



HILLINGDON  
LONDON



# External Services Select Committee

**Date:** TUESDAY, 12 FEBRUARY  
2019

**Time:** 6.00 PM

**Venue:** COMMITTEE ROOM 6 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE

**Meeting  
Details:** Members of the Public and  
Media are welcome to attend.

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## Councillors on the Committee

Councillor John Riley (Chairman)  
Councillor Nick Denys (Vice-Chairman)  
Councillor Simon Arnold  
Councillor Teji Barnes  
Councillor Kuldeep Lakhmana  
Councillor Ali Milani  
Councillor June Nelson  
Councillor Devi Radia

**Published:** Monday, 4 February 2019

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Putting our residents first

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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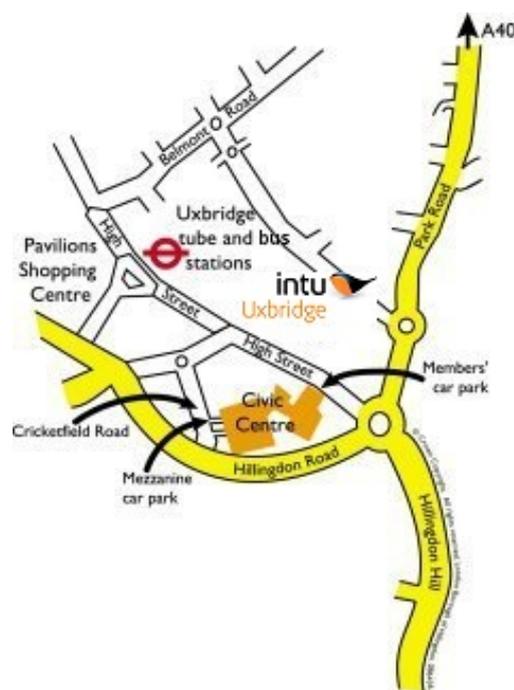
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## **Terms of Reference**

1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. 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.

### **'Select' Panel Terms of Reference**

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

# 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 - 11 December 2018 1 - 6

5 Safer Hillingdon Partnership Performance Monitoring 7 - 14

6 Work Programme 15 - 22

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

7 Any Business transferred from Part I

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

11 December 2018



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

|     |   |
|-----|---|
|     | <p><b>Committee Members Present:</b><br/>Councillors Nick Denys (Vice-Chairman, in the Chair), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p><b>Also Present:</b><br/>Michael Breen, Trustee, Michael Sobell Hospice Charity<br/>David Brewer, Head of Engagement, East and North Hertfordshire NHS Trust<br/>Rachael Corser, Director of Nursing and Patient Experience, East &amp; North Hertfordshire NHS Trust<br/>Sarah Lucy James, Divisional Hospital Director, East and North Hertfordshire NHS Trust<br/>Satish Kanabar, Trustee, Michael Sobell Hospice Charity<br/>Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon<br/>Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group</p> <p><b>LBH Officers Present:</b><br/>Gary Collier (Health and Social Care Integration Manager), Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press and Public: 52</b></p> |
| 34. | <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 had been received from Councillors John Riley and Philip Corthorne.</p>  |
| 35. | <p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>  |
| 36. | <p><b>MINUTES OF THE PREVIOUS MEETING - 13 NOVEMBER 2018</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 13 November 2018 be agreed as a correct record.</p>   |
| 37. | <p><b>HOSPICE PROVISION IN THE NORTH OF THE BOROUGH</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p>Ms Sarah James, Divisional Hospital Director - Cancer Services at East and North Hertfordshire Trust (ENH), advised that the Trust was continuing to look at models of care and the provision of service for the future. ENH had been in ongoing discussions with Michael Sobell Hospice Charity (MSHC) and Hillingdon to establish future demand for services. Ms James stated that the Trust was currently focussing on recruitment to the vacancies and on building a strong service for the future.</p> <p>Mr Michael Breen, Trustee at Michael Sobell Hospice Charity (MSHC), advised that,</p>   |

prior to becoming a Trustee, he had been a campaigner for the charity. He noted that MSHC wanted to get the inpatient unit reopened and, to this end, had met with the Chief Executive of ENH on 7 September 2018. At that meeting, the Chief Executive had agreed to provide information on the critical paths that had been discussed. However, as this information had not yet been provided, MSHC had made a proposal to the Chief Executive in the week commencing 3 December 2018 to provide the critical path and associated costs for an eight bed unit.

Mr Breen noted that, as the result of a Freedom of Information request, the charity had obtained costings for the work to put the roof back to the state that it had been in previously, which amounted to £3½k. This information had been sent to the Chief Executive at ENH who had also been advised that MSHC would meet these costs. For an additional £7,576, the charity could commission a RIBA report which would set out exactly what work needed to be undertaken to get it back up to standard.

Mr Breen reaffirmed MSHC's commitment to its continued support of the day centre and to meeting the associated ancillary costs. Currently, the charity paid for everything associated with the day centre, including the cost of two staff (there were usually four staff but there were currently two vacancies).

Ms Caroline Morison, Managing Director of HCCG, advised that, for the short term, it would be important to try to ensure a certain standard of care. HCCG had worked with partners (including THH and H4All) to ensure that key elements were provided as part of the service. Effort had also been made to gain clarity regarding the intention for the estate. ENH had been engaged through meetings and through the contractual process. HCCG had also attended a very helpful meeting with MSHC about moving forward.

Mr Joe Smyth, Chief Operating Officer at THH, advised that THH was the landlord which provided the building that the inpatient unit had operated from before it had been closed and did not provide services from the site. He advised that THH was responsible for the fabric of the building but that the leaseholder had leased the building as it was. If the standards required had changed or modernisation was required, it was the responsibility of the leaseholder to finance these changes.

Concern was expressed that estates reports would have been produced by THH on a regular basis but that no indication had been given that the building had deteriorated to such a level that patients had to be moved out. Mr Smyth advised that he had been unaware that the building had not been compliant but had been aware that the cold room needed to be made colder and that there was a leak in the roof. It was noted that an email from HCCG to THH had stated that fixing the cold room would cost £3,158.

It was noted that a roof leak had been reported and a request for its repair made to THH after the patients had been moved on to Wards 10 and 11 at Mount Vernon Hospital. The leak had been caused by blocked drains which had now been cleared. ENH had reported that the organisation wanted to upgrade the building for future use and that it would undertake its own feasibility study and get its own quotations for the work that was needed. Ms Morison advised that no concerns had been raised with HCCG with regard to the environment and that it continued to pay for the service being provided on Wards 10 and 11. In addition, Ms Morison had not seen any formal concerns about the quality of the environment raised by patients or staff so, therefore, HCCG had been happy with the service and location.

