32 London boroughs	Increase or decreased compared with previous calendar year (2014)

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# Agenda Item 7

## UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE

**Contact officer:** Nikki O'Halloran  
**Telephone:** 01895 250472

### REASON FOR ITEM

The attached paper provides a brief summary of progress with regard to the review recommendations on the:

- Policing and Mental Health
- Child Sexual Exploitation
- Family Law Reforms

### OPTIONS OPEN TO THE COMMITTEE

- To note the progress provided in the report.
- To consider the progress to date and developments

### SUGGESTED COMMITTEE ACTIVITY

- To note the information provided within the report.
- Consider whether there are comments the Committee wishes to make.

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Recommendations	Updates
<p><b>RECOMMENDATION 1a</b> – That the Cabinet utilises the requirement of the Care Act, to improve information to users of health, social care and wellbeing services to better signpost mental health services to residents including those available from partner agencies.</p>	<ul style="list-style-type: none"> <li>• Care Act training has been rolled out to all staff within the Community Mental Health teams and the Consultants</li> <li>• Additional Social Care eligibility and FACE training has rolled out to ensure staff are able to assess needs and produce an indicative budget.</li> <li>• Signposting information is posted on the 'ConnecttoSupport' website</li> <li>• The CNWL Core Assessment has been redesigned and is now Care Act compliant</li> </ul>
<p><b>RECOMMENDATION 1b</b> – That Cabinet endorses the TeleCareLine Service for use by those with mental ill health and requires further promotion be given to how the service can support those with mental ill health. This builds on the successful promotion of the service to residents with a learning difficulty and will support the ethos of reducing the demand on future social care services.</p>	<ul style="list-style-type: none"> <li>• A TeleCareLine has been formed to further promote the use of products for mental health service users</li> <li>• Investigating the use of 'medication dispensers' and 'GPS tracker' for those service users who forget their medication and go wandering.</li> </ul>
<p><b>RECOMMENDATION 2</b> – That Cabinet welcomes that Hillingdon Council is one of the first Local Authorities in the United Kingdom to sign up to the Crisis Care Concordat and requires the London Mental Health Crisis Commissioning Guide to be used by the Council and its partners to ensure services meet the needs of Hillingdon residents.</p>	<ul style="list-style-type: none"> <li>• LBH have been working jointly with CNWL in the development of the Single Point of Access, Crisis Response Team and the re-configuration of the Community Mental Health Teams.</li> <li>• Additional resources have been added to the AMHP service to ensure requests for Mental Health Act assessments are not delayed.</li> </ul>
<p><b>RECOMMENDATION 3</b> – That Cabinet requests that the Health and Wellbeing Board asks the CCG</p>	<ul style="list-style-type: none"> <li>• The CCG included in its Commissioning Intentions for Mental Health Services an expectation that an effective urgent care pathway be</li> </ul>

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<p>for an update in relation to how it is responding to the London Mental Health Crisis Commissioning Guide and how existing community services will be utilised to develop clear care pathways for people in, or at risk of, mental health crisis.</p>	<p>developed including out of hour's access and support to individuals presenting at A+E in a crisis.</p> <ul style="list-style-type: none"> <li>Recent developments have included the setup of a Single Point of Access referral line 24/7. In addition local community services are being re-organised to ensure more effective crisis services over extended hours. In addition, the CCG has agreed to fund recurrently the Mental Health Assessment Lounge at Riverside Mental Health centre to divert A+E presentations to a more suitable environment</li> </ul>
<p><b>RECOMMENDATION 4a</b> – That Cabinet endorses the Community Risk MARAC which is to be provided by Hillingdon Metropolitan Police and the Council's Anti Social Behaviour and Community Safety Team to better support residents with mental ill health.</p>	
<p><b>RECOMMENDATION 4b</b> – That Cabinet commends the improvements in service by the Hillingdon Metropolitan Police Service when dealing with people in a mental health crisis and notes that no persons were detained in a police cell in this Borough under Section 136 in 2014.</p>	
<p><b>RECOMMENDATION 5</b> – That the Cabinet Member for Social Services, Health and Housing asks the CCG to review the provision of safe transport to enable individuals with mental health issues to be transported to a place of safety in a safe, timely and dignified way and report back to the Cabinet Member and External Service Scrutiny</p>	<ul style="list-style-type: none"> <li>Although this has not been on the agenda at the local section 136 operational meetings, it will be at some point. In terms of actions, consideration will be given to reviewing the Hillingdon section 136 policy against the crisis concordat standards to then identify the agreed priorities and risk register. A data set and reporting structure could then be constructed.</li> <li>Consideration will also be given to putting this into the mental health</li> </ul>

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Committee.

transformation board programme or include the CCG and Council in the Riverside-based ops policy meetings.

- CNWL will also need to include HHT in this work, with the Hillingdon and Heathrow airport police bodies and LAS.
- Section 136 activity was reported to the December SRG to gain some traction around impact on ED at Hillingdon.

