



HILLINGDON
LONDON



External Services Select Committee

Date: THURSDAY, 28 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

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Putting our residents first

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London Borough of Hillingdon,
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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 - 12 February 2019 1 - 6

5 Hospice Provision in the North of the Borough 7 - 10

6 Work Programme 11 - 18

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

12 February 2019

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p>Also Present: Charlotte Brand, Staff Officer to Supt. Ricky Kandohla Jacqui Robertson, Service Manager for Community Safety Superintendent Davinder ("Ricky") Singh Kandohla, Superintendent (Ealing, Hounslow and Hillingdon BCU), Metropolitan Police Service</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 1</p>
39.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
40.	<p>MINUTES OF THE PREVIOUS MEETING - 11 DECEMBER 2018 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 11 December 201 be agreed as a correct record.</p>
41.	<p>SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. Ms Jacqui Robertson, the Council's Service Manager - Community Safety Team, advised that the figures provided in the report were for quarter 2 (Q2) and that Q3 results would be reported to the Safer Hillingdon Partnership (SHP) meeting being held on 26 March 2019.</p> <p>Partners had performed well against the SHP target to reduce burglaries by 1% per annum each year between 2017/18 and 2019/20. Against a target of 810, residential burglaries had reduced to 598 by the end of Q2 in 2018/2019 and non residential burglaries had reduced to 180 against a target of 234 during the same period. Members queried whether technology had advanced to enable police officers to receive direct automatic notification of a burglar alarm that had been activated when they were in the vicinity. Unfortunately, digital technology had not yet developed in this area.</p> <p>Concern was expressed that residents' perception was that there had been an increase in the number of burglaries in Hillingdon. Superintendent Ricky Kandohla, Ealing, Hounslow and Hillingdon's Basic Command Unit of the Metropolitan Police Service</p>

(MPS), advised that OWL (Online Watch Link) had helped to significantly reduce the number of burglaries in the Borough. However, it was noted that there had been an increase in the North of the Borough, some of which had been aggravated burglaries, but that aggravated burglary levels were still lower than in neighbouring boroughs. Supt. Kandohla advised that smart water (MetTrace) was increasingly being used by householders and had helped to catch perpetrators of burglary crimes. Consideration was now being given to how MetTrace might be rolled out elsewhere in the Borough.

A burglary had taken place two weeks before Christmas. The victim had immediately reported the crime but, to date, there had been no follow up from the police. Concern was expressed that this was not a stand alone incident. Supt. Kandohla advised that it was important for residents to report these crimes and for the police to properly record them. If there was evidence at the scene, then officers should attend to collect it.

It appeared that the fear of crime might have increased even though there had been an increase in the proactive work undertaken in Hillingdon. There appeared to be a lack of communication reassuring residents that significant proactive work was being undertaken to reduce crime in Hillingdon. Supt. Kandohla also noted that, as there were seasonal variations in the prevalence of some crimes, additional burglary patrols had been undertaken in specific areas of the Borough over the Christmas period.

Members were advised that when the police received a report of a burglary, officers would talk to several households in each direction around the targeted property (known as 'cocooning'). Where available, home CCTV footage was also sought to establish whether it could offer up any additional evidence. Messages were also sent out to the local Neighbourhood Watch for them to warn their members that there had been a burglary in the area.

Reducing anti social behaviour and raising confidence had been the SHP's third theme. Performance against targets within this theme had been more variable with the majority of targets being reported as 'Not on track'. However, action had been taken to successfully reduce incidents of fly tipping reported to the Council's ASBIT team to 463 (against a target for Q2 of 528). There had been an increase in the number of fly tipping operations undertaken in the Borough to ensure that individuals transporting waste had the correct documentation and were legally disposing of waste.

Supt. Kandohla advised that action to tackle fly tipping was not always straightforward. For example, if the fly tipping was on private land, it was the landowner's responsibility to clear it up. However, if there was likely to be an associated increase in crime in the area, then the police might be involved. There had been incidents where travellers had created a lot of mess on a site and the police had used Section 61 powers to move them off the site. It was important that any action taken by the police in these circumstances was proportionate and that safeguarding issues were properly considered. The process of dealing with fly tipping was never easy but the responsible authorities took action to prosecute wherever sufficient evidence was available.

Ms Robertson advised that the Council had invested £1.65m in upgrading CCTV infrastructure within the Borough during 2018/2019. Furthermore, an additional £1m had been proposed in the Council budget for the next three years. The clarity and range of the images now captured by the cameras provided better evidence to support enforcement action and offered additional opportunities for the Council and the police to work together. The location of CCTV cameras was determined through a combination of information received via Members' Enquiries (MEs), petitions, requests from the police and other contact from residents. Information about incidents to support the need for CCTV was recorded and monitored to enable officers to be able to

draw up a priority list of locations. Where appropriate, officers might take less intrusive action to address the issues that gave rise to the request for CCTV cameras.

