



HILLINGDON
LONDON



External Services Select Committee

Date: TUESDAY, 8 SEPTEMBER
2020

Time: 6.30 PM

Venue: VIRTUAL - LIVE ON THE
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**Meeting
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Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Nick Denys (Vice-Chairman)
Councillor Simon Arnold
Councillor Vanessa Hurhangee
Councillor Stuart Mathers (Opposition Lead)
Councillor Ali Milani
Councillor June Nelson
Councillor Devi Radia

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Putting our residents first

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

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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 meeting on 11 February 2020 1 - 10

5 Minutes of the meeting on 14 May 2020 11 - 12

6 Redevelopment of Hillingdon Hospital 13 - 24

7 Safer Hillingdon Partnership Performance Monitoring 25 - 30

8 Work Programme 31 - 40

PART II - PRIVATE, MEMBERS ONLY

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

9 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

11 February 2020

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Lynne Allen (In place of Kuldeep Lakhmana), Simon Arnold, Stuart Mathers (In place of June Nelson) and Devi Radia</p> <p>Also Present: Chief Superintendent Peter Gardner, Chief Superintendent, West Area BCU - Metropolitan Police Service Dan Kennedy, Director, Housing, Environment, Education, Performance, Health & Wellbeing Musa McArthur, Hillingdon Youth Council / Member of Youth Parliament, Hillingdon Youth Council / Youth Parliament Lakhbir Randhawa, Lead Programme Delivery Worker, Hillingdon Youth Council Jacqui Robertson, Service Manager for Community Safety</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
41.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Vanessa Hurhangee, Kuldeep Lakhmana (Councillor Lynne Allen was present as her substitute), Ali Milani and June Nelson (Councillor Stuart Mathers was present as her substitute).</p>
42.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Lynne Allen declared a non-pecuniary interest in Agenda Item 5 - SHP Performance Monitoring, as she was a Member of the Independent Advisory Group, and remained in the room during the consideration thereof.</p>
43.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
44.	<p>MINUTES OF THE PREVIOUS MEETING - 14 JANUARY 2020 (<i>Agenda Item 4</i>)</p> <p>Members were disappointed that technical difficulties had meant that the previous meeting had not been broadcast on YouTube. It was agreed that the minutes did reflect the Department of Work and Pensions' (DWP) proposal to withdraw payment card accounts and the impact that this might have on residents as well as the small businesses running post offices.</p>

It was suggested that the Committee should ask the relevant Cabinet Member to write to the DWP to relay concerns about the withdrawal of payment card accounts. As representatives from Post Office Limited had advised that these concerns would be passed on to the Government, and as the Council had no control over this issue, it was agreed that no further action be taken by the Committee in relation to the matter. It was suggested that, if individual Members felt strongly about the issue, they write to the DWP independently.

RESOLVED: That the minutes of the meeting held on 14 January 2020 be agreed as a correct record.

45. **SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING** (*Agenda Item 5*)

The Chairman welcomed those present to the meeting. Mr Musa McArthur, Hillingdon Youth Councillor and Member of the Youth Parliament, advised that the Youth Council had undertaken a knife crime survey of young people in Hillingdon. The survey had aimed to identify young people's concerns as well as solicit suggestions to resolve these. 68 young people had responded to the survey which was a good sample but it was recognised that it was not necessarily representative of all young people in Hillingdon. It was hoped that the survey could be more widely publicised in schools and then undertaken on an annual basis. Mr McArthur asked if it would be possible for the Council to help in terms of encouraging schools to work collaboratively with the Youth Council so that the voices of more young people could be represented. He also welcomed feedback from those present to improve the questions included in the survey.

Members praised Mr McArthur and the Youth Council for the work that they had undertaken regarding the knife crime survey. Although the result might not be entirely representative, it was recognised that the responses provided partners with an insight into young people's concerns. Mr Dan Kennedy, the Council's Director of Housing, Environment, Education Performance and Health and Wellbeing, advised that he had contact with the head teachers and governing bodies within Hillingdon so would be able to help Mr McArthur to build relationships with the schools to then increase young people's engagement with Hillingdon Youth Council. It was suggested that consideration also be given to the involvement of representatives from the Youth Council in training events for school governors on giving young people a voice.