Recommendations	Updates
<p><b>RECOMMENDATION 1</b> - That Cabinet commends and approves the Hillingdon Child Sexual Exploitation (CSE) strategy and action plan.</p>	<p>The work was endorsed by Cabinet</p>
<p><b>RECOMMENDATION 2</b> - That Cabinet welcomes the insight and findings of the External Services Scrutiny Committee and asks officers to further develop a programme of joint CSE training in partnership with the Metropolitan Police Service, Local Strategic Children's Partnership (LSCP), Central and North West London NHS Foundation Trust (CNWL) and the Hillingdon Clinical Commissioning Group (HCCG).</p>	
<p><b>RECOMMENDATION 3</b> - That Cabinet agrees that consideration be given to the incorporation of CSE work undertaken by the Council into the Hillingdon LSCB annual report.</p>	

Review into Family Law Reforms	Recommendations	Updates
	<p><b>RECOMMENDATION 1</b> - Commends the work that has already been undertaken by officers with regard to the reforms introduced by the Children &amp; Families Act 2014.</p>	<p>The report was endorsed by Cabinet</p>
<p><b>RECOMMENDATION 2</b> - Supports the continued partnership working with the West London Family Court to ensure that everything possible is done to safeguard children in Hillingdon.</p>		

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# Agenda Item 8

## EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2015/2016

**Contact Officer:** Nikki O'Halloran  
**Telephone:** 01895 250472

### Appendix A: Work Programme 2015/2016

#### REASON FOR ITEM

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

#### OPTIONS OPEN TO THE COMMITTEE

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

#### INFORMATION

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

Meetings	Room
Tuesday 15 March 2016 - 6pm	CR5
Tuesday 26 April 2016 - 6pm	CR5

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.

#### Scrutiny Reviews

3. The GP Pressures Working Group has been progressing with its review. To ensure that the review gains sufficient information to be able to make useful and implementable recommendations, additional meetings have been organised. This means that the review will not be completed before the end of this municipal year and the draft report is likely to be brought to the External Services Scrutiny Committee in June or July 2016.
4. Members are asked to suggest possible future review topics for consideration by the External Services Scrutiny Committee during the next municipal year. It is proposed that the Committee identify one/two topics at its meeting on 26 April 2016 that it would like to scrutinise in more depth during 2016/2017 so that a scoping report can be prepared and considered at the Committee's first meeting in June 2016.

5. The new membership of the Committee for 2016/2017 will be appointed at Annual Council on 12 May 2016. Should the new Committee not wish to proceed with the topic suggested by the previous membership, it may agree an alternative topic for review.

**EXTERNAL SERVICES SCRUTINY COMMITTEE**  
**2015/2016 WORK PROGRAMME**

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

*Shading indicates completed meetings*

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

Meeting Date	Agenda Item
17 September 2015	<p><b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough:</p> <ul style="list-style-type: none"> <li>• London Borough of Hillingdon</li> <li>• Metropolitan Police Service (MPS)</li> <li>• Safer Neighbourhoods Team (SNT)</li> <li>• London Fire Brigade</li> <li>• London Probation Area</li> <li>• British Transport Police</li> <li>• Hillingdon Clinical Commissioning Group (CCG)</li> <li>• Public Health</li> </ul> <p><b>Health</b> To receive a performance update and the annual report of Healthwatch Hillingdon</p>
30 September 2015	<p><b>THH CQC Re-Inspection</b> To scrutinise the report published on 7 August 2015 as a result of the CQC re-inspection of THH.</p>
8 October 2015	<p><b>Prevent</b> Update on counter terrorism work being undertaken in the Borough.</p>
17 November 2015	<p><b>Health</b> Performance updates and updates on significant issues:</p> <ul style="list-style-type: none"> <li>• The Hillingdon Hospitals NHS Foundation Trust</li> <li>• Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>• Central &amp; North West London NHS Foundation Trust</li> <li>• The London Ambulance Service NHS Trust</li> <li>• Local Medical Committee</li> <li>• Local Dental Committee</li> <li>• Public Health</li> <li>• Hillingdon Clinical Commissioning Group</li> <li>• Care Quality Commission (CQC)</li> <li>• Healthwatch Hillingdon</li> </ul> <p><b>Shaping a healthier future</b> To receive an update on the progress of the <i>Shaping a healthier future</i> programme</p> <p><b>Major Review 1:</b> Consideration of final report from the Working Group</p> <p><b>Major Review 2:</b> Consideration of the scoping report</p>