Members were advised that mobile and fixed CCTV cameras recorded 24/7 but that they were limited to recording the scene directly in front of them. Although many fixed / permanent CCTV cameras could be manually rotated by an officer in the control room, they could not record 360° 24/7. If Councillors submitted MEs about fly tipping, relevant CCTV footage was located, downloaded and reviewed to establish whether any useful information could be gleaned. Officers were also building up a bank of data that could prove helpful in relation to identifying repeat fly tipping offenders.

Ms Robertson advised that she would provide Members with the number of enforcement actions taken by the Council in relation to fly tipping in the last six months. There had been instances where officers had sorted through the rubbish that had been fly tipped and been able to identify the perpetrators.

The Hillingdon Domestic Abuse Strategy 2018-2021 had been published on the Council's website. A guide to the resources available nationally and locally to support domestic abuse had also been published. Bi-monthly professional training was also being held which covered issues such as breast ironing. It was suggested that it was a little disingenuous to report that there had been an 839 reduction in the number of repeat victims of domestic abuse in the year to date when the figures for Q2 had not been included (and neither had the data for Q3 or Q4).

Members were advised that approximately 140 individuals had attended the White Ribbon Day event in November 2018 where the Perpetrators Pilot Scheme had been introduced. A survivors' lunch had also subsequently been held and had been attended by 80 individuals. Following a suggestion made at this event, a series of survivor coffee mornings had been scheduled where donations of items such as food, clothing, toys and toiletries were available for those victims that needed them. These events were also being used to enable people in crisis to help others that were in crisis and provide them with a sense of self worth. At a recent coffee morning, victims of domestic abuse were taught how to knit squares and provided with the materials and tools. These squares would then be joined up to make blankets which could be given to homeless people.

Concern was expressed by Members that there had been an increase in levels of knife and violent crime in the Yiewsley and West Drayton area, particularly around the station. Supt. Kandohla advised that serious youth violence and knife crime were high on the MPS agenda and forensic opportunities were sought when an incident occurred to help catch offenders. It was noted that Hayes had two funded officers and, because the area was deemed to be a key contributor to violence without injury, resources were targeted in Yiewsley and West Drayton too.

It was noted that, although now in Q3, no performance targets had been included in the table on page 12 of the report in relation to increasing awareness and reporting of hate crime. Members queried how hate crimes were recorded by the police when residents would not always voice their suspicions that a crime against them had been motivated by hate as they were unaware that this information was recorded and monitored. It was suggested that the MPS undertake a communication exercise to raise awareness of the need to report hate crimes to the police. Consideration could be given to including information in the Council's Hillingdon People publication as well as in the newsletters that were sent out by Councillors within their wards.

Whilst Members were grateful for the information that officers had included in their

written report, it was agreed that, for future reports, data be compared for a certain quarter / period in successive years (for example, comparing performance in Q1 of 2018/2019 with Q1 of 2016/2017 and 2017/2018). It was also noted that there appeared to be a technical error in the graphs on the bottom of page 11 whereby the targets appeared to be increasing rather than decreasing by 5% each year.

Members were advised that the staffing of the Basic Command Unit (BCU) in Hillingdon had improved since the new structure had been introduced last year. There were now five sergeants per team and an additional 32 new officers would be coming into the Borough. Abstractions were also being kept to a minimum.

It was noted that Child Abuse and Sexual Offences (CASO) work was moving back to the Boroughs. Members were aware that the need for a dedicated ABE (Achieving Best Evidence) children's suite was not always necessary as mobile equipment provided a more convenient alternative that could be used in a child's own home and would not incur the same overheads associated with buildings.

Members noted that a large proportion of residents that responded to the Hillingdon Police Crime Survey had raised residential burglary as a concern. Online Watch Link (OWL) had helped to increase the response rate to this survey so that it provided a more accurate picture of the concerns of residents in each ward. However, more work was needed to ensure that residents were aware of how to contact their local ward officer as this target was not on track and had decreased since the 2016/17 baseline. Supt. Kandohla stated that he was disappointed in the performance against increasing public confidence targets (none of which were on track) as a lot of work had been undertaken by the neighbourhoods teams to address public confidence. He advised that a plan was in place to look at addressing these concerns.

RESOLVED: That:

- 1. Ms Robertson provide Members with the number of enforcement actions taken by the Council in relation to fly tipping in the last six months;**
- 2. future reports include data comparison of specific periods year on year;**
and
- 3. the report and discussion be noted.**

42. WORK PROGRAMME (Agenda Item 6)

Consideration was given to the Committee's Work Programme. It was noted that the Chairman had met with Mr Nick Carver, Chief Executive at East and North Hertfordshire NHS Trust (ENH), earlier in the day to discuss the future of Michael Sobell Hospice. The Chairman would be meeting with Michael Breen, a trustee of Michael Sobell Hospice Charity, on 14 February 2019. It was likely that, once the meeting had taken place on 28 February 2019, there may be a need for one more final meeting, perhaps in May 2019. Members were asked to provide the Democratic Services Manager with any questions that they would like answered by ENH before the meeting on 28 February 2019.