Concern was expressed that knife crime was becoming 'normal' for young people. This was reflected in the survey response from one young person who, in response to a question about what further education or training they would like around knife crime, they said that they would like first aid training. This reflected a shift from preventative to reactive measures and a sense of inevitability. It was thought that further action needed to be taken to empower young people.

It was suggested that there was a lack of education for young people about knives. Although Mr McArthur and his peers at school had once received a 5-10 minute presentation about knife crime during an assembly, it had not been engaging and therefore would not have been particularly effective. He suggested that consideration be given to using one of the weekly one hour personal development lessons to talk to students about knife crime and the implications.

The West Area Basic Command Unit's (BCU's) Chief Superintendent (CS) Peter Gardner thanked the Youth Council for its survey. He noted that the Metropolitan Police Service (MPS) sometimes found it difficult to reach young people. However, a

dedicated named police officer had been identified to deliver knife crime education at each secondary school in the Borough. As such, it was concerning that Mr McArthur's school had not received this. CS Gardner would look into this matter.

Going forward, CS Gardner advised that educating primary school children in Year 6 and Year 7 would be a priority. It was hoped that intervention at this early stage would prevent young people from carrying knives when they moved on to secondary school.

Mr Kennedy advised that a range of activities and measures had been provided in schools to address issues such as knife crime, including knife arches. However, it was recognised that there was no simple solution and more work needed to be undertaken to educate young people about the risks of drug related activity and of carrying knives (even when this was supposedly to defend themselves).

The knife crime survey results showed that 60% of respondents would welcome an increase in stop and search. However, Mr McArthur cautioned that the sample was not necessarily representative of all young people in Hillingdon.

There had been just under 700 stop and searches undertaken in Hillingdon in January 2020. Of these, approximately 26% had resulted in positive outcomes, with 60-70% of these positive outcomes being in relation to drugs. It was suggested that stop and search was an effective tool if undertaken sensitively, respectfully and professionally and that there appeared to be an increase in the support of its use. However, action needed to be undertaken to improve the relationship between communities and the police and that the provision of diversionary opportunities for young people would be preferable to an increase in stop and search.

The updated SHP Performance Scorecard Summary circulated at the meeting included three targets in relation to stop and search: Increase drugs stop searches; Increase weapons stop and searches; and Increase stop and searches for Other category. Members queried why the commentary included on the handout stated that there had been significant decreases of 33.5%, 18.4% and 48.9% respectively between the last two quarters measured when effort was supposed to have been made to increase the numbers. CS Gardner advised that this might have been impacted when a number of officers were taken off the Borough during the Extinction Rebellion protests in April and October 2019. It was noted that further investigations would need to be undertaken to determine whether the stop and search information included in the SHP Performance Scorecard Summary was accurate.

Concern was expressed that the loss of youth centres had contributed to an increase in young people carrying knives. It was suggested that consideration be given to the provision of alternative positive diversionary activities to engage those young people that were more susceptible to knife crime. Members also suggested that the Youth Council look into what services young people in the Borough actually wanted and what they would engage with. This could be incorporated into the Youth Council survey.

Mr McArthur advised that he had started a youth entrepreneurial scheme for young people to channel their energy into productive opportunities. It was hoped that the scheme would help young people into business and off the streets, thus resulting in more positive outcomes for them.

CS Gardner stated that it was unfair to suggest that the MPS did not engage with young people. Although there were fewer police officers than there had been previously, engagement was still undertaken through activities such as the Police Cadets, as well as boxing and football clubs.

CS Gardner advised that the MPS had made significant investment in its online reporting portal. Reports made via the portal were redirected as appropriate. In addition, if young people wanted to report something anonymously, they could do this through Crimestoppers. Crimestoppers telephone operators had been trained to deal with young people as well as with people in crisis and the contact telephone number was widely publicised.