Members were advised that THH and HCCG had been working together to provide an interim service. Options had been explored and further investigations were now taking

place.

Mr David Brewer, Head of Engagement at ENH, advised that the Democratic Services Manager had been sent a copy of the feasibility study commissioned by ENH the previous evening (this document had been circulated to Members in the morning of 11 December 2018). He noted that, to restore the building so that it could provide a modern service that afforded patients privacy and dignity, all options would cost millions of pounds. Concern was expressed that, if you spent enough money, surveyor's reports would tell you what you wanted to hear.

It was suggested that two issues were being conflated: the short term fix of the building whilst longer term options were considered; and the creation of a fully Care Quality Commission (CQC) compliant modern building for the long term future. Members noted that Ms Hannah Cattell, an inspector at the CQC, had emailed on 26 September 2018 to advise that people using the service were not at immediate risk of harm.

Ms Rachael Corser, Director of Nursing and Patient Experience at ENH, noted that ENH held regular meetings with Ms Cattell and that these comments had been generic. She advised that there had been an accumulation of issues and that the leaking roof had been just one element of the problems faced by the service. If it had been isolated issues, ENH would have dealt with them. Ms Corser noted that it was important to ensure the safety, privacy and dignity of patients and these issues had been flagged by regulators. The decision to move patients from the inpatient unit to Wards 10 and 11 had been made to ensure the sustainability of the service and with the best interest of the patients in mind.

When asked if there had been a significant change in the number of patients in the inpatient unit from out of the Borough on the run up to the closure, Ms James advised that demand had remained consistent. The number of beds needed in the inpatient unit had decreased from 16 to 10 which might have been as a result of an increase in supply in Hertfordshire. In addition, there had been a complete turnover of management and it was uncertain whether predecessors had worked particularly closely with THH. Ms James stated that ENH now had weekly meetings with THH.

The Chairman noted that this was an emotive issue and that everyone wanted what was best for the patients, their families and staff. It appeared that there had been a lack of communication and understanding between the parties involved but that it would be important for this meeting to arrive at a positive outcome.

Ms Corser acknowledged that this was a complex issue but stated that ENH officers had given up their time to attend the External Services Select Committee meetings because it was important that they provided Members with updates. ENH staff had regular walkabouts where they were able to identify issues that needed to be addressed. She acknowledged that the Trust could have been better with communication and that ENH's priorities were not the same as those of THH but noted that the organisation had shared its concerns previously.

In summary, THH had stated that it was happy to make the repairs, ENH had stated that the move to Wards 10 and 11 at Mount Vernon Hospital was only temporary and MSHC had stated that it would be prepared to pay for the repairs. Mr Brewer advised that ENH was in the hands of commissioning colleagues to set out the ambition for the service. Currently, ENH was commissioned to provide the service but the strategy would be renewed in 2020. Ms Corser stated that ENH did not have millions to invest but that it was still providing the service for which it had been commissioned.

Ms Morison noted that significant work was being undertaken to look at the long term delivery of end of life care. However, in the short term, HCCG needed clarity on the provision and nature of services in terms of the bar that would need to be reached to enable the provider to return to the building and provide the service that it had been commissioned for. Whilst HCCG still commissioned the service, it had struggled to determine a timeframe to reinstate the service in the building. It became clear during the meeting that the bar had been set by ENH as at least £10m and concern was expressed that this had not been mentioned before.

Members agreed that the long term strategy needed to be looked at. However, as the structure was already in place, the quickest, easiest and most preferable way in the short term would be to move back into the building. Ms Morison advised that the future service provision might not be on the same scale as before but that there was a commitment to provide acute palliative care services in the Borough. HCCG was looking at other options as there had been no commitment made by ENH. However, any procurement process undertaken would have a timeframe associated with it.

Mr Breen noted that, at his meeting with the Chief Executive of ENH, there had been three critical paths discussed: immediate return to the building; improvements to the building; and longer term plans for the service delivery. MSHC had asked that a date be set for reopening the building and had again provided a commitment to help fund the work that would be required to make this happen.

The Chairman summarised the discussion that had taken place so far: the reason for shutting the hospice inpatient unit was not structural; and improving standards would not be surmountable. He queried why the provision of a modern service in the future prevented these short term measures from being actioned.

Ms James advised that the feasibility study that had been circulated to Members included three options. Option 1 was the cheapest course of action (at a cost of £10m) to provide the minimum standard that ENH would accept to be able to provide the service in that building. Option 3 provided a gold standard and Option 2 covered the middle ground. She noted that investigations were being undertaken with partners to try to identify funding for the Options. Mr Brewer added that there were some challenging issues around the landlord/tenant relationships but that, if they could agree on one of the Options, ENH would be happy to return to the building.

Mr Satish Kanabar, Trustee at MSHC, advised that the charity received feedback from around 100 people each quarter. Of this feedback, 99.7% had been positive and the negative comments related to issues such as the food and views from the windows. None of the negative feedback has been in relation to the building or the quality of care.

Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon (HH), advised that HH had interviewed a number of patients that had been moved to Wards 10 and 11. These patients had been generally happy with their care. Although there had been one or two issues raised in relation to their individual needs, there had been no complaints made.

Ms Corser advised that ENH had a duty to respond to the Health and Social Care Act. She noted that the Trust's closest working relation was with East and North Hertfordshire CCG which took the lead on quality assurance visits where issues with the site would have been picked up, such as a lack of continuous oxygen.

It was recognised that acute providers providing a hospice setting was an unusual

situation. Ms Corser advised that the areas in Wards 10 and 11 permitted more space between beds, had better hand washing facilities and had provision for piped oxygen. Ms Corser also advised that touching the walls in the inpatient unit posed risks as there was asbestos in the building.

Concern was expressed that ENH was the only partner that thought the inpatient unit needed a £10m investment to reopen for the short term. It was also noted that information had come to light that the availability of palliative care beds had been reduced to five at Mount Vernon Hospital. The notes from the Ward Meeting on 12 November 2018 were referred to; these stated that oncology patients could not be turned away from the ward and therefore the number of palliative care beds would be reduced. These notes also made reference to not taking any end of life patients or hospital transfers and that "If we have any more dying patients transferred to us we should escalate". As Mr Brewer stated that he was unable to comment on anecdotal evidence, the Chairman advised that the Council would provide ENH with the evidence and publish this along with any response received from ENH. The Committee would also pass on its concerns and aspirations for the service to the ENH Board and make mention of the different critical path options that the ENH Chief Executive had set out in his meeting with Mr Breen.

It was noted that the production and sale of MSHC Christmas cards this year had not gone ahead. Although there had been a small stock of cards, this had not been sufficient to meet demand.

