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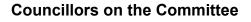
External Services Select Committee

Date: THURSDAY, 5 SEPTEMBER 2019

Time: 6.00 PM

- Venue: COMMITTEE ROOM 5 -CIVIC CENTRE, HIGH STREET, UXBRIDGE
- MeetingMembers of the Public andDetails:Media are welcome to attend.This meeting will also be
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Councillor John Riley (Chairman) Councillor Nick Denys (Vice-Chairman) Councillor Simon Arnold Councillor Vanessa Hurhangee Councillor Kuldeep Lakhmana Councillor Ali Milani Councillor June Nelson Councillor Devi Radia

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- 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 - 9 July 2019	1 - 12
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PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

9 July 2019



Meeting held at Committee Room 5 - Civic Centre, High Street, Uxbridge

	Committee Members Present : Councillors John Riley (Chairman), Simon Arnold, Nicola Brightman (In place of Nick Denys), Vanessa Hurhangee, Kuldeep Lakhmana, Ali Milani, June Nelson and
	Devi Radia
	Also Present: Tahir Ahmed, Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust
	Michael Breen, Michael Sobell Hospice Charity Chairman, Michael Sobell Hospice Charity
	Ian Chandler, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Kim Cox, Hillingdon Mental Health Borough Director, Central & North West London NHS Foundation Trust
	Steve Curry, Chief Executive, Harlington Hospice Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Piers McCleery, Director of Strategy and Planning, Royal Brompton & Harefield NHS Foundation Trust
	Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Desiree Papadopoulos, Business Support Manager North West, London Ambulance Service NHS Trust
	Dr Veno Suri, Vice Chair, Hillingdon Local Medical Committee (LMC) Dan West, Director of Operations, Healthwatch Hillingdon
	LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)
13.	APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (Agenda Item 1)
	Apologies for absence had been received from Councillor Nick Denys (Councillor Nicola Brightman was present as his substitute).
14.	EXCLUSION OF PRESS AND PUBLIC (Agenda Item 3)
	RESOLVED: That all items of business be considered in public.
15.	MINUTES OF THE PREVIOUS MEETING - 12 JUNE 2019 (Agenda Item 4)
	It was agreed that the following amendments be made to Minute 10 under the <i>Cancer Screening and Diagnosis</i> heading:
	 First paragraph, penultimate sentence to read: In a move to provide improvements to the service and more reliable results, a single laboratory on Euston Road was being established which would provide the new primary HPV screening test for process all cervical screening samples results in London by March 2020.

	 Third paragraph, second sentence to read: A new test (the FIT test) had been introduced from on 10 June 2019 which meant Fifth paragraph, third sentence: replace the word 'test' with 'text'. RESOLVED: That, subject to the amendments noted above, the minutes of the meeting held on 12 June 2019 be agreed as a correct record.
16.	HOSPICE PROVISION IN THE NORTH OF THE BOROUGH (Agenda Item 5)
	The Chairman welcomed those present to the meeting. He noted that the Committee had last met to discuss the closure of Michael Sobell House on 28 February 2019. At this meeting, agreement had been gained from all partners to reopen the inpatient unit: Hillingdon Clinical Commissioning Group (HCCG) would undertake a commissioning exercise which East and North Hertfordshire NHS Trust (ENH) would be involved in. However, it had recently become apparent to Members that progress had not been as
	forthcoming as had been hoped. It was noted that it was still the aim of the Committee to see Michael Sobell House (MSH) reopened – this aspiration had the full backing of the Council. As such, the Chairman had been involved in a number of informal meetings outside of the Committee meetings where he stressed the frustration that had been caused and the importance that partners move much more quickly. He had established that a significant number of organisations had been involved in the process which had slowed progress down significantly. The labyrinthine sequence of events had also made the process more complicated than it needed to be.
	Ms Caroline Morison, Managing Director at HCCG, advised that HCCG had confirmed its commissioning intentions in February 2019 and had written to ENH accordingly. HCCG had then embarked on a governance process and, following OJEU procedures, Harlington Hospice had been awarded the contract. It was at this point, where mobilisation was due to commence, that a number of meetings to progress the process had been cancelled by ENH at short notice. The issue was escalated to ENH's Chief Operating Officer and to East and North Hertfordshire CCG (ENH CCG). ENH had advised that it would need to seek clarity from all of the service commissioners to ensure that they were happy with the proposed changes.
	Members were advised that Hillingdon accounted for approximately 44% of the activity undertaken by ENH on this contract. Herts Valley CCG was the second highest user of the service; other commissioners included Ealing and Harrow. A meeting of the commissioners was due to take place on Thursday 11 July 2019 to discuss a way forward. Ms Morison confirmed that written representations from the Committee and MSHC might be helpful for this meeting with commissioners as ENH had questioned the public involvement in the process undertaken by HCCG. She advised that she had asked that the following be included on the agenda for that meeting: • Timings and next steps;
	 ENH's intentions regarding the MSH building; and Viability and sustainability of the specialist palliative care service in the context of proposals relating to Mount Vernon Cancer Centre (MVCC) and MSH. It was noted that there had been a recent review of services at MVCC. As those present had not yet been privy to the outcome of the review, it would be important to ensure that they received clear guidance from ENH about the interdependencies.
	Mr Steve Curry, Chief Executive at Harlington Hospice (HH), advised that he had been

Mr Steve Curry, Chief Executive at Harlington Hospice (HH), advised that he had been involved in several meetings and had been working closely with key partners to reopen

MSH. He had met with the architects' team at Hillingdon Hospital and Mr Michael Breen and Mr Ian Chandler from Michael Sobell Hospice Charity (MSHC) to identify what work was required to put the building into an adequate state to provide a safe service. The two charities' Boards had also met and agreed working arrangements; HH had appointed a Medical Director and healthcare assistants were ready to start.

Mr Curry noted that relations with ENH had appeared fine before HH had been awarded the provider contract. Since then, there had been significant challenges in working together and concern was expressed that there could be an unintentional negative impact on some staff TUPE transferring to the new provider. That said, Mr Curry believed the biggest current blocker was the building.

It was noted that Mr Chandler had been working with Ms Julia Wright at HH to progress the reopening of MSH. Mr Chandler advised that the work required at MSH was minor: redecoration, moving some doors, additional wash rooms and toilets, etc. Timing for the work continued to be a challenge. A contractor to undertake the work on a cost only basis was on standby and, once started, the work was likely to take approximately six weeks to complete.

Mr Michael Breen, Chairman of MSHC, noted that the charity already owned a lot of the equipment needed to run the inpatient unit but that it was currently spread around the Mount Vernon Hospital site. He advised that the MSH building had been extended in the past with the use of charitable donations and that the extended part of the building was now being used by ENH for matters unrelated to the hospice. MSHC needed to re-establish a right to access the buildings that it had funded. It also needed to access the buildings to enable the charity to undertake its own independent costings for the work.

Mr Breen had been trying to arrange a meeting with The Hillingdon Hospitals NHS Foundation Trust (THH) estates team but there had recently been significant management changes and disruption. It was noted that Mr Breen had tonight spoken to Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, who had agreed to arrange a meeting. It was noted that, as the leaseholder, ENH would need to give permission for HH or MSHC to access the building.

Mr Breen noted that MSHC continued to need to fund raise as it cost £420k per annum to run the day centre which was still operational from the site. Although Ms Sarah Lucy James at ENH had confirmed that it would be a "smooth and positive transition" to a new provider, this had not been borne out. It had been more than a year since the MSH inpatient unit had been closed and four months since the Committee's last meeting where ENH had made the commitment to help with the transition to a new provider. This had resulted in a number of excellent staff leaving to seek alternative employment.

Fundraising by MSHC had reduced by £80k during 2018/2019. Although income was substantially down, costs were also significantly down as the inpatient unit was not functioning from MSH. MSHC had received two legacies in the last two weeks totalling £123k which would help the charity's finances. However, it would be important to get some movement so that the charity didn't lose support from the public. Mr Breen advised that MSHC had been jointly fundraising with HH and that the charity's biggest fundraising event, Ladies in the Night Walk, would be taking place on 20 September 2019.