Mr Lakhbir Randhawa, Lead Programme Delivery Officer for Hillingdon Youth Council, advised that, in addition to the knife crime survey, 2,588 young people aged 11-18 from seven schools in Hillingdon had taken part in the national Make Your Mark survey. This survey had identified knife crime as being the biggest issue of concern to young people in Hillingdon.

It was suggested that there were a number of influences regarding crime which included home and society. Irrespective of investment in education, the development of youth centres and the availability of opportunities for young people, there would still always be crime. Negative influences originating from home and society would be much harder to address.

Members agreed that knife crime was an issue of great concern that was not going to be resolved in the immediate future. As such, once the current Select Panel had completed its review of children's dental services, it would be asked to undertake a review of knife crime in the Borough. Mr Randhawa recognised that there were a lot of pockets of work being undertaken across Hillingdon to address the issue of knife crime but suggested that these had not been joined up.

Ms Jacqui Robertson, the Council's Community Safety Manager, circulated a revised report which updated Members on the Safer Hillingdon Partnership's performance against its targets for 2019/2020. It was noted that:

1. TARGET: Reduce residential burglary by 1% per annum for the next three years (2017/18 to 2019/20) – residential burglaries had increased by 6.7% between Q1 (460) and Q2 (491) in 2019/20. This also showed an increase on the starting figures in 2017/18 of 329 for Q1 and 429 for Q2. Concern was expressed that, although progress had been made during the first half of 2018/2019 (Q1 had been 369 and Q2 had been 229), the figures for the first half of the final year of the period being measured were worse than the starting figures in 2017/18.
2. TARGET: Reduce non-residential burglary by 1% per annum for the next three years (2017/18 to 2019/20) – although non-residential burglary had reduced from 129 in Q1 to 119 in Q2, the projection for the year was 496 against the target of 460.
3. TARGET: Reduce violence with injury by 5% per annum for the next three years (2017/18 to 2019/20) – violence with injury had increased by 11.17% between Q1 (600) and Q2 (667) and the projected annual outturn (2,534) was expected to slightly exceed the full year target (2,530).
4. TARGET: Reduce violence without injury by 5% per annum for the next three years (2017/18 to 2019/20) – although violence without injury had reduced from 1,664 in Q1 to 1,219 in Q2, the projected outturn (5,766) for the year was significantly higher than the target (4,401).
5. TARGET: Reduce personal robbery by 5% per annum for the next three years (2017/18 to 2019/20) – personal property robbery had decreased between Q1 (181) and Q2 (151) but was still projected (664) to exceed the target for the year (622).
6. TARGET: Reduce business property robbery by 5% per annum for the next

- three years (2017/18 to 2019/20) – business property robbery had increased and was projected to reach 102 for the year against a target of 72.
7. TARGET: To maintain current level of recorded violence against the person recorded against young people receiving a criminal justice disposal - this had increased between Q1 (19) and Q2 (23) and was projected to exceed its target (74) by 10.
 8. TARGET: Reduce ASB reported to the police by 5% per annum for the next three years (2017/18 to 2019/20) – there had been 2,353 ASB reports in Q1 and 2,617 in Q2. The projected outturn for the year (9,940) was set to exceed the target (7,788) by 27.6%.
 9. TARGET: Reduce community and neighbourhood nuisance reports by 5% against the 2017/18 figure – there had been 292 incidents in Q1 and 352 in Q2. The projected outturn for the year (1,288) was expected to exceed the target by 19.8% (1,075).
 10. TARGET: Reduce incidents of fly tipping reported to Council ASBIT by 5% against the 2017/18 figure – there had been an increase in fly tipping between Q1 (263) and Q2 (325) and the projection for the whole year against the target (883) was 1,176; 33% above the target. The outturn in 2018/19 had been 930.
 11. TARGET: Increase number of repeat cases heard from 14% to the safe lives recommendation of 28% over 3 years by April 2020 – there had been a 1% increase in the number of cases identified between Q1 (21%) and Q2 (22%) but the projected outturn for the year was 22%.

It was noted that eleven of the nineteen RAG rated targets were classified as 'red'. Mr Kennedy advised that target setting would take on board three year trends and set future targets ambitiously. The 'red' ratings were challenges and it was hoped that the performance against these targets was as a result in spike in crime rather than changing trends.