It was noted that a Substantial Variation Protocol had been drafted and was currently going through an approval process, after which it would be shared with the Committee. Feedback and agreement would then need to be sought from the local health bodies.

Members were advised that Public Health, Hillingdon Clinical Commissioning Group and Healthwatch Hillingdon were invited to both Quality Account meetings on 30 April 2019 and 1 May 2019 as their work tended to cut across all of the Trusts.

RESOLVED: That:

- 1. Members forward questions to the Democratic Services Manager for ENH before the meeting on 28 February 2019; and**
- 2. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 7.42 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.

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EXTERNAL SERVICES SELECT COMMITTEE - HOSPICE PROVISION IN THE NORTH OF THE BOROUGH

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to question representatives of those organisations responsible for delivering hospice provision in the North of the Borough about the closure of Michael Sobell House and the action taken to ensure future hospice provision.

RECOMMENDATION: That the External Services Select Committee makes comment on the information provided and notes the presentations.

SUPPORTING INFORMATION

On 30 October 2018, a special meeting of the External Services Select Committee was convened to look at the provision of hospice services in the North of the Borough. Given the importance of the issue, subsequent meetings have been scheduled for 11 December 2018 and 28 February 2019 to enable Members to continue their questioning of the witnesses whilst providing them with sufficient time to be able to take action that would help to resolve the matter.

The aim of hospice care is to improve the lives of people who have an incurable illness. Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be. That doesn't mean hospice care needs to be continuous. People sometimes like to take a break from hospice care if their condition has become stable and they are feeling well.

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after all their medical, emotional, social, practical, psychological and spiritual needs, and the needs of the person's family and carers. Looking after all these aspects is often referred to as "holistic care". Care also extends to those who are close to the patient, as well as into the bereavement period after the patient has died.

Most hospice care is provided in the patient's own home, but it can also be provided in a care home, as an in-patient at the hospice itself, or as a day patient visiting the hospice. Hospice care is a style of care, rather than something that takes place in a specific building. Hospice teams include doctors, nurses, social workers, therapists, counsellors and trained volunteers. Hospices aim to feel more like a home than hospitals do and can provide individual care more suited to the person who is approaching the end of life, in a gentler and calmer atmosphere than a hospital.

The hospice care sector supports more than 200,000 people with terminal and life-limiting conditions in the UK each year. This amounts to more than four in ten people of those estimated to need expert end of life care. Hospices also have an important role in supporting people's families, especially in providing bereavement support. A total of 46,000 people in the UK receive bereavement support from hospices each year. Hospices support people with a wide range of conditions including cancer, motor neurone disease, cardio-vascular diseases, dementia, multiple sclerosis and Parkinson's disease. They are increasingly supporting people with multiple life-limiting conditions.

The majority of hospice care (84%) is provided in community-based settings, including home care / hospice at home, outpatient services and hospice day care. More than 125,000 people give their time to volunteer for hospices each year.

Charitable hospices in the UK raise the bulk of their funding through support from their local communities including: fundraising, hospice charity shops, legacies, hospice lotteries and investments. They receive some statutory funding, although levels vary across the UK between the different nations and also within different regions. In Scotland, hospices receive (on average) 39% of their income from the Government; in England, it is 32%; in Northern Ireland it is 37%; and in Wales it is 27%. CCG funding for adult hospices varies widely. Across England, CCGs make contributions to hospice care costs which range from less than 1% to more than 50%.

Collectively, charitable hospices in the UK need to raise around £1 billion each year from their local communities – which amounts to approximately £2.7 million per day. Hospices in the UK spent a total of £1.4 billion on their services in 2016, of which £914 million was spent directly on care, with the remainder on costs including fundraising, compliance and governance.

End of Life Care (EOLC) commissioning is a complex area involving a large number of providers, services and cross-cutting agendas. A simplified model with six aims has been produced. One of these aims is that all people approaching the end of life and their carers and family receive well-coordinated, high-quality care in alignment with their wishes and preferences. Another aim is that sectors work together in collaboration to deliver cross-boundary care: health (adult child, mental, physical, spiritual); social care (Local Authorities, Health and Wellbeing Board); and voluntary/third sector/independent sector (hospice, charitable, independent and patient/users' groups). To enable this, agreement would be needed on outcomes and alignment of goals, shared funding, service specifications and means of practical collaboration.