Concern was expressed that ENH's handling of the whole situation had been farcical. Although alternative arrangements were in place, action could not yet be taken to

	restart the service from MSH and ENH had occupied a resource building for its own purposes even though the building had been funded by MSHC for the provision of inpatient palliative care services. Concern had also been expressed in the community that the land was being earmarked for a £32m luxury property development and that ENH had requested a financial stake in the land.
	It was noted that Crown Princess Katherine of Serbia had been monitoring developments in relation to the reopening of MSH. Princess Katherine had worked with Dr Elaine Laycock to develop three hospice units in Serbia based on MSH. It now seemed ridiculous that there were three MSH units running in Serbia and none in Hillingdon.
	Mr Ahmed confirmed that THH was the landowner and that there were undocumented tenancies relating to ENH. These unwritten leases were much more difficult to manage. Mr Ahmed had met with Ms Wright at HH to determine how occupancy could be expedited. Consideration could be given to having a direct covenant with HH but this would need a formal discharge from ENH. Once ENH had discharged its interest, a new heads of terms could be agreed with HH relatively quickly.
1 1	It was noted that Wards 10 and 11 had been closed for refurbishment. This work had now been completed and patients had been moved back onto the Wards.
	It was recognised that the MSH building had about 18-24 months of useful life left in it. As such, consideration was being given to the future end of life care service provision and delivery needed and wanted by Hillingdon residents.
	Because this issue needed to be resolved as quickly as possible, it was suggested that, if there was no acceptable resolution at the commissioners' meeting on Thursday, the Committee should arrange a meeting with all of the parties involved.
	RESOLVED: That: 1. Ms Morison be provided with written representations from the Committee and MSHC; and 2. the presentations be noted.
17.	HEALTH UPDATES (Agenda Item 6)
	The Chairman thanked those present for attending the meeting.
	<u>Central and North West London NHS Foundation Trust (CNWL)</u> Ms Kim Cox, Borough Director – Mental Health at CNWL, advised that the waiting times for the CAMHS service were now more stable that they had been. Although there had been huge improvements over the last two years, there was still some way to go.
1	An eating disorders community service was available in Hillingdon. The performance of this service was consistently good even though demand was high and the referral to treatment targets were being met. Only the occasional patient was referred to the inpatient unit in central London.
	Concern was expressed that a reduction in the capacity of Cognitive Behavioural Therapy (CBT) practitioners could impact negatively on the patient journey. Ms Cox advised that the additional funding had been made available for CAMHS to clear its backlog and return to an even keel. Funding was now being diverted to core pathways and the service was being more creative in relation to its activities.

Hillingdon Health Care Partners (HHCP) CNWL in conjunction with Hillingdon CCG had bid for additional funding for mental and physical health nurses who would carry out Advanced Care Planning in care homes and extra care facilities. Ms Cox would provide Members with an update on this at a future meeting. It was noted that the Primary Care Mental Health Teams would be realigned to the eight neighbourhoods being developed as part of the Case for Change. The GP confederation was identifying Clinical Directors for each of the neighbourhoods with a view to having a matrix style integrated management structure. CCTs would expand their remit to include all adults and there would be an increase from 15 to 18 CCTs.

Ms Cox advised that Life Line 24/7 had been successfully keeping people at home. In the last six months, palliative care services had been used to help 60 people to stay at home.

Members were advised that the number of Section 136 (s136) assessments undertaken had hit an all-time high (59) in April 2019. CNWL had recently started the SIM project (Serenity Integrated Mentoring). This project was being delivered jointly with the police to provide intensive interventions from both a health and criminal justice perspective for a caseload of service users. The project enabled a full time police officer working in mental health to look at alternative (and more appropriate) interventions to a s136 when needed - about one third of people brought in by the police did not need a s136 as they were in distress rather than suffering with mental health issues.

In partnership with health commissioners, CNWL had bid for additional parity of esteem funding to increase the support in primary care for people with a mental health problem (the outcome of this bid was expected on 12 July 2019). CNWL had also bid for funding for a service specifically for service users with a personality disorder.

Ms Cox noted that Arch had been awarded a public health grant to implement fibrous (liver) scanning. The service provided a comprehensive 'welfare, physical and wellbeing' offer for alcohol misuse clients in the Borough, providing them with a 'health passport'. It was noted that there had been an increase in the number of street homeless accessing Arch.

A number of actions had resulted from the CQC inspection of the Immigration Removal Centre (IRC) Colnbrook. These actions had included work in relation to supervision and translation services. Ms Cox advised that, if Members required any further information, she could ask the IRC to attend a future meeting of the Committee.

Hillingdon's Offender Care Liaison and Diversion Service was operating an all age and all vulnerability model across three sites: Uxbridge Magistrate's Court, Heathrow Police Custody and Hillingdon Youth Offending Service. This enabled the diversion of people with a mental health issue to the most appropriate service between 8am and 8pm.

Members were advised that CNWL had been taking part in the filming of a Channel 5 documentary which would be screened in September 2019. The camera crew had followed a number of men who had had suicidal thoughts and Ms Cox had also been interviewed. She noted that the Zero Suicide Alliance training was being rolled out extensively.

With regard to the complaints information that Members had previously requested, Ms Cox would forward this to the Democratic Services Manager for circulation.

The Chairman asked that Ms Cox pass on the Members' thanks to Ms Maria O'Brien who had recently been promoted and would therefore not be attending future Committee meetings. Her engagement with the Committee had always been brilliant and Members were grateful for her contributions to their meetings.

London Ambulance Service NHS Trust (LAS)

Ms Desiree Papadopoulos, LAS' Business Support Manager North West, advised that the LAS had a CQC inspection coming up. At its last inspection in November 2018, the Trust had been rated as *Good* in the 'Safe', 'Effective', 'Responsive' and 'Well-led' domains and *Outstanding* in the 'Caring' domain, giving an overall rating of *Good* (its previous inspection in February 2017 had resulted in an overall rating of *Requires Improvement*).

Members were advised that the LAS had expanded its pool of midwives from one to three. A paramedic and mental health response car had been piloted in South East London. It was hoped that this service would be expanded across London in the near future. Ms Papadopoulos advised that the evaluation of the mental health response unit trial was being undertaken but that she would enquire as to the expected timescales for roll-out.

Other work undertaken by the LAS included the deployment of a falls vehicle in Hillingdon. This resource reduced the number of emergency department conveyances.

Ms Papadopoulos advised that North West London (NWL) comprised five groups which each had an end of life volunteer. This person attended CPD events to help train colleagues. End of life care (EOLC) was high on the LAS agenda and the "Coordinate my care" facility meant that LAS staff could be notified about the patient's EOLC choices (if they had developed their own plan) when they were en route to the patient. Ms Papadopoulos noted that it could be quite scary for families and that they often needed support. The Life Line 24/7 service and the Palliative Overnight service also looked to support EOLC choices.

Concern was expressed that, in the past, the LAS draft quality account report had been circulated to the Committee for comment prior to publication. However, this had not happened in 2017/2018 or 2018/2019 and the final version of the report had only been received on 8 July 2019, prohibiting Members from being able to properly digest the information contained therein before the meeting. Ms Papadopoulos would raise this issue with Ms Natasha Wills.

Members were advised that NWL was top in relation to 'Handover to green': the time from when the patient handover had taken place to the time the ambulance was available for further deployment. Blue calls (the time taken to transport a patient to hospital under blue lights) were taking an average of 16¹/₂ minutes. This time still needed to be reduced and action would need to be taken to educate LAS and hospital staff on how improvements could be made.

Ms Papadopoulos advised that Category 1 (high priority/critical) patient waiting times were good (an average of 6m 4s in Hillingdon against a 7m target). Category 2 (sick but not critical) patient waiting times had been challenging across the whole of London (an average of 24m 8s in Hillingdon against an 18m target). It was thought that the latter performance had been impacted by the geography of the Borough.

Staff communication was undertaken regularly and on-scene times were routinely measured. Ms Papadopoulos would need to seek further information in relation to the technology used to monitor this.

It was recognised that NWL had experienced some challenges with regard to the recruitment and retention of staff. A large number of Australians had been recruited in the past and, having completed their contracts and gained the experience of working in the UK, they were now going home. It was hoped that the opening of an operational placement in Hanwell with 30 crews might lead to more newly qualified paramedics staying in NWL. It was anticipated that approximately 300 staff would pass through this facility in the next 12-18 months.

Members were advised that there continued to be a significant number of inappropriate calls to the 999 service. The call handlers were not clinically trained which meant that ambulances were sometimes responding to calls when they were not really needed. Ideally, calls needed to be assessed and by someone that was clinically trained so that they could then be referred to the most appropriate pathway. Members were advised that, as well as 111 calls being diverted to 999, 999 calls could now also be diverted to 111.