CS Gardner assured those present that BCUs were here to stay and that no one borough was favoured over another in the West Area BCU. The move to BCUs was not just about reducing expenditure; it was anticipated that the changes would address the shortage of specialist officers. CS Gardner advised that it was difficult to say whether the changes were for the better or worse but he was clear that things would have been worse if changes had not been made. The BCU provided a lot more flexibility to move officers around to deal with big issues and capacity was now greater. In addition, response officers were often only reporting officers so front line staff were now investigating low level crimes themselves.

Concern was expressed by Members that, since the introduction of the Basic Command Unit in June 2018, Hillingdon had been left behind. The issue of most concern was in relation to the increasing numbers of burglaries across the Borough. Hillingdon's previous performance had been very good and concern was highlighted when more than 300 residents had attended a recent event in relation to burglary prevention.

Burglaries in Hillingdon had increased considerably over the last twelve months (26%). To address this, a Burglary and Robbery squad had been set up and was already convicting double the number of offenders than had previously been achieved. As a result, burglaries in the last three months were lower than during the same period in the previous year. Proactive teams had been set up in Southall and South Acton and proactive work had been undertaken in Uxbridge South, Botwell and Heathrow Villages.

CS Gardner advised Members that specialist teams were being located where they

were needed: primary response was based in Uxbridge and a forensic team was based in Ruislip. A team was based in Acton to undertake secondary investigations but the Committee was reassured that this did not inhibit the police response. Mr Kennedy advised that crime statistics for Ealing and Hounslow were available for comparison and that, generally, levels of crime in Hillingdon were lower. Whilst there had been a greater increase in burglaries in Hillingdon, the other two boroughs had had higher instances of other crimes.

With regard to staffing levels, CS Gardner advised that there were currently 4% vacancies: 44 in the Safer Neighbourhoods Teams (SNT) and 30 in response. Currently, 30-40% of officers on response teams were probationers. Members were assured that getting the SNTs back up to capacity was a priority and that recruitment was currently underway and expected to be completed within the next couple of months.

Insofar as retention was concerned, CS Gardner advised that West Area BCU tended to lose its officers to other areas of the MPS. It was noted that some officers had also moved to the armed uplift at Heathrow airport.

Although the West Area BCU had the second highest number of officers in the MPS (1,700), an additional 70 police officers were expected, plus an uplift, by the end of the year – a total of 275 police officers would be coming in so there would be more officers on the ground to help with the probationers. When asked, CS Gardner advised that he did not yet know how many of these officers would be placed in Hillingdon. Members asked that he provide this information once it was known.

A stabbing had taken place in Eastcote on 21 January 2020 where the victim had been followed to the restaurant that he'd entered to get help. Residents were scared that perpetrators were not scared of the consequences of committing such crimes and were openly carrying knives in public. CS Gardner assured Members that violence was a key priority for the MPS and the Government and that work around drug related violence was critical. Individuals should not be permitted to feel confident about waving a knife around in public. To this end, the uplift in the number of officers for the West Area BCU would be used for violence suppression – ten would be used for fugitives and the rest would provide a high visibility presence. Officers from the Territorial Support Group (TSG) would also be working in the west Area during March 2020.

Priorities for the West Area were offenders and hotspots. CS Gardner noted that all response officers had been issued with tablets. This would enable them to work remotely but also enable them to position themselves in the middle of hotspots which would act as a deterrent. A review of the effectiveness of remote working was currently underway.

Most officers started their shift from a police station. Whilst there had previously been some issues with the technology available to police officers working remotely, this had been addressed in the next generation of technology that had been rolled out and which was now fit for purpose. SNT officers were now also equipped with sufficient technology to be able to do their jobs. However, CS Gardner did note that the West Area did not have enough vehicles which meant that officers would often have to use bicycles or use public transport.

The Committee was advised that there were thirty individuals in the West Area that were prolific offenders. When they were released from prison, police officers visited them and enforced the conditions of their release. A plan of action had been developed for each of these individuals.