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Meeting Date	Agenda Item
12 January 2016	<p><b>Health Update</b>            To receive further information/updates in relation to:</p> <ul style="list-style-type: none"> <li>• Mental Health Services - specifically regarding the expansion of services for adults and children and the reduction in waiting times;</li> <li>• Primary Care Co-Commissioning;</li> <li>• Levels of postpartum haemorrhage and puerperal sepsis in Hillingdon; and</li> <li>• Services in Hillingdon that have been affected by Shaping a Healthier Future over the last two years.</li> </ul>
16 February 2016	<b>CANCELLED</b>
15 March 2016	<p><b>Crime &amp; Disorder</b>            To receive an update on the progress of the Safer Hillingdon Partnership.</p> <p>To also scrutinise the issue funding reductions to the Metropolitan Police Service and the anticipated impact that this will have in Hillingdon.</p> <p><b>Update on the implementation of recommendations from previous scrutiny reviews:</b></p> <ul style="list-style-type: none"> <li>• Policing and Mental Health</li> <li>• Child Sexual Exploitation</li> <li>• Family Law Reforms</li> </ul> <p><b>Major Review 2:</b> Consideration of final report from the Working Group.</p>

Meeting Date	Agenda Item
26 April 2016	<p><b>Quality Account Reports &amp; CQC Evidence Gathering</b>            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"> <li>• The Hillingdon Hospitals NHS Foundation Trust</li> <li>• Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>• Central &amp; North West London NHS Foundation Trust</li> <li>• The London Ambulance Service NHS Trust</li> <li>• Hillingdon Clinical Commissioning Group</li> <li>• Care Quality Commission (CQC)</li> <li>• Healthwatch Hillingdon</li> <li>• Local Medical Committee</li> <li>• Local Dental Committee</li> <li>• Public Health</li> </ul> <p><b>Better Care Fund Update</b>            To receive an update in relation to the Better Care Fund Plan 2016/2017.</p>
<p><b>Possible future single meeting or major review topics and update reports</b></p>	<ol style="list-style-type: none"> <li>1. CQC Inspection of London Ambulance Service NHS Trust - To review the findings of the CQC report in relation to its inspection of LAS that was undertaken in June 2015</li> <li>2. Female genital mutilation (FGM)</li> <li>3. Child Sexual Exploitation (CSE)</li> <li>4. Probation Service</li> <li>5. frequent callers (links between the police, health services and Council services)</li> <li>6. Drug treatment and substance misuse update</li> <li>7. CNWL - to look at reasons why issues for action already identified by the Trust prior to the CQC inspection had not previously been resolved</li> <li>8. CAMHS - possible joint major review with Children, Young People and Learning POC in 2016/2017.</li> </ol>

## 1<sup>st</sup> MAJOR SCRUTINY REVIEW (WORKING GROUP)

### Members of the Working Group:

- Councillors Gilham (Chairman), Allen, Dann, Denys and East

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

Meeting	Action	Purpose / Outcome
<b>ESSC: 17 June 2015</b>	Agree Scoping Report	Information and analysis
<b>Working Group: 1<sup>st</sup> Meeting - 2pm, 15 September 2015, CR3a</b>	Introductory Report / Witness Session 1	Evidence and enquiry
<b>Working Group: 2<sup>nd</sup> Meeting - 2pm, 29 September 2015, CR9</b>	Witness Session 2	Evidence and enquiry
<b>Working Group: 3<sup>rd</sup> Meeting - 2pm, 27 October 2015, CR9</b>	Draft Final Report	Proposals – agree recommendations and final draft report
<b>ESSC: 17 November 2015</b>	Consider Draft Final Report	Agree recommendations and final draft report
<b>Cabinet: 21 January 2016 (Agenda published on 13 January 2016)</b>	Consider Final Report	Agree recommendations and final report

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

## 2<sup>nd</sup> MAJOR SCRUTINY REVIEW (WORKING GROUP)

### Members of the Working Group:

- Councillors Riley (Chairman), Chapman, Edwards, East and Lakhmana

**Topic:** GP finances and the associated pressures (what will GP practices look like in five years?)

Meeting	Action	Purpose / Outcome
<b>ESSC: 17 November 2015 2015</b>	Agree Scoping Report	Information and analysis
<b>Working Group: 6pm 10 December 2015</b>	Introductory Report / Witness Session 1	Evidence and enquiry
<b>Working Group: 6pm 16 December 2015</b>	Witness Session 2	Evidence and enquiry
<b>Working Group: 6pm 13 January 2016</b>	Witness Session 3	Evidence and enquiry
<b>Working Group: 7pm 23 February 2016</b>	Witness Session 4	Evidence and enquiry
<b>Working Group: 6pm 23 March 2016</b>	Witness Session 5	Evidence and enquiry
<b>Working Group: TBA</b>	Draft Final Report	Proposals – agree recommendations and final draft report
<b>ESSC: 15 June 2016 (Agenda published on 7 June 2016)</b>	Consider Draft Final Report	Agree recommendations and final draft report
<b>Cabinet: 21 July 2016 (Agenda published on 14 July 2016)</b>	Consider Final Report	Agree recommendations and final report

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