Michael Sobell Hospice Charity (MSHC)

As well as at providing 10 bed inpatient unit at Michael Sobell Hospice on the Mount Vernon Hospital site, the Hospice provides an outreach service to provide patients and families with access to specialist nursing care in their own homes.

The Michael Sobell Hospice Charity (MSHC - formerly the Friends of Michael Sobell House) is dedicated to supporting the work of Michael Sobell Hospice, providing specialised end of life care and support to local people, their families, friends and carers. Michael Sobell Hospice is run by East and North Hertfordshire NHS and jointly funded by the NHS and MSHC.

This year, MSHC has to raise over £1.6 million to ensure vital services are maintained, around 40% of the overall running costs of the Hospice. Its mission is to develop and motivate the community to donate time and money to support and maintain the work and vision of Michael Sobell Hospice. Thanks to the support provided by the local community, the charity contributes £2 of every £5 that is spent on patient care at the Hospice.

In June 2018, a decision was made to close the Hospice's inpatient unit and move the patients to Wards 10 and 11 in the cancer centre at Mount Vernon Hospital. These patients were then moved again to other wards within the same hospital whilst Wards 10 and 11 were refurbished. The External Services Select Committee received no formal or timely notification of the proposed closure of the Hospice inpatient unit.

East and North Hertfordshire NHS Trust (ENH)

As well as providing services at Hertford County hospital (Hertford), The Lister hospital (Stevenage) and The New QEII hospital (Welwyn Garden City), ENH runs the Mount Vernon Cancer Centre (Northwood), which is one of the country's top five cancer treatment centres, providing specialist radiotherapy services along with chemotherapy for local people.

When it comes to the provision of services, the Trust often works closely with a number of third party organisations, including charities. At the Mount Vernon Cancer Centre, services to patients are provided by the Paul Strickland Scanner Centre, Lynda Jackson Macmillan Centre and the Michael Sobell Hospice.

The Michael Sobell Hospice Charity (MSHC) is a separate organisation to ENH with its own management team and trustees. ENH does not own the hospice or the land on which it is situated. However, ENH does have a contractual relationship MSHC to provide nursing care to the inpatient service.

ENH has advised that there was no Service Level Agreement (SLA) for its provision of palliative care at MSH. In addition, ENH had not completed an EIA for the move on 18 June because it was thought to be "a simple 'lift & shift' move to a more appropriate care environment". The Trust had concerns about the inappropriate care environment in MSH and these concerns were reinforced by CQC inspectors when they visited in March and reported in July.

Now that palliative care patients are being cared for in MVCC, ENH is confident that all care and quality issues are reported and actioned appropriately at its monthly cancer divisional board meetings. As such, ENH believes that governance has improved under the new arrangements.

Hillingdon Clinical Commissioning Group (HCCG)

The [Hillingdon End of Life Joint Strategy 2016-2020](#) sets out Hillingdon's vision for end of life care, identifies key issues and gaps in service delivery and articulates how the Borough's health and social care services will commit to achieve this vision by 2020. One action identified within the document is the need to ensure that access to hospice and continuing care beds reflects local need.

The report notes that, in April 2016, that there was a chronic shortage of nursing home beds and hospice places in the Borough which limited the choice for patients and families at the end of life.

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH provides cancer services which are dedicated to providing high quality, rapid and comparable cancer services across the UK. The Palliative Care Department is based at Hillingdon Hospital and in the community. A team of specialist nurses, doctors and other healthcare professionals provide palliative care and symptom and pain control for patients with cancer and life-limiting illnesses. The service is linked to the Michael Sobell House Palliative Care Unit at Mount Vernon Hospital and Harlington Hospice.

In June 2018, MSH published a statement advising it had moved hospice patients into two wards operated by ENH at Mount Vernon Hospital. THH maintains that the move was incorrectly reported as being necessary because of 'structural problems' at Michael Sobell House. A historic structural issue in the building had been fully addressed in 2017 when the whole building had been underpinned. THH owns the building, acting as a landlord, and claimed that it had not been advised of further structural issues by any organisation.

WITNESSES

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

- Michael Sobell Hospice Charity
- The Hillingdon Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Hillingdon Clinical Commissioning Group
- Healthwatch Hillingdon
- Harlington Hospice

EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Work Programme
Ward	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

- 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
Tuesday 15 January 2019, 6pm CANCELLED	CR6
Tuesday 12 February 2019, 6pm	CR6
Thursday 28 February 2019, 6pm	CR6
Wednesday 13 March 2019, 6pm	CR6
Wednesday 10 April 2019, 6pm CANCELLED	CR6
Tuesday 30 April 2019, 6pm	CR6
Wednesday 1 May 2019, 6pm	CR6

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

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

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

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

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

PROPOSED MAJOR REVIEW (PANEL)

Members of the Panel:

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

Topic: GP Pressures

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