It was more cost effective to have clinicians in the control room who could triage calls and refer patients to other services rather than sending ambulances out for all calls. However, it was recognised that clinicians wanted to work on the front line and did not want to be based in an office. As such, recruitment into these call centre triage roles was not easy.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Mr Piers McCleery, Director of Strategy and Planning at RBH, advised that, if agreed, the project proposed in conjunction with Kings Health Partners (comprising King's College London, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust) would not be fully effective for 8-10 years. NHS England (NHSE) had been taking an active interest in the changes to the provision of paediatric congenital heart services but had not yet provided any direction or decision on the way forward. In the meantime, multi-disciplinary teams (MDTs) were being developed and 'passports' were being provided for all staff to be able to move to different teams on different sites within the scope of the partnership Trusts. Members were advised that Harefield Hospital was likely to benefit from the RBH proposal as there would need to be a redistribution of some services.

Although timescales for a decision on this issue had not been specified, Mr McCleery believed that the determination of all clinicians involved to deliver something transformational would be a decisive factor. He also noted that the prospect of a judicial review would not appeal to anyone.

It was noted that the Darwin Programme, an ongoing productivity project, had been implemented to identify efficiencies. For example, of the four theatres at Harefield Hospital, three were used for cardiac surgery, with effort made to do 2 operations per day. Action had been taken to streamline process so that this had now increased to 3.7 cases per day with further work expected to help achieve 4.2-4.3 cases per day, giving a 33% increase in productivity. Although the overheads would not reduce, this increase in activity would improve value for money.

Members were advised that, in the past, only around 15% of patients attended Harefield Hospital on the day of surgery (as opposed to being admitted the day before). Over a six month period, and with the dedication and determination of a single member of staff to drive it, there had been an increase to around 70%. This had been achieved through the use of taxis and better planning, and effectively meant that patients were able to spend more time in familiar surroundings with their loved ones prior to surgery.

Mr McCleery advised that, with regard to the Referral to Treatment (RTT) pathway, more than 92% of elective referrals were being seen within 18 weeks. However, this figure was approximately 50% in relation to cardiac surgery. As this performance was partly resultant from inefficiencies and poor wait list management, it was anticipated that the Darwin Programme would be used to drive improvements in this area.

With regard to recruitment, Harefield Hospital had introduced an innovative Band 5 nurse recruitment where new recruits were rotated through four different areas of the hospital. This had helped to increase recruitment levels with PICU vacancy levels currently at around 15%. However, it was noted that the Cleveland Clinic would be opening premises in central London in approximately two years and would be recruiting aggressively for nurses and technicians. Consideration would specifically need to be given by RBH to how it would retain its intensive care staff list as these were the staff that were most likely to be targeted by the Cleveland Clinic.

A new model of care had been developed for cystic fibrosis patients who could use a digital prototype platform (developed in conjunction with MeadowPad) to monitor their condition. The facility was accessible through mobile phones and tablets and was used in conjunction with other medical equipment to upload data about the patient's condition. The patient would then be able to decide whether or not they wanted to share this information with medical professionals and could have a Skype conversation if they had any concerns. It was anticipated that the app would prevent patient admission and deterioration. Whilst the app could possibly be replicated for other conditions, it would take time as the model of care would need to be designed slowly with lots of input from patients.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Mr Tahir Ahmed, Executive Director of Estates and Facilities at THH, advised that the longest standing member of the THH management team was the Chief Executive (who had been in post for approximately 7 months) and that there were still two interim posts that would need to be filled with permanent staff. This meant that the team was currently getting up to speed.

Mr Ahmed had been in post for approximately one month and, over the last three weeks, had been trying to understand the condition of the THH estate. He noted that some of the buildings had been on site since 1907 and that they were not fit for modern service provision. As the building had aged, the lack of investment meant that the system started to fail (for example, problems with the infrastructure: water supply, drainage, heating, ventilation, etc). Both Mount Vernon Hospital and Hillingdon Hospital had suffered from a lack of investment. Mr Ahmed paid credit to the staff who had managed to keep the estate operational despite these huge challenges.

Members were advised that THH had engaged with NHSE and NHS Improvement (NHSI) in relation to the estate. An emergency capital request had been submitted for consideration by the Department of Health and it was clear that a new hospital was needed. The Good Governance Institute had been engaged to try to progress this but there was little evidence to show that there had been a request for a new hospital in the past. Work was also underway with Brunel University and other partners to develop a new hospital but this would have to go through a gateway review with NHSI to set clear objectives for going forward. In summary, Members were advised that there were a number of options available to take this issue forward.

It was thought difficult to grasp the extent of the work required with regard to the estate

and the minimum standards expected by NHSI and NHSE. Mr Ahmed advised that there were minimum standards which THH fell below but that these were just guidelines (not statutory). There was such a huge backlog list of works needed at Hillingdon Hospital with no part of the hospital meeting the minimum requirements; only a redevelopment would suffice. The outstanding work needed would cost in excess of £200m and would not address the building's limitations.

It was noted that the Committee had previously asked for further information about the HR strategy that was in place to ensure that there was adequate staffing for the expanded A&E department. Mr Ahmed advised that the new management team had been developing a range of new strategies: people and organisational development strategy, information strategy, digital strategy and estates strategy. The estates strategy would underpin the clinical services strategy. Mr Ahmed advised that the expanded A&E department was on plan to deliver later this year and he would seek clarification of the action being taken with regard to the associated staffing requirements.

Members had previously been assured that THH would meet the A&E 4 hour target by March 2019. Mr Ahmed would liaise with colleagues to get an update on the Trust's performance with regard to this target.

Members queried what preparations were being made for winter pressures this year. As Mr Ahmed was unable to provide a response, he would speak to colleagues and provide the Democratic Services Manager with further information for circulation to the Committee. From his perspective, he was looking at ensuring the provision of suitable accommodation in the event of a need to flex capacity to meet demand.

It was suggested that an additional meeting be scheduled so that Members could talk to the THH management team about issues of concern. In the meantime, Mr Ahmed would establish whether or not he was able to share the Trust's Strategic Outline Case which would provide the necessary information in a format that would enable the Trust (and any public sector partners) to assess the scope of the project and any investments in service improvement.

Local Medical Committee (LMC)

Dr Veno Suri, Vice Chairman of Hillingdon LMC, advised that GPs had been given new contracts and that there had been a move towards more collaborative working. In the last month, arrangements had been made for practices within the same area to be put into groups covering 30k-50k patients. He noted that some services would be delivered by GPs in one of the eight 'neighbourhoods' in Hillingdon and the delivery of other services would be shared.

Each GP practice would be working under a PMS, GPS or AMPS contract. Some would provide some services such as insulin initiation, whilst others would provide other services. The services provided would be a network decision based on what the GPs thought was best to meet their patients' needs. It was noted that two practices (where a single GP was a partner at both practices) had concerns in relation to patient lists and GDPR which needed to be resolved. Although these two practices had not joined the networks, there were still already six networks up and running.

Members were advised that the GP pressures review being undertaken by the Council would be publishing its final report and findings in the near future.

<u>Hillingdon Clinical Commissioning Group (HCCG)</u> Ms Caroline Morison, Managing Director at HCCG, advised that the Case for Change had been included as part of the published agenda. The document included clear messages in relation to the highly valued local clinical leadership, local accountability and relationships. Positives in the document included the Integrated Care Partnerships (ICP) and the Primary Care Networks which would have eight directors that could prove useful. It was hoped that further information would be available for the meeting that had been scheduled with the Council and Mr Mark Easton, Chief Officer at NWL Collaboration of CCGs.

Ms Morison suggested that currently a significant amount of HCCG's daily business was transactional so could therefore be undertaken centrally to free up time and enable officers to focus on outcomes. However, the future had not yet been clearly articulated.

Concern was expressed in relation to the geographical spread in NWL as well as the fact that Hillingdon was currently in a good place. It was not thought that the changes being introduced would have a beneficial impact on Hillingdon and that they would instead level performance down.

Members acknowledged that there was a need to identify huge savings across the NHS but that this should not come to the detriment of responsiveness to local needs, local relationships or local knowledge. HCCG had managed to exceed its management cost reduction target so was therefore hoping to maintain its local team.