Members queried whether taking witness/victim statements over the telephone was as useful as face-to-face contact as police officers would get the added benefit of being able to read body language. CS Gardner noted that police officers took statements on the ground when they were present at the scene of a crime. However, if a crime was reported online, the police did not attend the scene or the crime was unlikely to be solved, face-to-face meetings were not considered necessary. It was thought important to complete victim impact statements and take witness statements face-to-face where possible.

Concern was expressed that there might have been an increase in crime in the vicinity of Uxbridge police station since the closure of the front desk. CS Gardner advised that, although he was unaware of any increase in crime in that area, he would investigate this further.

It was noted that the MPS estates programme was being revisited. Following the uplift in the number of officers, more building space would be needed from which these additional officers would be able to work. Members noted that it had previously been suggested that officers would be welcome to work from libraries and other Council buildings around Hillingdon. CS Gardner advised that SNT officers should be offering drop in sessions which could be based in Council buildings.

Whilst Members were aware of the drop in surgeries taking place across Hillingdon, there were challenges with regard to some Safer Neighbourhood Board meetings (SNB). Some of these had been set for the same time/day as full Council meetings (despite these dates being flagged as unavailable in advance) which meant that Councillors would not be available for the SNB meeting.

In the past, Ward Councillors had been advised of any serious incidents in their wards. This had ceased to happen and Members queried whether there were any plans to reinstate this practice so that they could help to reduce mis-information.

Members were advised that Inspector Rob Bryant would be retiring in February 2020. The Chairman asked that the Committee's thanks be passed on to Inspector Bryant for the effective work that he had undertaken during his time in Hillingdon. Inspector Bryant had met regularly with Council officers to develop an action plan to deal with anti-social behaviour in the Borough. The police and the Council also worked closely through the SHP Board and a number of joint initiatives had been developed to help achieve the SHP targets (some of these had been proactive, some had been reactive).

Members queried what the conversion rates were in Hillingdon from reporting a crime to detection. Sanctioned detection rates for burglary and robbery (where perpetrators had been identified and gone through the judicial process) had been lower than CS Gardner would have liked: 9% on burglary – it had previously been 15%. For residential burglaries, this had increased from 3.6% to 6.3% and for robberies, this had increased from 1.3% to 9%. It was thought that these increases had been as a result of the new Burglary and Robbery Squad.

It was noted that better local intelligence was always needed and that it helped to improve results. CS Gardner advised that the MPS now had dedicated intelligence analysts.

RESOLVED: That:

- 1. officers investigate whether the information included in the SHP Performance Scorecard Summary in relation to the three stop and search**

targets was accurate;

2. **CS Gardner update Members regarding how many of the additional officers would be placed in Hillingdon, once this information was known;**
3. **CS Gardner identify where or not there had been an in crime in the area around Uxbridge police station since the closure of the front desk;**
4. **CS Gardner establish whether or not the practice of advising Ward Councillors of any serious incidents in their wards could be reinstated; and**
5. **the discussion be noted.**

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

Consideration was given to the Committee's Work Programme. The Chairman advised that he had attended a meeting at Mount Vernon Hospital on Tuesday 4 February 2020 to discuss the review of Mount Vernon Cancer Centre (MVCC). Representatives from a range of organisations had been in attendance including Hillingdon Clinical Commissioning Group (HCCG), Healthwatch Hillingdon, East and North Hertfordshire NHS Trust (ENH), The Hillingdon Hospitals NHS Foundation Trust (THH), University College London Hospitals NHS Foundation Trust (UCLH) and NHS England (NHSE) & NHS Improvement (NHSI). Members were advised that, subject to due diligence, UCLH had been appointed as the specialist cancer service provider to take over the cancer services at MVCC from 1 April 2021 (at the earliest). In the meantime, UCLH would provide management support to ENH from 1 April 2020 until the service was handed over.

Patients attended MVCC from a large geographical area. As such, consideration would need to be given by the various councils to establishing a Joint Health Overview and Scrutiny Committee (JHOSC). It was agreed that NHSE/NHSI would be invited to the Committee's next meeting on 26 March 2020 to provide Members with an update on the next steps in the review.