Insofar as MSHC accounts were concerned, it was noted that these were about to be filed, showing reserves of £1.4m. Although there had been a small reduction in income in the first six months of the year, charity fundraising activities had been significantly impacted in the second half of the year when the inpatient unit closed. Concern was expressed that, despite this, senior members of MSHC staff had received pay increases whilst more junior staff members' salaries had been frozen.

A number of new Trustees had recently joined the MSHC Board and had put together the basic premise of a business plan with a view to running the hospice as it had been but with a reduced number of beds. Any developments would need to be undertaken with Hillingdon CCG, Harlington Hospice, ENH and other partners and MSHC would support the service, irrespective of who the provider was. It was noted that the recruitment ban had been lifted and Trustees had been assured that fundraising events would continue to be held and supported during 2019.

The Chairman stated that the Committee would like a firm commitment from partners for the building to be brought back up to an acceptable standard by the end of February 2019 and that an assessment be undertaken of the future/long term needs of residents. Mr Richard Sumray, Chairman of THH, advised that the repairs to the building could be undertaken quickly but that creating a modern and up to date building would be a financial concern. He noted that Hillingdon Hospital was not up to standard but that the Trust 'made do'. However, where possible, patients at end of life were not taken to Hillingdon Hospital as a hospice environment was a better setting for this type of care. Ms Morison advised that HCCG was still commissioning this care and had received no communication to the contrary. Mr Breen reiterated that the charity existed to support the hospice and that it was prepared to work with anyone. Ms Corser advised that ENH was not in a position to be able to make any commitments as this would need to be considered by the ENH Board. ENH wanted something different to the other partners and agreement to at least the minimum (Option 1) would be needed from partners before the service would resume in the building. As such, a commitment from ENH by the end of February 2019 would not be achievable.

The Chairman asked that the views of the Committee be fed back to the ENH Board and he reiterated the need to separate out the action that needed to be taken in the short term to get the inpatient unit running again from the future / longer term needs of the service. Ms Corser advised that ENH would continue to provide beds but in a different care setting. She stated that the Trust would look to get commitment from partners on the way forward by the end of February 2019.

Mr Brewer advised that he would be happy to take part in a public meeting alongside other stakeholders.

The Chairman advised that a further meeting would be set up for the first quarter of 2019 for partners to update Members on any progress that had been made.

**RESOLVED: That the presentations be noted.**

38. **WORK PROGRAMME** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. It was noted that there was currently no capacity within the Committee's scheduled meetings to accommodate further discussion regarding hospice inpatient services. As such, it was agreed that an additional meeting be scheduled for 6pm on either 28 February 2019 or 7 March 2019. Members requested that a full list of works required and associated costs to bring the building up to an adequate standard be sought (it was recognised that new standards did not apply to old estate).

It was agreed that the letter to ENH needed to include information about the patients being turned away from Wards 10 and 11 since the closure of the hospice inpatient unit. Councillor Radia would provide the Chairman, Vice-Chairman and Democratic Services Manager with a copy of the information that she had received.

Insofar as the public meeting suggested by Mr Brewer was concerned, it was noted that agreement would need to be reached in relation to the logistics (for example, timing, venue, etc).

**RESOLVED: That:**

- 1. an addition meeting be scheduled for either 28 February 2019 or 7 March 2019;**
- 2. a list of works required and associated costs to bring the hospice inpatient unit back into operation be requested;**
- 3. a letter be sent to ENH regarding the concerns of the Committee and the evidence that had been obtained regarding the service provision; and**
- 4. the Work Programme, as amended, be agreed.**

The meeting, which commenced at 6.00 pm, closed at 7.50 pm.

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.

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

|                    |  |
|--------------------|--|
| Committee name     | External Services Select Committee                     |
| Officer reporting  | Jacqui Robertson, Residents Services                   |
| Papers with report | Appendix A – Safer Hillingdon Partnership Plan 2018/19 |
| Ward               | n/a  |

### HEADLINES

To enable the Committee to comment on performance from April to September 2018 (quarters one and two) towards the objectives in the 2018/19 Safer Hillingdon Partnership Plan.

### RECOMMENDATIONS:

**That the External Services Select Committee notes the content of the report and seeks clarification about matters of concern in the Borough.**

### SUPPLEMENTARY INFORMATION

There is a requirement to provide information specific to one of the key priorities of the Safer Hillingdon Partnership Plan 2018/19, namely Theme 2 - Reduce Violence.

The Council had focused on the need to address this priority by adopting both a single agency approach and working collaboratively with partners and the community to achieve best practice in this fora. This includes a programme currently being undertaken in the following areas: Youth Violence, Knife Crime and Prevention all of which are irrevocably linked. Examples of these targeted initiatives include:

- a) £1.65m investment in upgrading CCTV infrastructure in 2018/19 and £1m proposed in the Council budget for the next three years;
- b) A Knife Crime Action Plan bespoke to Hillingdon Borough which details activities such as
  - Community Weapon Sweeps;
  - Test purchases on retailers by Trading Standards, to eliminate the underage sale of knives; and
  - A Knife Crime Conference scheduled to take place on 30 March 2019 at the Global Academy;
- c) 'CLASH' - a theatre production focused on knife crime, which has been delivered to 2,600 pupils in the Borough;
- d) Mobile Youth Bus which targets hotspot areas;
- e) AXIS Project targeting young people at risk;
- f) Engaging 'Eyes, Ears and Excellence' programme - community safety messages including knife crime and drugs delivered to both primary and secondary school pupils;
- g) 'Your Life, You Choose' - a one day workshop delivered by professionals such as the Police, Magistrates, Youth Offending Service and Victim Support which raises awareness of offending and exploitation; and

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Classification: Public

External Services Select Committee – 12 February 2019

- h) All referrals to the Youth Offending Service participate in a weapons awareness session irrespective of the offence for which they have come to notice.

In conjunction with other activities being carried out by partners, these initiatives are positively contributing to the reduction of knife crime and youth violence in Hillingdon.

## **BACKGROUND PAPERS**

None.