It was noted that Hillingdon's 2019/2020 control total position was a £1.7m deficit. This placed the Borough in the middle of the eight NWL boroughs with only the Royal Borough of Kensington and Chelsea expected to end the year with a surplus. It was thought that this position had been brought about in large part by the weighting of the allocation formula where funding per patient was higher in central London. Although this fee structure was getting flatter, the merger of NWL CCGs was unlikely to help the situation as commitment had been given that (in the short term) CCG allocations would remain on a borough basis.

The CCGs had been advised of their provisional allocations for the next five years. As the current trend of end of year deficits was not sustainable, consideration would need to be given to looking at combined funding at some point.

Hillingdon had made greater progress with regard to its ICP partly because Hillingdon Hospital was in the middle of the Borough and had 85% congruence with the local population. Consideration had been given to this over the last five years and some models of care were already in place (for example, Care Connection Teams (CCTs) and the frailty unit at the front end of Hillingdon Hospital). Partners had also built strong relations and, as such, NWL was looking to Hillingdon to show the other boroughs the way.

Ultimately, any changes would need to be voted on by the GP members at the CCG.

Healthwatch Hillingdon (HH)

Mr Turkay Mahmoud, Interim Chief Executive Officer at HH, advised that the External Services Select Committee meetings were always helpful in piecing together information that had been sourced elsewhere to get a better picture of what was going on.

With regard to the proposed merger of the eight NWL CCGs, HH had concerns about ensuring that the needs of the local population continued to be met. There were also concerns regarding the impact that the changes might have on the good local avenues of communication and partnership that were in place in Hillingdon. Members were advised that the HH Annual Report had recently been published. The report showed that HH had received almost 3k enquiries in 2018/2019. Mr Mahmoud also noted that HH had published a report on lower back pain and that 3k-3½k young people had been reached through Young Healthwatch Hillingdon (YHwH). Three YHwH events would be undertaken during 2019/2020 as well as some work around care homes and a relook at hospital discharge.

RESOLVED: That:

	 Ms Cox provide Member with an update at a future meeting on the HHCP bid for additional funding for mental and physical health nurses to carry out Advanced Care Planning in care homes and extra care facilities; if required, Ms Cox would ask officers to attend a future meeting to talk about the inspection of the Immigration Removal Centre (IRC) Colnbrook; Ms Cox forward information in relation to complaints to the Democratic Services Manager for circulation to members; Ms Papadopoulos provide the expected roll-out timescales for the mental health response units; Ms Papadopoulos provide further information in relation to the technology used to monitor on-scene times; Mr Ahmed provide clarification with regard to the action being taken to provide adequate a=staffing for the extended A&E at Hillingdon Hospital; Mr Ahmed provide the Democratic Services Manager with further information on the preparations that had been made for winter pressures for circulation to the Committee; and the presentations be noted.
18.	WORK PROGRAMME (Agenda Item 7)
	It was noted that the majority of the Committee's meetings for the remainder of the municipal year had been moved into Committee Room 5. The camera in this room would provide YouTube viewers with a better view of the proceedings during the meeting.
	As the agenda for this meeting had become quite full, the Chairman had agreed that, rather than the Committee considering it as an agenda item, a briefing note on the progress of the implementation of recommendations of the Council's hospital discharges review be circulated to Members. The briefing note had been shared with the Committee and Members were asked to provide the Democratic Services Manager with any comments, queries or questions that they might have about the issue so that she could pass them on to the relevant officer for response.
	 The Committee's next meeting on 5 September 2019 would be reviewing crime and disorder in the Borough. Members requested that, as well as the usual general update, the following specific issues be addressed at that meeting: Knife crime and safer neighbourhoods; Drugs; and Serenity Integrated Mentoring – a police perspective.
	It was agreed that the Committee would hold a meeting to specifically look at the challenges being faced by The Hillingdon Hospitals NHS Foundation Trust. This was likely to be organised for December 2019. Members requested that a site visit be organised for them to Hillingdon Hospital just before this meeting took place.

It was noted that a meeting of commissioners had been scheduled for Thursday 11 July 2019 in relation to the provision of inpatient palliative care services at Michael Sobell House. Members agreed that they would like to provide Ms Caroline Morison, Managing Director of Hillingdon CCG, with a document setting out the evidence that they had gathered which would demonstrate the strength of feeling in relation to this issue within the local community. If no agreement was reached at this meeting, there was little that the Committee could do.

Members questioned why representatives from East and North Hertfordshire NHS Trust (ENH) had not been present at the meeting. The Democratic Services Manager advised that Mr David Brewer had emailed her on 25 June 2019 stating that he would confirm attendance from the Trust the following week. Although Mr Nick Carver, ENH Chief Executive, had subsequently advised that he would not be able to attend the meeting, confirmation of who would actually attend had not been forthcoming.

It was noted that, when the Committee looked at the results of the Mount Vernon Cancer Centre (MVCC) review, consideration would also need to be given to the progress made in relation to the reopening of Michael Sobell House. As concern was expressed about the possibility that the MVCC could close, Members would be carefully monitoring the progress of the review.

RESOLVED: That:

- 1. Members forward any comments, queries or questions on the hospital discharges update to the Democratic Services Manager; and
- 2. the Work Programme be agreed.

The meeting, which commenced at 6.00 pm, closed at 9.06 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 SELECT COMMITTEE - SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING

Committee name	External Services Select Committee
Officer reporting	Jacqui Robertson, Residents Services
Papers with report	Appendix 1 - Safer Hillingdon Partnership Performance Monitoring Summary Report and Dashboard: Q1 2019/20
Ward	n/a

HEADLINES

Members are to scrutinise performance of the Safer Hillingdon Partnership Plan 2019/20 from April to September (quarters one and two). They have also specifically requested more detailed information in relation to action taken by the SHP to address the issues of knife crime, Safer Neighbourhoods and drugs and partners' perspective on Serenity Integrated Mentoring.

RECOMMENDATION:

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

SUPPLEMENTARY INFORMATION

Within the London Borough of Hillingdon, headline themes are as follows:

Knife Crime - The crime rates, as evidenced from the MOPAC Weapon Enabled Crime Dashboard, for the period July 2016-July 2019, show 367 knife crime offences within the London Borough of Hillingdon. The highest number of offences are noted within the wards of Townfield (51 offences), Botwell (34 offences) and Barnhill (29 offences). These knife crime offence totals are slightly higher than the London Borough of Hounslow (354 offences) but considerably lower than the London Borough of Ealing (520 recorded knife crime offences).

Safer Neighbourhoods – With the commencement of the West Area Basic Command Unit (BCU) structure (comprising Ealing, Hounslow and Hillingdon), launched on 6 June 2018, some minor operational obstacles were experienced. However, these have been managed and resolved and evidence indicates that the majority of criminality in the West Area is taking place within Ealing and Hounslow.

In Quarter 1, April-June 2019, Safer Neighbourhood Partnership (SNP) issues are listed as Residential Burglaries, Theft, Drugs and Violence. Within the London Borough of Hillingdon, statistics show:

- 460 residential burglaries June 2019: Police database Iquanta
- 1664 violence without injury incidents June 2019: Police database Iquanta
- 181 personal property offences June 2019: Police database Iquanta
- 636 thefts from inside the motor vehicle June 2019: Safer Neighbourhoods Board (SNB) MOPAC <u>http://data.london.gov.uk/resources/snb-dashboard/</u>

- 202 stolen vehicles SNB MOPAC http://data.london.gov.uk/resources/snb-dashboard/
- 2,353 ASBs reported to Police June 2019: SNB MOPAC <u>http://data.london.gov.uk/resources/snb-dashboard/</u>
- 740 DV incidents reported June 2019: SNB MOPAC <u>http://data.london.gov.uk/resources/snb-dashboard/</u>

Drugs – Supply and misuse within the London Borough of Hillingdon remain a constant challenge. Moreover, with the broader rise in County Lines criminality, child sexual exploitation and coercive control, it is critical that pro-activity is demonstrated in meeting these challenges. Between July 2017 and July 2019, the number of Stop & Search incidents for drugs across London totalled 25,193¹.

The Metropolitan Police Stop & Search Dashboard provides the following statistics for stop and search in the West Area BCU:

- Hillingdon 9,707 incidences (2.6%);
- Hounslow 11,487 incidences (3.12%); and
- Ealing 12,318 incidences (3.7%).

SHP Plan

There is a requirement to provide information specific to one of the key priorities of the Safer Hillingdon Partnership Plan 2019/20, namely Theme 2 - Reduce Violence. The London Borough of Hillingdon remains committed to meeting priorities through the Safer Hillingdon Partnership Plan 2019/20 via a single agency approach, stakeholder collaboration and with residents to achieve a reduction in violent crime within the Borough.