It was noted that the Quality Account reports from four Trusts (THH, London Ambulance Service NHS Trust, Central and North West London NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust) would be considered at the meetings on 29 and 30 April 2020 (two at each meeting). Other health partners such as Healthwatch Hillingdon and HCCG would be invited to attend both meetings. Members asked that the Trusts be asked to base their presentations on the assumption that the report had been read in advance of the meeting. It was hoped that, where possible, the Quality Account reports would be circulated to Members in advance of the meetings.

It was agreed that representatives from THH be invited to attend the Committee's meeting on 26 March 2020 to update Members on its recovery planning following the Trust's last CQC inspection and report.

RESOLVED: That:

1. **representatives from NHSE/NHSI be invited to attend the meeting on 26 March 2020 to update the Committee on the MVCC review;**
2. **representatives from THH be invited to attend the Committee's meeting on 26 March 2020 to update Members on the progress of the Trust's recovery planning following its last CQC report; and**
3. **the Work Programme be noted.**

The meeting, which commenced at 6.34 pm, closed at 8.35 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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Minutes

EXTERNAL SERVICES SELECT COMMITTEE

14 May 2020

**VIRTUAL MEETING - Live on the Council's
YouTube channel: Hillingdon London**



HILLINGDON
LONDON

	Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Vanessa Hurhangee, Ali Milani, June Nelson, Devi Radia and Stuart Mathers
1.	ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>) RESOLVED: That Councillor Riley be elected as Chairman of the External Services Select Committee for the 2020/21 municipal year.
2.	ELECTION OF VICE CHAIRMAN (<i>Agenda Item 2</i>) RESOLVED: That Councillor Denys be elected as Vice-Chairman of the External Services Select Committee for the 2020/21 municipal year.
	The meeting, which commenced at 7.53 pm, closed at 8.03 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 - REDEVELOPMENT OF HILLINGDON HOSPITAL

Committee name	External Services Select Committee
Report Author	Rachel Benton, The Hillingdon Hospitals NHS Foundation Trust
Papers with report	Appendix A – THH Report
Ward	n/a

HEADLINES

To enable the Committee to provide feedback on the proposed redevelopment plans and approach to public involvement.

RECOMMENDATIONS

The Hillingdon Hospitals NHS Foundation Trust ask that the External Services Select Committee:

1. notes the progress to date on the development of proposed plans for the redevelopment of Hillingdon Hospital, and provides feedback on the proposed redevelopment plans and the approach to involving the public in the development of these; and
2. provides feedback on how the Committee would like to be involved in the development of plans and kept informed of progress.

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Hillingdon Hospitals NHS Foundation Trust

Report to the Hillingdon External Services Select Committee (HESSC) on plans for the redevelopment of Hillingdon Hospital

1. Why change is needed

The current Hillingdon Hospital is housed in old buildings with parts of the estate built in the 1930s as emergency wartime accommodation. Some of the older wards have become unsafe and have been closed to protect patients and staff.

81% of the hospital building will require major repair or replacement soon. Works have been undertaken and more are planned to enable the continued provision of services safely in the short term. If all the necessary repairs required were undertaken it would cost over £211m (the second most expensive maintenance bill for a hospital trust in England) and in many cases, would not provide a long term solution.

The layout of the current site can make it hard for patients to get around and the condition of buildings can make the experience of being in hospital more difficult. The Trust's most recent Care Quality Commission report (2018) highlighted issues of patient safety, dignity and patient experience which have directly resulted from the outdated estate.

The site layout and state of disrepair also makes it difficult for staff to do their jobs as efficiently and effectively as they would like.

These issues contribute to the Trust's financial deficit and hinder its mission to provide high quality, safe and compassionate care to improve the health and wellbeing of the people served by the hospital.

Given the above, there is an urgent need for significant investment to redevelop Hillingdon Hospital. Without this, the estate will continue to deteriorate until the delivery of modern healthcare on the site is no longer possible.

Investment objectives have been developed for the programme and can be found at **Appendix 1**.