# Safer Hillingdon Partnership Board

Performance monitoring dashboard

Q2 - 2018/19



HILLINGDON

LONDON

# SHP Theme 1 - Reduce Burglary



| Theme 1         | Objective  | Target | Key performance indicators (KPIs) | Outturn/baseline |                 | Target  |                |                   | 2018/19 outcome            |            |            | Quarterly comparison             | Outcome against target                |  | Comments |   |
|-----------------|--|--------|-----------------------------------|------------------|-----------------|---------|----------------|-------------------|----------------------------|------------|------------|----------------------------------|---------------------------------------|--|----------|---|
|                 |  |        |                                   | 2016/17 Baseline | 2017/18 outturn |         | 2018/19 target | 2018/19 Q2 target | 2018/19 Q1&Q2 total target | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Year to date (YTD) total | 2018/19 Q2 outcome against 2018/19 Q1 | 2018/19 Q2 outcome against 2018/19 Q2 target |          | 2018/19 YTD outcome against 2018/19 target  |
|                 |  |        |                                   |                  | Target          | Outcome |                |                   |                            |            |            |                                  |                                       |  |          |   |
| Reduce Burglary | Reduce by 1% per annum for the next three years (2017/18 to 2019/20) |        | <b>Residential Burglary</b>       | 1681             | 1664            | 1636    | 1620           | 405               | 810                        | 369        | 229        | 598                              | -140                                  | -176   | -212     | Data for 2018/19 Q2 is available up to August 2018 which is 229 burglary incidents. The pro rata estimate for Q2 is 344. Revised target (original 1% reduction target - Yr1= 1664, Yr2 = 1648, Yr3 = 1631)                |
|                 | Reduce by 1% per annum for the next three years (2017/18 to 2019/20) |        | <b>Non residential Burglary</b>   | 731              | 724             | 473     | 468            | 117               | 234                        | 108        | 72         | 180                              | -36                                   | -45  | -54      | Data for 2018/19 Q2 is available up to August 2018, which is 72 non residential burglary incidents. The pro rata estimate for Q2 is 108. Revised target (original 1% reduction target - Yr1 = 724, Yr2 = 717, Yr3 = 710). |

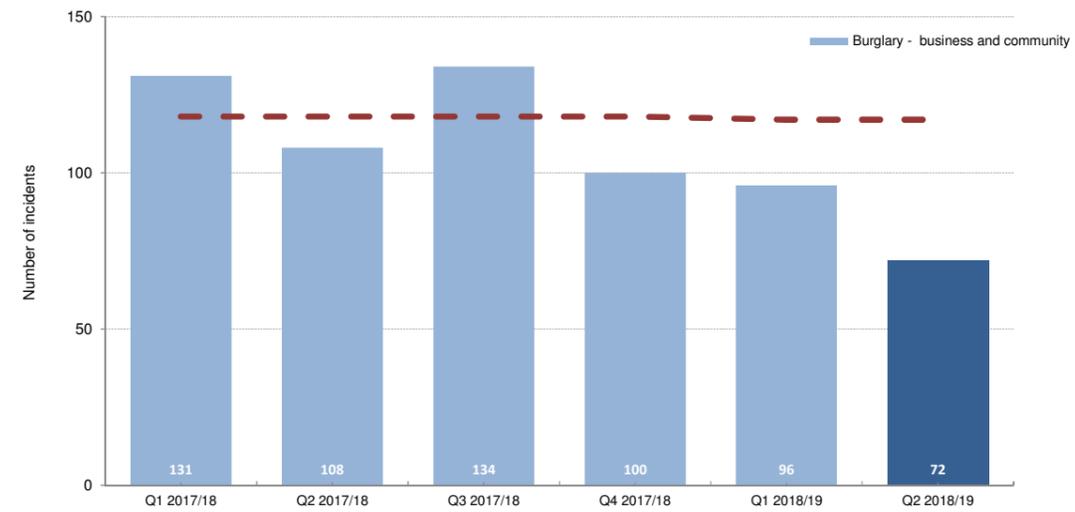
Recorded residential burglary in Hillingdon (Quarterly)



\*Q2 2018/19 is data based up to August 2018

Source: iQuanta

Recorded non residential (business & community) burglary in Hillingdon (Quarterly)