This includes specific programmed activities currently being undertaken in the following areas:

- Mapping Controlled Drugs & Psychoactive Substance Use in the London Borough of Hillingdon;
- Targeted Problem Solving; and
- Engaging Ears, Eyes and Excellence in collaboration with the Hillingdon Safer Neighbourhood Board.

As a partnership, the focus has been around collaboration. As a consequence, effective links have been built with critical partners such as Community PayBack (Community Rehabilitation Company established 18 May 2019) who are able to now deliver community sentencing Boroughwide and meet a community need to see punishment and consequence for criminality.

Further demonstrable examples of excellence around principle concerns of knife crime, Safer Neighbourhoods and drugs include leading the following projects:

Mapping Controlled Drugs & Psychoactive Substance Use in the London Borough of Hillingdon

In support of knife crime and Safer Neighbourhoods, the mapping of controlled drugs and psychoactive substance use is a business critical piece of work that has been prioritised in the Borough and led on by the Council's Community Safety Team. This work underpins the approach to overlaying Borough-wide interventions and responses to an emergence of knife crime and

¹ Source: Metropolitan Police Stop & Search Dashboard

associated disorder across the Borough; not unique to Hillingdon, but consistent across London.

In London, there is a collaborative commitment to address violent crime such as knife crime. This is demonstrable with an introduction from the Mayor's Office for Policing & Crime (MOPAC) of the Policing Violent Crime Task Force of nearly 300 officers resulting in almost 10,000 weapons sweeps. Over 1,000 knives were recovered, around 750 offensive weapons were seized and over 600 suspects were arrested².

Pan-London, when comparing the 12 months to July 2019 against the previous 12 month period, knife crime levels have decreased. Similarly, there is supportive data to demonstrate that:

- when comparing the 12 months to July 2019 against the previous 12 months, crime has decreased by 0.94%;
- in the London Borough of Hillingdon, crime has increased by 3.78%; and
- there have been increases in knife crime in Ealing of 5.71% and Hounslow of 3.21%.

MOPAC has asked that councils 'consider mapping the use and supply/dealing of controlled drugs and psychoactive substances across the Borough'. The Council has acknowledged and acted upon this request. Although there is data readily available specific to individual agencies around substance use/misuse and violence, this data will now be brought together to enable the wider picture to be understood. The mapping area of work will allow all agencies within the Borough to better understand links, trends and interventions relating to a reduction of substance use/misuse and linked criminality in its many forms.

A summarised report will be available in late September 2019. Thereafter, a better picture will be available of the Boroughs drug market and the links with violent crime and disorder. This will support ongoing departmental interventions, such as:

- Youth Services, which had produced 'O.T' a film about County Lines/drugs that is now being rolled out to all senior schools in the Borough.
- 'Targeted Problem Solving Events' these are established multi-agency monthly Ward events that specifically work with practitioners within Addiction, Recovery, Community, Hillingdon Service (ARCH), Sorted and Public Health England to deter anti-social behaviours, environmental crime and drug use, and encourage healthy life choices and wellbeing. There have been positive reports from practitioners in terms of youth engagement and the listed services continue to be core partners.
- Community Weapon Sweeps a continuous programme taking place each month in a park or open space and within an estate or in close proximity to a school, educational or other facility known to be frequented by young people. These are operated by the local Safer Neighbourhood Police teams and supported by local residents (Residents Associations), as well as the Council's Community Safety officers and Waste Services, including Caretaking, Special Collections team if required.

Targeted Problem Solving (TPS)

TPS supports work in relation to knife crime, Safer Neighbourhoods and drugs and their impact on communities. This remains a high profile programme, which has consistently delivered for stakeholders within the Safer Hillingdon Partnership, the Council and residents in transition throughout the Borough. The last six months saw the roll out of the 2019/20 programme and, to date, there has been direct engagements with more than 958 individuals. These contacts have

² Source: MOPAC

been necessary; allowing residents to understand access routes into the services / teams that are best placed to support victim minimisation, fire safety, homelessness, food safety and licensing compliance and offer residential reassurance.

In terms of partnership, great results have been evidenced and captured and include:

- achieving a collective 90.5% stakeholder respondent satisfaction rate;
- evidenced innovation in terms of engagement;
- delivery of community sentencing via Community Payback between 18 May 2019 and 24 August 2019, 15 projects were carried out across the Borough;
- support and commitment from Hillingdon Hospital; and
- alignment with a national programme #StampltOut2019 Campaign.

There is more that can be done to add resilience to the TPS programme which has the support and buy in of local Ward Councillors. Numerous examples of value added via direct and secondary support to victim of doorstep crime, distraction burglary and rogue landlords can be evidenced. The aim over the remaining months is to incorporate more national and international campaigns into TPS, such as Sexual Health Week, National Adoption Week, White Ribbon and International Day of the Disappeared.

Engaging Ears, Eyes and Excellence

Engaging Ears, Eyes and Excellence continues to support the mandate given by MOPAC to the Hillingdon Safer Neighbourhood Board. This is to 'deliver targeted messages to young people within school settings at Yr 5, Yr 6, Yr 7 and Yr 8 where the key aim is to raise awareness of criminality including gang involvements, coercive control, child sexual exploitation and effective conflict management'.

This bespoke programme has supported vulnerable young children within the Borough to become empowered and thereafter able to challenge inappropriate behaviours. Linked to this, there has been a requirement on the two providers to include a mandatory session on knife crime in all workshops. This supports the #LondonNeedsYouAlive campaign and the drive to get more Police Safer Schools Officers into educational environments.

In conjunction with other activities being carried out by partners, these listed initiatives are positively contributing to the reduction of knife crime and violence in Hillingdon. Additionally, the support of High Street multi nationals such as Tesco, Waitrose and LIDL supermarkets has been elicited as well as the Hayes Town Business Partnership who have all fully committed to partnership interventions within the Borough, ensuring the safety and security of residents is championed.

Serenity Integrated Mentoring

At its meeting on 9 July 2019, the Committee was advised that Central and North West London NHS Foundation Trust had recently commenced a 'SIM' (Serenity Integrated Mentoring) project, jointly working with the police to give intensive interventions from both a health and criminal justice perspective for a caseload of service users.

The number of Section 136 (s136) assessments undertaken hit an all-time high (59) in April 2019. The SIM project enabled a full time police officer working in mental health to look at alternative (and more appropriate) interventions to a s136 when needed - about one third of people brought

in by the police did not need a s136 as they were in distress rather than suffering with mental health issues. Members are interested to learn how this is working from partners' perspective.

BACKGROUND PAPERS

- Targeted Problem Solving Report
- Engaging Ears, Eyes and Excellence Reports:
 - Just Enough Group UK
 - Together As One
- Mapping Controlled Drugs & Psychoactive Substance Use In The London Borough of Hillingdon Report

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THE SAFER HILLINGDON PARTNERSHIP PERFORMANCE REPORT

Summary

QUARTER 1 April to June 2019/20

This report presents a summary of performance highlights for the Safer Hillingdon Partnership using data to the end of Quarter 1 2019/20.

This top copy provides a summary analysis drawing out key headlines. The wider detail is available in the accompanying appendix.

Updated data has been included in this report from MOPAC, Metropolitan Police Service, Safelives and Safestats.

Theme 1 Burglary

- There have been 460 **residential burglaries** in Q1 2019/20. This is above the quarterly target of 456, but less than Q4 2018/19 outturn of 630. Compared with Q1 2018/19 (369), Q1 2019/20 has seen a 25% increase.
- Non-residential burglaries (129) have exceeded the quarterly target of 115 by 12%. Compared with the Q4 2018/19 outturn of 128, Q1 2019/20 has seen an increase of 1. When comparing with Q1 2018/19 (108), non-residential burglaries in Q1 2019/20 has increased by 19%.