\*Q2 2018/19 is data based up to August 2018

Source: iQuanta

# SHP Theme 2 - Reduce Violence

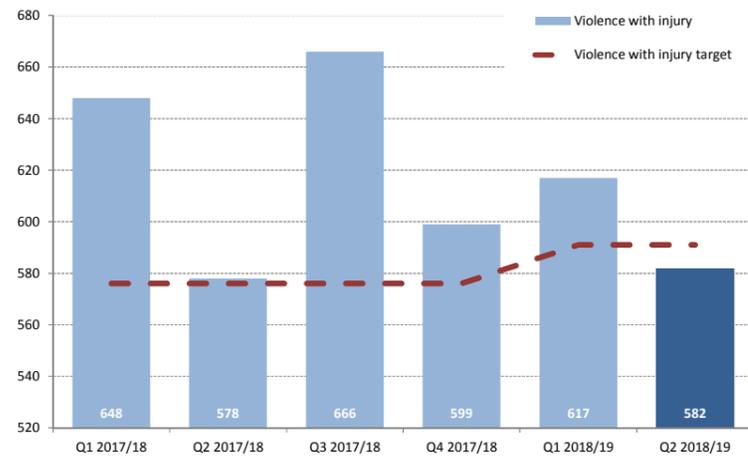


Theme 2

Page 11

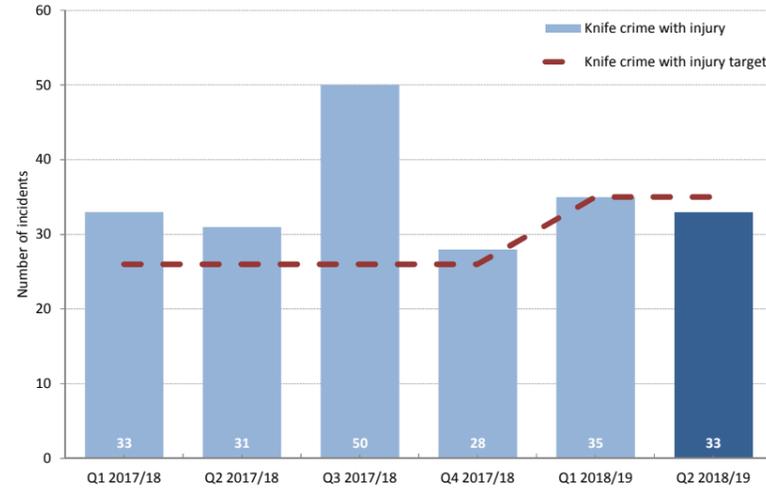
| Objective   | Target  | Key performance indicators (KPIs)                        | Outturn          |                 | Target  |                |                   | 2018/19 outcome            |            |            | Quarterly comparison             | Outcome against target                |  |  | Comments  |
|---|---|--|------------------|-----------------|---------|----------------|-------------------|----------------------------|------------|------------|----------------------------------|---------------------------------------|--|--|---|
|   |   |  | 2016/17 Baseline | 2017/18 outturn |         | 2018/19 target | 2018/19 Q2 target | 2018/19 Q1&Q2 total target | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Year to date (YTD) total | 2018/19 Q2 outcome against 2018/19 Q1 | 2018/19 Q2 outcome against 2018/19 Q2 target | 2018/19 YTD outcome against 2018/19 target |   |
|   |   |  |                  | Target          | Outcome |                |                   |                            |            |            |                                  |                                       |  |  |   |
| Reduce violence with injury                           | Reduce violence with injury by 5% per annum for the next three years (2017/18 to 2019/2020)   | Violence with injury                                     | 2460             | 2337            | 2491    | 2220           | 555               | 1110                       | 617        | 582        | 1199                             | ● -35                                 | ● 27   | ● 89                                       | Data for 2018/19 Q2 is available up to August 2018 which is 582 incidents. The pro rata estimate for Q2 is 873. Target not on track.  |
|   |   | Violence without injury                                  | 3864             | 3671            | 3771    | 3488           | 872               | 1744                       | 942        | 1013       | 1955                             | ● 71                                  | ● 141  | ● 211                                      | Data for 2018/19 Q2 is available up to August 2018 which is 1013 incidents. The pro rata estimate for Q2 is 1520. Target not on track.  |
| Reduce robbery  | Reduce robbery by 5% per annum for the next three years (2017/18 to 2019/2020)  | Personal property  | 406              | 386             | 523     | 367            | 92                | 184                        | 131        | 111        | 242                              | ● -20                                 | ● 19   | ● 58                                       | Data for 2018/19 Q2 is available up to August 2018 which is 111 incidents. The pro rata estimate for Q2 is 167. Target not on track.  |
|   |   | Business property  | 61               | 58              | 55      | 52             | 13                | 26                         | 14         | 16         | 30                               | ● 2                                   | ● 3  | ● 4  | Data for 2018/19 Q2 is available up to August 2018 which is 16 incidents. The pro rata estimate for Q2 is 24. Target not on track.  |
| Reduce knife crime                                    | Reduce knife crime with injury by 5% per annum for the next three years (2017/18 to 2019/2020)  | Knife crime with injury                                  | 104              | 99              | 140     | 94             | 24                | 47                         | 35         | 33         | 68                               | ● -2                                  | ● 9  | ● 21                                       | NOT ON TRACK. Full Q2 data provided. Target on track.   |
| Reduce motor vehicle crime                            | New Indicator (Motor Vehicle Crime)   | Theft from motor vehicle                                 | 2019             | TBC             | 2658    | TBC            | TBC               | TBC                        | 659        | 642        | 1301                             | ● -17                                 |  |  | Information gathered from MOPAC. Annual/Quarterly targets need to be finalised with the SHP Board   |
|   |   | Theft of motor vehicle                                   | 764              | TBC             | 1179    | TBC            | TBC               | TBC                        | 243        | 254        | 497                              | ● 11                                  |  |  | Information gathered from MOPAC. Annual/Quarterly targets need to be finalised with the SHP Board   |
| Increase awareness in stop and search                 | New Indicator (Stop & Search)   | Drug related   | n/a              | TBC             | 1952    | TBC            | TBC               | TBC                        | 584        | 659        | 1243                             | ● 75                                  |  |  | Information gathered from MOPAC. Annual/Quarterly targets need to be finalised with the SHP Board   |
|   |   | Weapon related   | n/a              | TBC             | 656     | TBC            | TBC               | TBC                        | 143        | 164        | 307                              | ● 21                                  |  |  | Information gathered from MOPAC. Annual/Quarterly targets need to be finalised with the SHP Board   |
|   |   | Others   | n/a              | TBC             | 420     | TBC            | TBC               | TBC                        | 93         | 91         | 184                              | ● -2                                  |  |  | Information gathered from MOPAC. Annual/Quarterly targets need to be finalised with the SHP Board   |
| <b>Children Young People</b>                          |   |  |                  |                 |         |                |                   |                            |            |            |                                  |                                       |  |  |   |
| Reduce violence against the person and drugs offences | To maintain current (2017/18) level of recorded Violence against the Person recorded against young people receiving a criminal justice disposal     | Young People - Violence against the Person               | 134              | 74              | 74      | 74             | 19                | 38                         | 25         | 18         | 43                               | ● -7                                  | ● -1   | ● 5  | NOT ON TRACK. There has been 28% drop in Violence against the person receiving a disposal compared with Q1 performance. At the end of quarter 2 there has been a total 43 young people with disposals, higher than the target of 37 disposals.        |
|   | To maintain current (2017/18) level of recorded Possession with Intent offences recorded against young people receiving a criminal justice disposal | Young People - Possession with Intent to supply offences | 33               | 10              | 10      | 10             | 2                 | 5                          | 2          | 2          | 4                                | ● 0                                   | ● 0  | ● -1                                       | ON TRACK. Possession with intent performance has been consistent with the previous quarter. The Axis project is working more closely with providing intelligence and data to identify key areas of concerns such as those involved with county lines. |

Recorded violence with injury in Hillingdon - (Quarterly)



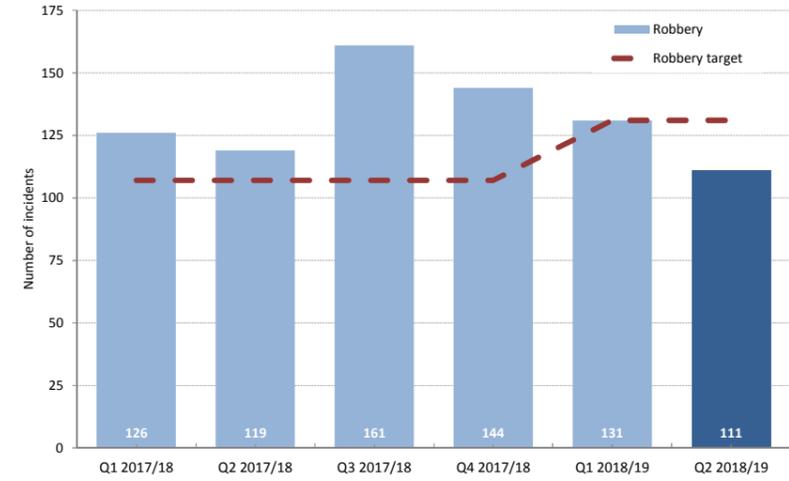
Source: iQuanta

Recorded knife crime with injury in Hillingdon (Quarterly)



Source: MOPAC

Recorded robbery in Hillingdon - (Quarterly)



\*Q2 2018/19 is data based up to August 2018

Source: iQuanta

\*Q2 2018/19 is data based up to August 2018

# SHP Theme 3 - Reduce Anti Social Behaviour and raise confidence



Theme 3

Page 12

| Objective                    | Target   | Key performance indicators (KPIs)  | Outturn          |                 | Target         |                   |                            | 2018/19 outcome |            |                                  | Quarterly comparison                  | Outcome against target                       |  |  | Comments |
|------------------------------|--|--|------------------|-----------------|----------------|-------------------|----------------------------|-----------------|------------|----------------------------------|---------------------------------------|--|--|--|----------|
|                              |  |  | 2016/17 Baseline | 2017/18 outturn | 2018/19 target | 2018/19 Q2 target | 2018/19 Q1&Q2 total target | 2018/19 Q1      | 2018/19 Q2 | 2018/19 Year to date (YTD) total | 2018/19 Q2 outcome against 2018/19 Q1 | 2018/19 Q2 outcome against 2018/19 Q2 target | 2018/19 YTD outcome against 2018/19 target |  |          |
| Reduce ASB                   | Reduce by 5% per annum for the next three years (2017/18 to 2019/2020)                     | ASB reported to the police   | 9285             | 8498            | 8073           | 2018              | 4036                       | 2137            | 2068       | 4205                             | ● -69                                 | ● 50   | ● 169                                      | Not on track   |          |
|                              | Reduce those reported by 5% against the 2017/18 figure                                     | Community and Neighbourhood Nuisance                                       | 7966             | 1115            | 1059           | 265               | 530                        | 341             | 332        | 673                              | ● -9                                  | ● 67   | ● 143                                      | Not on track   |          |
|                              | Reduce incidents of flytipping reported to Council ASBIT by 5% against the 2017/18 figure. | Flytipping   | N/A              | n/a             | 1058           | 264               | 528                        | 243             | 220        | 463                              | ● -23                                 | ● -44  | ● -65                                      | On track   |          |
| Fire safety                  | Conduct 2640 fire home visits  | Home Fire visits   | N/A              | N/A             | 2640           | 660               | 1320                       | 799             | 735        | 1534                             | ● -64                                 | ● 75   | ● 214                                      | ON TRACK - Home fire safety visits: 735 to which 82% were targeted at priority people (elderly and those more at risk). Remaining 18% were general public who had requested a visit.   |          |
|                              | Record maximum of 181 arson incidents  | Arson incidents  | N/A              | N/A             | 181            | 45                | 90                         | 50              | 41         | 91                               | ● -9                                  | ● -4   | ● 1  | NOT ON TRACK (small risk) - Slightly higher over Q2 due to very hot weather and dryness of grassland and open spaces. Target for rolling 12 month period for arson is 181 and by end of Q2 the rolling 12 months was running at 167 incidents. |          |
| Hate crime                   | Increase in awareness and reporting of hate crime  | Disability hate crime  | 17               | 15              | TBC            | TBC               | TBC                        | 6               | 0          | 6                                | ● -6                                  | TBC  | TBC  | An expanded area of hate crime data gathered from MOPAC as introduced in the Q1 report. Performance targets to be finalised by SHP Board for 2018/19.  |          |
|                              |  | Domestic abuse hate crime  | 2573             | 2641            | TBC            | TBC               | TBC                        | 695             | 769        | 1464                             | ● 74                                  | TBC  | TBC  |  |          |
|                              |  | Faith hate crime   | 44               | 56              | TBC            | TBC               | TBC                        | 22              | 8          | 30                               | ● -14                                 | TBC  | TBC  |  |          |
|                              |  | Transgender hate   | 7                | 2               | TBC            | TBC               | TBC                        | 0               | 1          | 1                                | ● 1                                   | TBC  | TBC  |  |          |
| MARAC                        | 75% of those referred to CR MARAC have their vulnerability score reduced.                  | Reduce CR MARAC referral vulnerability scores                              | N/A              | 75%             | 75%            | 75%               | 75%                        | 100%            | 100%       | 100%                             | ● 100%                                | ● 100%                                       | ● 25%                                      | On track. 2016/17 baseline not available due to post not being fulfilled.  |          |
| Public Attitude Survey (PAS) | Increase public confidence by 2% by 31 March 2019 (recorded on a rolling 12 month basis)   | Agree the police treat everyone fairly regardless of who they are          | N/A              | 76%             | 78%            | 75%               | 75%                        | 79%             | 79%        | 79%                              | TBC                                   | TBC  | ● 4%                                       | Not on track.  |          |
|                              |  | Agree the police can be relied upon to be there when needed                | 79%              | 68%             | 70%            | 70%               | 70%                        | 71%             | 73%        | 71%                              | TBC                                   | TBC  | ● 1%                                       | Not on track.  |          |
|                              |  | Agree the police are dealing with the things that matter to this community | 75%              | 63%             | 65%            | 66%               | 66%                        | 65%             | 63%        | 65%                              | TBC                                   | TBC  | ● -1%                                      | Not on track.  |          |
|                              |  | Agree the police listen to the concerns of local people                    | 64%              | 69%             | 71%            | 68%               | 68%                        | 70%             | 67%        | 70%                              | TBC                                   | TBC  | ● 2%                                       | Not on track.  |          |
|                              |  | Feel well informed about local police activities over the last 12 months   | 42%              | 56%             | 58%            | 60%               | 60%                        | 50%             | 42%        | 50%                              | TBC                                   | TBC  | ● -10%                                     | Not on track.  |          |
|                              |  | Know how to contact their local ward officer                               | 48%              | 32%             | 34%            | 49%               | 49%                        | 23%             | 17%        | 23%                              | TBC                                   | TBC  | ● -26%                                     | Not on track.  |          |
|                              |  | Police do a good job in the local area                                     | 59%              | 64%             | 66%            | 72%               | 72%                        | 63%             | 60%        | 63%                              | TBC                                   | TBC  | ● -9%                                      | Not on track.  |          |