Theme 2 reduce violence

- Violence with injury has increased by 1% from Q4 2018/19 (594) to Q1 2019/20 (600) but has not exceeded the quarterly target of 633. When compared with Q1 2018/19 (617) we can see a reduction in violence with injury 3%.
- Violence without injury (1,664) has exceeded the quarterly target of 1,100 by 51% and has exceeded Q4 2018/19 figure of 1,188 by 40%. Compared with Q1 2018/19 (942), there has been an increase of 77% in violence without injury offences in Hillingdon.
- **Personal property robbery** (181) has also exceeded the quarterly target of 156, however, when compared with Q4 2018/19 (215), Q1 2019/20 has seen a decrease of 16% in the robbery of personal property. When comparing Q1 2019/20 with the Q1 2018/19 figure of 131, there has been an increase of 39%.
- Knife crime with injury has seen 29 incidents during Q1 2019/20 which is a 7% increase from Q4 2018/19 (27). When compared to Q1 2018/19 (35), Q1 2019/20 has seen a decrease of 17%.
- Theft from motor vehicles (636) has decreased by 1% since Q4 2018/19 (643). Compared to Q1 2018/19 (659), Q1 2019/20 has seen a decrease in theft from motor vehicles by 4%.
- Theft of motor vehicles (202) has decreased by 30% when compared to Q4 2018/19 (288). When comparing Q1 2019/20 with Q1 2018/19 (243), there has been a decrease of 17%.
- For Q1 2019/20, drug related stop and searches (1,235) have increased by 5% compared with Q4 2018/19 (1,172). When comparing Q1 2019/20 to Q1 2018/19 (584), drug related stop and searches have increased by 112%.

Theme 3 reduce ASB and raise confidence

- Q1 2019/20 has seen an increase of 16% in **ASB reported to the police** with 2,353 reports compared with Q4 2018/19 where there were 2,021. Compared to Q1 2018/19 figure of 2,137, Q1 2019/20 has had a 10% increase.
- There were 292 incidents of **community and neighbourhood nuisance** for Q1 2019/20 which is a 22% increase from Q4 2018/19 where 240 occurred. Compared to Q1 2018/19 (341), Q1 2019/20 has seen a 14% decrease in community and neighbourhood nuisance.
- **Flytipping** has seen an increase of 0.4% between Q1 2019/20 (263) and Q4 2018/19 (262). Compared with Q1 2018/19 (243), there has been a 9% increase in fly tipping incidents for Q1 2019/20.
- Arson incidents have reduced by 34% between Q1 2018/19 (50) and Q1 2019/20 (33), with the lowest incident period being Q3 2018/19 (28).
- More **fire visits** took place in Q1 2019/20 (674) compared with Q4 2018/19 (658). Compared with Q1 2018/19 (799), there has been a 16% decrease in fire visits for Q1 2019/20.
- **Hate crimes:** Compared with Q4 2018/19, for Q1 2019/20: domestic abuse, faith and transgender hate crimes have all increased. Whilst faith and transgender hate have doubled, domestic abuse has risen by 4%.

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

- Q1 2019/20 (44) has seen an increase of 5% in the **number of cases** compared with Q4 2018/19 (42) and an increase of 47% when compared to Q1 2018/19 (30).
- **Repeat cases heard** are below target of 28% for Q1 2019/20 and currently stand at 21% the same as Q4 2018/19, when compared with Q1 2018/19 (15%) there has been an increase of 6%.
- **Police referrals** (32%) are within the target range of 25%-40% for Q1 2019/20 and have remained consistently within this target range since Q1 2018/19.

Safer Hillingdon Partnership Board

Performance monitoring dashboard Q1 - 2019/20

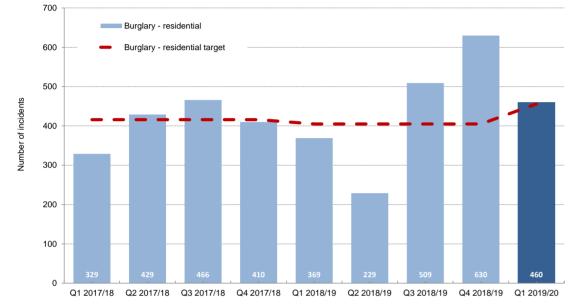


HILLINGDON

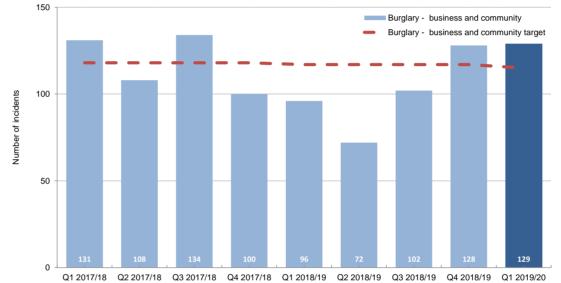
LONDON

	SHP Theme 1 - Reduce Burglary															
			Outturn/baseline			Target			2019/20 outcome		Quarterly comparison	Outcome against target				
Theme 1	Objective	Target	Key performance indicators (KPIs)	2017/18 Baseline	2018/19 outturn		2019/20 target		2019/20 YTD (Q1-Q4) total	2019/20 Q1	• •	outcome against	2019/20 Q1 outcome against 2019/20	Projected Full Year Performance	Comments	
em					Target	Outcome			target		total	2018/19 Q4		Against Target		
		years (2017/18 to 2019/20)	Residential Burglary	1636	1620	1842	1824	456	1824	460	460	-170	4	9 16	Just above quarterly target of 456 residential burglaries.	
	Reduce Burglary		Non Residential Burglary	473	468	465	460	115	460	129	129	• 1	• 14	66	Consistent with Q4 2018/19, however above the 2019/20 quarterly target of 115 non- residential burglaries.	

Recorded residential burglary in Hillingdon (Quarterly)



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



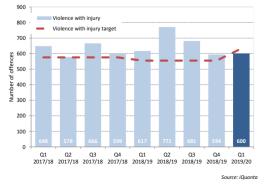
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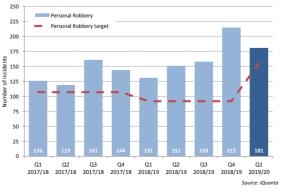
SHP Theme 2 - Reduce Violence

					Outturn			Target		2019/20 o	outcome	Quarterly comparison	Outcome a	gainst target	
	Objective	Target	Key performance indicators (KPIs)	2017/18 Baseline	2018/19 Target	outturn Outcome	2019/20 target	2019/20 Q1 target	2019/20 YTD (Q1-Q4) total target	2019/20 Q1	2019/20 Year to date (YTD) total	2019/20 Q1 outcome agains 2018/19 Q4	2019/20 Q1 t outcome against 2019/20 Q1 target	Projected Full Year Performance Against Target	Comments
			Violence with injury	2491	2220	2663	2530	633	2532	600	600	6	• -33	-132	Consistent with Q4 2018/19 and below 2019/20 quarterly target of 633.
	Reduce violence with injury	Reduce violence with injury by 5% per annum for the next three years (2017/18 to 2019/2020)	Violence without injury	3771	3488	4633	4401	1100	4400	1664	1664	• 476	564	• 2256	Higher than the Q4 2018/19 figure and above the 2019/20 quarterly target of 1100. Not on track to reduce violence in the community.
	Reduce robbery	Reduce robbery by 5% per annum for the	Personal property	523	367	655	622	156	622	181	181	• -34	25	• 102	Lower than the Q4 2018/19 figure but higher than the quarterly 2019/20 target of 156.
	neulice robbery	next three years (2017/18 to 2019/2020)	Business property	55	52	76	72	18	72	18	18	- 5	• 0	• 0	On target.
	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	140	96	118	112	28	112	29	29	• 2	1	4	Just above the quarterly target of 28.
Theme 2	Reduce motor Ne vehicle crime Ne	New Indicator (Motor Vehicle Crime)	Theft from motor vehicle	2658	твс	2658	твс	твс	TBC	636	636	-7	TBC	твс	Information gathered from MOPAC. Annual/Quarterly targets need to be reviewed by the SHP Board. Compared with Q4 2016/19, Q1 201920 has seen a decrease in thefts from a motor vehicle.
			Theft of motor vehicle	1179	TBC	1179	TBC	TBC	TBC	202	202	-86	TBC	TBC	Information gathered from MOPAC. Annual/Quarterly targets need to be reviewed by the SHP Board. Compared with Q4 2018/19, Q1 2019/20 has seen a decrease in theft of a motor vehicle/ taking of the motor vehicle.
r age Zo	Increase awareness in stop		Drug related	1952	TBC	1952	TBC	TBC	TBC	1235	1235	63	TBC	TBC	Annual/Quarterly targets need to be reviewed by the SHP Board. Although stop and searches for drugs have increased compared to
	and search		Weapon related	656	TBC	656	TBC	TBC	TBC	326	326	-1	TBC	твс	Q4 2018/19, stop and searches for other suspected offences have decreased in Q1 2019/20.
			Others	420	TBC	420	TBC	TBC	TBC	284	284	e -63	TBC	твс	
						C	hildren Young I	People							
	Reduce violence	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	74	74	70	74	18	72	19	19	2	1	4	Slightly above both the Q4 2018/19 out turn and the quarterly target for 2019/20.
	against the person and drugs offences	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	10	10	6	10	3	12	4	4	• 3	• 1	• 4	Slightly above both the Q4 2018/19 out turn and the quarterly target for 2019/20.