# SHP Theme 4 -Tackle and prevent domestic abuse/violence against women and girls



| Objective  | Target   | Key performance indicators (KPIs) | Outturn             |                     |                      | Target              |                   |                         | 2018/19 outcome |            |                                  | Quarterly comparsion                  | Outcome against target                       |  |   | Comments   |
|--|--|-----------------------------------|---------------------|---------------------|----------------------|---------------------|-------------------|-------------------------|-----------------|------------|----------------------------------|---------------------------------------|--|--|---|--|
|  |  |                                   | 2016/17 Baseline    | 2017/18 target      | 2017/18 outturn      | 2018/19 target      | 2018/19 Q2 target | 2018 Q1/Q2 total target | 2018/19 Q1      | 2018/19 Q2 | 2018/19 Year to date (YTD) total | 2018/19 Q2 outcome against 2018/19 Q1 | 2018/19 Q2 outcome against 2018/19 Q2 target | 2018/19 YTD outcome against 2018/19 target |   |  |
| Theme 4<br>Tackle and prevent domestic abuse/violence of women and girls | Reduce repeat victims of domestic abuse by 5%  | <b>Repeat victims</b>             | 1319                | 1253                | 1515                 | 1190                | 313               | 720                     | 351             | Pending    | 351                              | TBC                                   | TBC  | ● -839                                     | Awaiting information from the police service (09/11/2018) |  |
|  | Increase number of cases per 10,000 population from 18 to Safelives recommended rate of 40 over 3 years (by April 2020)* | <b>Number of cases</b>            | 18                  | 40                  | 25                   | 40                  | 10                | 40                      | 30              | 33         | 63                               | ● 3                                   | ● 23   | ● 23                                       | On track  |  |
|  | Increase number of repeat cases heard from 14% to the safelives recommendation of 28% over 3 years (by April 2020)       | <b>Repeat cases heard</b>         | 14%                 | 14%                 | 13%                  | 14%                 | 14%               | 14%                     | 15%             | 15%        | 15%                              | ● 15%                                 | ● 1%   | ● 1%                                       | On track  |  |
|  | Identify victims of domestic abuse and making referrals  | <b>Police referrals</b>           | 35%                 | 37%                 | 37%                  | 25% - 40%           | 25% - 40%         | 25% - 40%               | 37%             | 36%        | 36%                              | ● 36%                                 | ● 36%  | ● 1%                                       | On track  |  |
|  | Hold one white Ribbon Day event in Hillingdon annually   | <b>Raise awareness</b>            | Held 1 event Nov-16 | Hold 1 event Nov-17 | Held 1 event Nov- 17 | Hold 1 event Nov-18 | n/a               | n/a                     | n/a             | n/a        | n/a                              | n/a                                   | n/a  | n/a  | n/a   | White Ribbon day is held in November (Q3), around the same time as the international day for the elimination of violence against women, which is celebrated annually on 25 November. |

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## EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

|                           |  |
|---------------------------|--|
| <b>Committee name</b>     | External Services Select Committee         |
| <b>Officer reporting</b>  | Nikki O'Halloran, Chief Executive's Office |
| <b>Papers with report</b> | Appendix A – Work Programme                |
| <b>Ward</b>               | n/a  |

### HEADLINES

To enable the Committee to track the progress of its work and forward plan.

### RECOMMENDATIONS:

**That the External Services Select Committee:**

- 1. considers the Work Programme at Appendix A and agrees any amendments.**

### SUPPORTING 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 this municipal year are as follows:

| Meetings  | Room     |
|---|----------|
| Wednesday 13 June 2018, 6pm                       | CR6      |
| Tuesday 10 July 2018, 6pm                         | CR6      |
| Thursday 6 September 2018, 6pm                    | CR6      |
| Wednesday 10 October 2018, 6pm                    | CR5      |
| Tuesday 30 October 2018, 6pm                      | CR3/CR3a |
| Tuesday 13 November 2018, 6pm                     | CR6      |
| Tuesday 11 December 2018, 6pm                     | CR6      |
| <del>Tuesday 15 January 2019, 6pm CANCELLED</del> | CR6      |
| Tuesday 12 February 2019, 6pm                     | CR6      |
| Thursday 28 February 2019, 6pm                    | CR6      |
| Wednesday 13 March 2019, 6pm                      | CR6      |
| <del>Wednesday 10 April 2019, 6pm CANCELLED</del> | CR6      |
| Tuesday 30 April 2019, 6pm                        | CR6      |
| Wednesday 1 May 2019, 6pm                         | CR6      |

2. The meeting dates for the 2019/2020 municipal year were agreed by Council on 17 January 2019 and are as follows:

| Meetings                       | Room |
|--------------------------------|------|
| Wednesday 12 June 2019, 6pm    | CR6  |
| Tuesday 9 July 2019, 6pm       | CR6  |
| Thursday 5 September 2019, 6pm | CR6  |
| Wednesday 9 October 2019, 6pm  | CR6  |
| Thursday 7 November 2019, 6pm  | CR6  |
| Tuesday 14 January 2020, 6pm   | CR6  |
| Tuesday 11 February 2020, 6pm  | CR6  |
| Thursday 26 March 2020, 6pm    | CR6  |
| Wednesday 29 April 2020, 6pm   | CR6  |
| Thursday 30 April 2020, 6pm    | CR6  |

3. It has previously been agreed by Members that, whilst meetings will generally start at 6pm, 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.
4. At its meeting on 11 December 2018, the Committee agreed that it would need an additional / third meeting in the first quarter of 2019 to discuss action taken by health partners in relation to the reinstatement of inpatient hospice services in the North of the Borough. This additional meeting has been scheduled for 6pm on Thursday 28 February 2019 in Committee Room 6.
5. It should be noted that the Committee is required to meet with the local health trusts at least twice each year. It is also required to scrutinise the crime and disorder work of the Safer Hillingdon Partnership (SHP). To keep the crime and disorder meetings focussed, as well as receiving a general update on the performance of the SHP, specific topics are identified for each of the meetings and only the relevant SHP partners are invited to attend. At its meeting on 13 November 2018, Members agreed that the meeting scheduled for 12 February 2019 would focus on youth violence, shootings, knife crime and drug networks as well as any preventative action taken in relation to these crimes.

## Reviews

6. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Select Panels to undertake in depth reviews on its behalf. These Panels are 'task and finish' and their membership can comprise any London Borough of Hillingdon Councillor, with the exception of Cabinet Members. A Select Panel has been established to look at developments since the GP Pressures review was undertaken by the previous Working Group.

## BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE  
WORK PROGRAMME**

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

*Shading indicates completed meetings*

| Meeting Date  | Agenda Item  |
|---|--|
| 13 June 2018<br><br><i>Report Deadline:<br/>3pm Friday 1 June 2018</i>          | <b>The Role of Policy Overview and Select Committees</b>   |
| 10 July 2018<br><br><i>Report Deadline:<br/>3pm Friday 29 June 2018</i>         | <b>Health</b><br>Performance updates and updates on significant issues:<br><ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> <li>8. Local Medical Committee</li> </ol>       |
| 6 September 2018<br><br><i>Report Deadline:<br/>3pm Friday 23 August 2018</i>   | <b>Crime &amp; Disorder</b><br>To scrutinise the issue of crime and disorder in the Borough:<br><ol style="list-style-type: none"> <li>1. Metropolitan Police Service (MPS) – new policing arrangements, knife crime; closure of the child friendly policing facilities in Northwood.</li> </ol><br><b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• Criminalisation of Looked After Children</li> <li>• Child Sexual Exploitation</li> </ul> |
| 10 October 2018<br><br><i>Report Deadline:<br/>3pm Friday 28 September 2018</i> | <b>The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection Report</b><br><br><b>Major Review:</b> Consideration of scoping report.  |
| 30 October 2018<br><br><i>Report Deadline:<br/>3pm Friday 19 October 2018</i>   | <b>Hospice Provision in the North of the Borough</b> <ol style="list-style-type: none"> <li>1. Michael Sobell Hospice Charity</li> <li>2. The Hillingdon Hospitals NHS Foundation Trust</li> <li>3. East and North Hertfordshire NHS Trust</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>   |

| Meeting Date   | Agenda Item  |
|--|--|
| <p>13 November 2018</p> <p><b>Report Deadline:</b><br/>3pm Thursday 1 November 2018</p>  | <p><b>Health</b></p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> |
| <p>11 December 2018</p> <p><b>Report Deadline:</b><br/>3pm Thursday 29 November 2018</p> | <p><b>Hospice Provision in the North of the Borough</b></p> <ol style="list-style-type: none"> <li>1. Michael Sobell Hospice Charity</li> <li>2. The Hillingdon Hospitals NHS Foundation Trust</li> <li>3. East and North Hertfordshire NHS Trust</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>  |
| <p>15 January 2019</p> <p><b>Report Deadline:</b><br/>3pm Thursday 3 January 2019</p>    | <p><b>CANCELLED: Cancer Screening and Diagnostics – Single Meeting Review</b></p>  |
| <p>12 February 2019</p> <p><b>Report Deadline:</b><br/>3pm Thursday 31 January 2019</p>  | <p><b>Crime &amp; Disorder</b></p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. Public Health</li> </ol>  |
| <p>28 February 2019</p> <p><b>Report Deadline:</b><br/>3pm Monday 18 February 2019</p>   | <p><b>Hospice Provision in the North of the Borough</b></p> <ol style="list-style-type: none"> <li>1. Michael Sobell Hospice Charity</li> <li>2. The Hillingdon Hospitals NHS Foundation Trust</li> <li>3. East and North Hertfordshire NHS Trust</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>  |
| <p>13 March 2019</p> <p><b>Report Deadline:</b><br/>3pm Thursday 28 February 2019</p>    | <p><b>Post Office Services – Single Meeting Review</b></p>   |
| <p>10 April 2019</p>   | <p><b>CANCELLED</b></p>  |

| Meeting Date  | Agenda Item  |
|---|--|
| <p>30 April 2019</p> <p><b>Report Deadline:</b><br/>3pm Tuesday 16 April 2019</p> | <p><b>Health</b></p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>   |
| <p>1 May 2019</p> <p><b>Report Deadline:</b><br/>3pm Wednesday 17 April 2019</p>  | <p><b>Health</b></p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>   |
| <p>12 June 2019</p> <p><b>Report Deadline:</b><br/>3pm Friday 31 May 2019</p>     | <p><b>Update on the implementation of recommendations from previous scrutiny reviews:</b></p> <ul style="list-style-type: none"> <li>• Hospital Discharges (SSH&amp;PH POC)</li> <li>• Community Sentencing</li> </ul> <p><b>Cancer Screening and Diagnostics – Single Meeting Review</b></p> <p><b>Update on the Implementation of Congenital Heart Disease Standards (NHS England)</b></p>   |
| <p>9 July 2019</p> <p><b>Report Deadline:</b><br/>3pm Thursday 30 June 2019</p>   | <p><b>Health</b></p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> <p><b>GP Pressures Select Panel</b></p> <p>Consideration of draft final report.</p> |

| Meeting Date  | Agenda Item  |
|---|--|
| <p>5 September 2019</p> <p><b>Report Deadline:</b><br/>3pm Friday 23 August 2019</p>    | <p><b>Crime &amp; Disorder</b></p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. London Fire Brigade</li> <li>5. London Probation Area</li> <li>6. British Transport Police</li> <li>7. Hillingdon Clinical Commissioning Group (HCCG)</li> <li>8. Public Health</li> </ol>            |
| <p>9 October 2019</p> <p><b>Report Deadline:</b><br/>3pm Friday 27 September 2019</p>   |  |
| <p>7 November 2019</p> <p><b>Report Deadline:</b><br/>3pm Monday 28 October 2019</p>    | <p><b>Health</b></p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> |
| <p>14 January 2020</p> <p><b>Report Deadline:</b><br/>3pm Thursday 2 January 2020</p>   |  |
| <p>11 February 2020</p> <p><b>Report Deadline:</b><br/>3pm Thursday 30 January 2020</p> | <p><b>Crime &amp; Disorder</b></p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. London Fire Brigade</li> <li>5. London Probation Area</li> <li>6. British Transport Police</li> <li>7. Hillingdon Clinical Commissioning Group (HCCG)</li> <li>8. Public Health</li> </ol>            |
| <p>26 March 2020</p> <p><b>Report Deadline:</b><br/>3pm Monday 16 March 2020</p>        |  |

| Meeting Date  | Agenda Item  |
|---|--|
| <p>29 April 2020</p> <p><b>Report Deadline:</b><br/>3pm Friday 17 April 2020</p>  | <p><b>Health</b></p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol> |
| <p>30 April 2020</p> <p><b>Report Deadline:</b><br/>3pm Monday 20 April 2020</p>  | <p><b>Health</b></p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>         |
| <p><b>Possible future single meeting or major review topics and update reports</b></p>  |  |
| <ul style="list-style-type: none"> <li>• Telecommunications - plans in place by BT regarding advancements made in mobile technology</li> <li>• Mental health discharge</li> <li>• Post Offices</li> <li>• Collaborative working between THH and GPs in the community</li> <li>• Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough</li> <li>• Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride</li> </ul> |  |

## PROPOSED MAJOR REVIEW (PANEL)

### Members of the Panel:

- Councillors Riley (Chairman), Edwards, Hurhangee, Lakhmana and Prince

**Topic:** GP Pressures

| Meeting  | Action                                     | Purpose / Outcome   |
|--|--|---|
| <b>ESSC:</b><br>10 October 2018                                      | Agree Scoping Report                       | Information and analysis                                    |
| <b>Panel:</b><br><b>1<sup>st</sup> Meeting -</b><br>6 December 2018  | Introductory Report /<br>Witness Session 1 | Evidence and enquiry  |
| <b>Panel:</b><br><b>2<sup>nd</sup> Meeting -</b><br>23 January 2019  | Witness Session 2                          | Evidence and enquiry  |
| <b>Panel:</b><br><b>3<sup>rd</sup> Meeting -</b><br>27 February 2019 | Witness Session 3                          | Evidence and enquiry  |
| <b>Panel:</b><br><b>4<sup>th</sup> Meeting -</b><br>TBA              | Witness Session 4                          | Evidence and enquiry  |
| <b>Panel:</b><br><b>5<sup>th</sup> Meeting -</b><br>TBA              | Consider Draft Final<br>Report             | Proposals – agree recommendations and<br>final draft report |
| <b>ESSC:</b><br>TBA  | Consider Draft Final<br>Report             | Agree recommendations and final draft<br>report             |
| <b>Cabinet:</b><br>TBA   | Consider Final Report                      | Agree recommendations and final report                      |

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