Recorded violence with injury in Hillingdon (Quarterly)

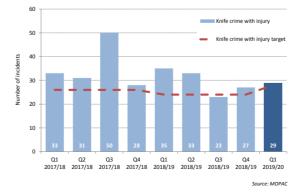


Recorded personal robbery in Hillingdon (Quarterly)



Recorded knife crime with injury in Hillingdon (Quarterly)

HILLINGDON

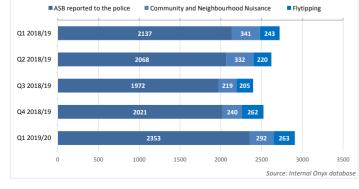


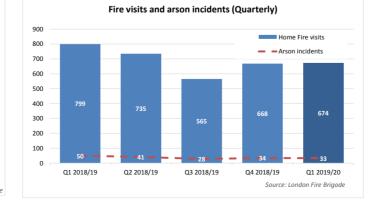
SHP Theme 3 - Reduce Anti Social Behaviour and raise confidence



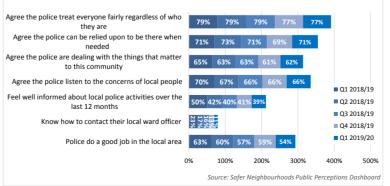
				Outto	urn		Target		2019/20 ou	utcome	Quarterly comparsion	Outcome ag	ainst target	LONGON	
	Objective	Target	Key performance indicators (KPIs)	2017/18 Baseline	2018/19 outturn	2019/20 target	2019/20 Q1 target	2019/20 YTD (Q1-Q4) total target	2019/20 Q1	2019/20 Year to date (YTD) total	2019/20 Q1 outcome against 2018/19 Q4	2019/20 Q1 outcome against 2019/20 Q1 target	Projected Full Year Performance Against Target	Comments	
		Reduce by 5% per annum for the next three years (2017/18 to 2019/2020)	ASB reported to the police	8498	8198	7788	1947	7788	2353	2353	9 332	e 406	• 1624	Not on track.	
	Reduce ASB	Reduce those reported by 5% against the 2017/18 figure	Community and Neighbourhood Nuisance	1115	1132	1075	269	1075	292	292	52	23	93	Not on track.	
		Reduce incidents of flytipping reported to Council ASBIT by 5% against the 2017/18 figure.	Flytipping	N/A	930	883	221	883	263	263	• 1	42	69 169	Not on track.	
	Fire safety	Conduct 2640 fire home visits	Home Fire visits	N/A	2767	2640	660	2640	674	674	6	• 14	56	On track.	
		Record maximum of 181 arson incidents	Arson incidents	N/A	153	1810	45	181	33	33	-1	-12	-49	On track.	
Theme 3		Increase in awareness and reporting of hate crime	Disability hate crime	15	13	TBC	TBC	TBC	1	1	- 1	твс	твс	An expanded area of hate crime data gathered from MOPAC as introduced in the Q1 report 2018/19. Performance targets to be reviewed by SHP Board for	
	Hate crime		Domestic abuse hate crime	2641	2934	твс	твс	TBC	740	740	26	ТВС	ТВС	2018/19. Police comments re Q4: Compared to the met as a whole we have had more reported crimes this rolling 12 month period for disability, faith hate and racist crimes. We have had less for	
Тћ	nate of mile		Faith hate crime	56	56	TBC	твс	твс	14	14	• 7	TBC	TBC	transgender crimes compared to the met and have stayed the same on reported anti-semitic crimes. It is very hard to analyse this data as to whether we are	
Page			Transgender hate crime	2	2	TBC	TBC	TBC	2	2	• 1	TBC	TBC	having more incidents or whether people are more aware of hate crimes and so more people are reporting these than they had before. In general there has been an increase across the borough not just for hate crime.	
924	MARAC	75% of those referred to CR MARAC have their vulnerability score reduced.	Reduce CR MARAC referral vulnerability scores	75%	60%	75%	75%	75%	Not available	Not available	Not available	Not available	Not available		
			Agree the police treat everyone fairly regardless of who they are	76%	77%	79%	20%	79%	77%	77%	• 0	57%	N/A		
			Agree the police can be relied upon to be there when needed	68%	69%	71%	18%	71%	71%	71%	2	53%	N/A		
		Increase public confidence by 2% by 31	Agree the police are dealing with the things that matter to this community	63%	61%	63%	16%	63%	62%	62%	1	• 46%	N/A	Public attitudes are consistent with	
	Public Attitude Survey (PAS)	March 2020 (recorded on a rolling 12 month basis)	Agree the police listen to the concerns of local people	69%	66%	68%	17%	68%	66%	66%	0	4 9%	N/A	previous year and have slightly improved across some questions.	
			Feel well informed about local police activities over the last 12 months	56%	41%	43%	11%	43%	39%	39%	-2	28%	N/A		
			Know how to contact their local ward officer	32%	13%	15%	4%	15%	11%	11%	-5	• 7%	N/A		
			Police do a good job in the local area	64%	59%	61%	15%	61%	54%	54%	-3	9 39%	N/A		

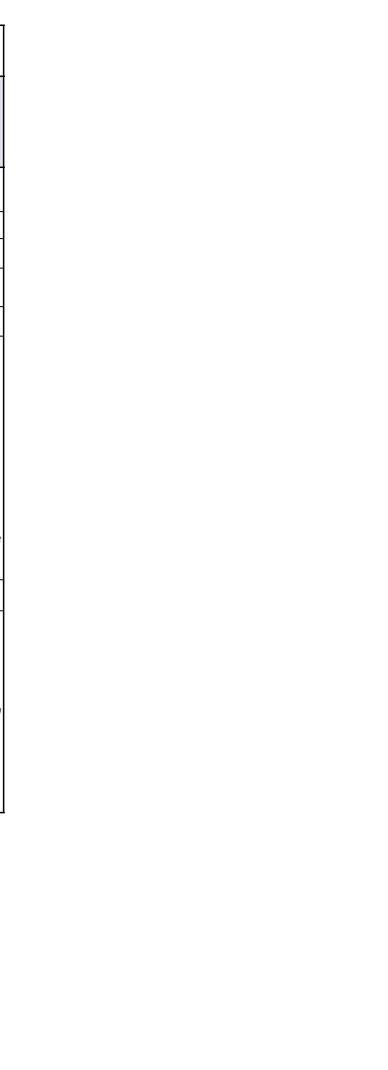






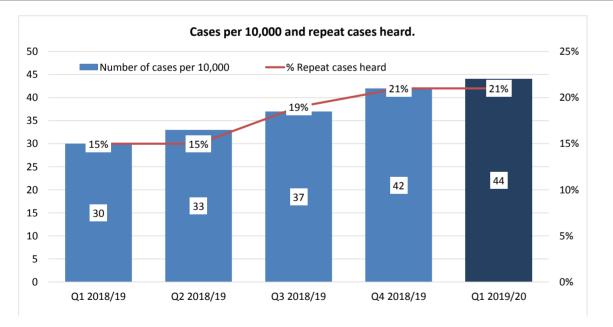
Public Attitudes Survey 2018





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

				Outturn			Target			2018/19 outcome		Quarterly comparison	 Outcome against target 		
	Objective	Target	Key performance indicators (KPIs)	2017/18 Baseline	2018/19 target	2018/19 outturn	2019/20 target	2019/20 Q1 target	2019/20 YTD (Q1-Q4) total target		2019/20 Year to date (YTD) total	2019/20 Q1 outcome against 2018/19 Q4	2019/20 Q1 outcome against 2019/20 Q1 target	Projected Full Year Performance Against Target	Comments
		Reduce repeat victims of domestic abuse by 5%	Repeat victims	1515	1190	Not available	1130	283	1130	Not available	Not available	Not available	Not available	Not available	Due to missing data in Q4 2018/19, unable to provide out turn for previous year as well as for Q1 2019/20.
Theme 4	of wa	Increase number of cases per 10,000 population from 18 to Safelives recommended rate of 40 over 3 years (by April 2020)*	Number of cases	25	40	142	40	10	40	44	44	2	• 34	N/A	Q1 has seen 44 cases per 10,000. Hillingdon has gone over the recommended Safe lives target figure of 40 by April 2020 with 1 year still to pass. Target has been exceeded and by one year.
F	estic	Increase number of repeat cases heard from 14% to the safelives recommendation of 28% over 3 years (by April 2020)	Repeat cases heard	13%	14%	70%	28-100%	28-100%	28-100%	21%	21%	0%	N/A	N/A	Below the target.
Page 2t	Tackle and prev	Identify victims of domestic abuse and making referrals	Police referrals	37%	25%-40%	39%	25% - 40%	25% - 40%	25% - 40%	32%	32%	-4%	N/A	N/A	Within target.





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Agenda Item 6

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. determines which topic/s it would like to discuss at its crime and disorder meeting on 11 February 2020;
- 2. determines when it will consider the following issues:
 - a. bowel, cervical and breast screening in the Borough; and
 - b. Mount Vernon Cancer Centre review; and
- 3. 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 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	CR5
Thursday 5 September 2019, 6pm	CR5
Wednesday 9 October 2019, 6pm	CR5
Thursday 7 November 2019, 6pm	CR5
Tuesday 14 January 2020, 6pm	CR5
Tuesday 11 February 2020, 6pm	CR5
Thursday 26 March 2020, 6pm	CR5
Wednesday 29 April 2020, 6pm	CR6
Thursday 30 April 2020, 6pm	CR6

2. 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.

- 3. 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, consideration will need to be given to the topic/s that Members would like to discuss at their next crime related meeting on 11 February 2020.
- 4. At its meeting on 12 June 2019, Members agreed that consideration would need to be given to scheduling additional meetings to consider the following issues:
 - i) bowel, cervical and breast screening in the Borough; and
 - ii) Mount Vernon Cancer Centre review.

Live Broadcasting of Meetings

5. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future policy overview and select committee meetings would be broadcast live on YouTube. As such, this and all subsequent External Services Select Committee meetings will be broadcast live. Where possible, these meetings have been moved into Committee Room 5 to facilitate better views of the meetings.

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	
12 June 2019 <i>Report Deadline:</i> <i>3pm Friday 31 May 2019</i>	 Update on the implementation of recommendations from previous scrutiny reviews: Community Sentencing Update on Cancer Screening and Diagnostics Update on Potential Changes at Moorfields City Road Site Update on the Implementation of Congenital Heart Disease Standards (NHS England) 	
9 July 2019 <i>Report Deadline:</i> <i>3pm Thursday 30 June</i> 2019	 Health Performance updates and updates on significant issues: The Hillingdon Hospitals NHS Foundation Trust Royal Brompton & Harefield NHS Foundation Trust Central & North West London NHS Foundation Trust The London Ambulance Service NHS Trust Public Health Hillingdon Clinical Commissioning Group Healthwatch Hillingdon Hospice Provision in the North of the Borough – Update Update on the implementation of recommendations from previous scrutiny reviews: Hospital Discharges (SSH&PH POC) 	
5 September 2019 <i>Report Deadline:</i> <i>3pm Friday 23 August 2019</i>	 Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: 1. Metropolitan Police Service (MPS) – specifically knife crime and safer neighbourhoods, drugs and a police perspective on Serenity Integrated Monitoring. 	
9 October 2019 <i>Report Deadline:</i> <i>3pm Friday 27 September</i> 2019	Dental Health Services – Single Meeting Review GP Pressures Select Panel Consideration of draft final report.	

Meeting Date	Agenda Item	
7 November 2019 <i>Report Deadline:</i> <i>3pm Monday 28 October</i> 2019	 Health Performance updates and updates on significant issues: The Hillingdon Hospitals NHS Foundation Trust Royal Brompton & Harefield NHS Foundation Trust Central & North West London NHS Foundation Trust The London Ambulance Service NHS Trust Public Health Hillingdon Clinical Commissioning Group Healthwatch Hillingdon 	
December 2019 - TBA <i>Report Deadline: TBA</i>	Challenges Faced by The Hillingdon Hospitals NHS Foundation Trust To be preceded by a site visit to Hillingdon Hospital in the week before this meeting takes place.	
14 January 2020 <i>Report Deadline:</i> <i>3pm Thursday 2 January</i> 2020	Post Office Services – Single Meeting Review	
11 February 2020 <i>Report Deadline:</i> <i>3pm Thursday 30 January</i> 2020	 Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: London Borough of Hillingdon Metropolitan Police Service (MPS) Safer Neighbourhoods Team (SNT) London Fire Brigade London Probation Area British Transport Police Hillingdon Clinical Commissioning Group (HCCG) Public Health 	
26 March 2020 <i>Report Deadline:</i> <i>3pm Monday 16 March</i> <i>2020</i>		
29 April 2020 Report Deadline : 3pm Friday 17 April 2020	 Health (1) Quality Account reports, performance updates and updates on significant issues: The Hillingdon Hospitals NHS Foundation Trust Central & North West London NHS Foundation Trust Public Health Hillingdon Clinical Commissioning Group Healthwatch Hillingdon 	

Meeting Date	Agenda Item	
30 April 2020 <i>Report Deadline:</i> <i>3pm Monday 20 April 2020</i>	 Health (2) Quality Account reports, performance updates and updates on significant issues: Royal Brompton & Harefield NHS Foundation Trust The London Ambulance Service NHS Trust Public Health Hillingdon Clinical Commissioning Group Healthwatch Hillingdon 	
June 2020		
Report Deadline: TBA		
July 2020 <i>Report Deadline: TBA</i>	 Health Performance updates and updates on significant issues: The Hillingdon Hospitals NHS Foundation Trust Royal Brompton & Harefield NHS Foundation Trust Central & North West London NHS Foundation Trust Central & North West London NHS Foundation Trust The London Ambulance Service NHS Trust Public Health Hillingdon Clinical Commissioning Group Healthwatch Hillingdon Local Medical Committee 	
September 2020	Crime & Disorder	
Report Deadline : TBA	 To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. Public Health 	
October 2020		
Report Deadline: TBA		
November 2020	Health	
Report Deadline : TBA	 Performance updates and updates on significant issues: 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 	
January 2021		
Report Deadline: TBA		

Meeting Date	Agenda Item		
February 2021 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: 5. London Borough of Hillingdon 6. Metropolitan Police Service (MPS) 7. Safer Neighbourhoods Team (SNT) 8. Public Health		
February 2021 <i>Report Deadline: TBA</i>	 Hospice Provision in the North of the Borough 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 		
March 2021 <i>Report Deadline: TBA</i>			
April 2021 <i>Report Deadline: TBA</i>	 Health (1) Quality Account reports, performance updates and updates on significant issues: 6. The Hillingdon Hospitals NHS Foundation Trust 7. Central & North West London NHS Foundation Trust 8. Public Health 9. Hillingdon Clinical Commissioning Group 10. Healthwatch Hillingdon 		
April 2021 <i>Report Deadline: TBA</i>	 Health (2) Quality Account reports, performance updates and updates on significant issues: 6. Royal Brompton & Harefield NHS Foundation Trust 7. The London Ambulance Service NHS Trust 8. Public Health 9. Hillingdon Clinical Commissioning Group 10. Healthwatch Hillingdon 		
 Possible future single meeting or major review topics and update reports Telecommunications - plans in place by BT regarding advancements made in 			
 mobile technology Mental health discharge 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 			

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: 1 st Meeting - 6 December 2018	Introductory Report / Witness Session 1	Evidence and enquiry
Panel: 2 nd Meeting - 23 January 2019	Witness Session 2	Evidence and enquiry
Panel: 3 rd Meeting - 27 February 2019	Witness Session 3	Evidence and enquiry
Panel: 4 th Meeting - 24 April 2019	Witness Session 4	Evidence and enquiry
Panel: 5 th Meeting - 29 May 2019	Witness Session 5	Evidence and enquiry
Panel: 6 th Meeting - 25 June 2019 CANCELLED	Witness Session 6	Evidence and enquiry
Panel: 6 th Meeting - 24 July 2019	Consider Draft Recommendations	Agree recommendations
Panel: 7 th Meeting - 11 September 2019	Consider Draft Final Report	Agree final draft report
ESSC: 9 October 2019	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 24 October 2019	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.

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