2. NHS process required for new hospital developments

In September 2019, Hillingdon Hospital was announced as one of twenty-one hospitals to receive a share of £100m government seed funding to develop a business case for infrastructure investment.

Since then, good progress has been made on plans for the redevelopment of Hillingdon Hospital, in line with capital investment guidance for the NHS. To access the necessary funding to redevelop the hospital, the process set out by HM Treasury and the NHS's main regulator NHS England/Improvement must be followed to show that all options have been considered and the best option selected. The three stages are:

- Stage 1: Strategic Outline Case - sets out why a change is needed, reviews the options and sets out the preferred way forward.

- Stage 2: Outline Business Case – demonstrates that the chosen option is affordable and provides value for money. Planning permission from the local authority is required at this stage.
- Stage 3: Full Business Case - the final stage which provides detail on procurement and delivery. At the conclusion of this, contracts can be signed and the project transitions into delivery.

To inform the Strategic Outline Case, a Gateway Review was undertaken by NHSE/I in summer 2019 to assess the state of readiness. This identified that the most urgent step was to develop a vision and strategy for the clinical content for the new facility which would then allow the Trust to prepare a Strategic Outline Case covering all feasible options.

The Trust refreshed its clinical services strategy during autumn/winter 2019/20 and it was approved by the Trust Board in April 2020. The process was led by clinical staff and involved local stakeholders and patients. The strategy was developed in the context of the NHS Long Term Plan (2019), North West London Integrated Care Partnership and Hillingdon Health and Care Partnership plans. It involves continued provision of the current range of services at Hillingdon Hospital with greater integration of local health and care services through close working with partners in primary care, community care and social services as well as with other acute trusts. Demand and capacity modelling was undertaken to assess future requirements at the hospital and was then used to inform the clinical content and the development of options for the Strategic Outline Case.

On 28 July 2020, the Trust Board approved the submission of the draft Strategic Outline Case to NHS England/Improvement for the redevelopment of Hillingdon Hospital, with a full rebuild on the Hillingdon Hospital site identified as the preferred way forward. The draft Strategic Outline Case has now been submitted to NHS England/Improvement for review and more detailed planning will start to develop the Outline Business Case.

By working together as a local health and care system, over the last year the redevelopment of Hillingdon Hospital has become one of the forerunner schemes in the NHS Health Infrastructure Plan with the expectation that this will be one of the first hospitals to be completed. All local partners are committed to maintaining this position and to progressing at pace to ensure that the opportunity to make a real difference to the provision of healthcare to local people is realised.

3. The appraisal of options

During the initial stages of developing the Strategic Outline Case, the potential different options to address the issues with the estate were considered and the following **long list** was identified:

- a) A part refurbishment and part rebuild of the current hospital
- b) A full redevelopment of Hillingdon Hospital on the current site (new build)
- c) A full redevelopment of Hillingdon Hospital on the Brunel University London (BUL) site (new build)
- d) A full redevelopment of Hillingdon Hospital on the Mount Vernon Hospital (MVH) site (new build), with the current MVH remaining as-is
- e) No Hillingdon Hospital

These options were evaluated to understand which ones would be the most feasible to take forward to a shortlist.

Option d) involving a new build on the MVH site was not taken forward to the shortlist as there is not enough space on the site to fit all of the services that would need to be provided and given its location in the north side of the borough, many patients in the existing catchment area would be at a disadvantage.

Option e) involving the closure of Hillingdon Hospital was not taken forward to the shortlist as it would cause significant disruption to the local healthcare system and is not consistent with the strategy of the wider North West London Integrated Care System.

The **shortlist** of options then evaluated was therefore:

- a) A part refurbishment and part rebuild of the current hospital
- b) A full redevelopment of Hillingdon Hospital on the current site (new build)
- c) A full redevelopment on the BUL site (new build)

A Business As Usual (no change) option was also considered as this is required as part of the business case process as a comparator.

An evaluation of these options was undertaken against agreed qualitative and financial criteria to identify a preferred way forward. The qualitative assessment was undertaken by a panel including hospital clinicians and key local stakeholders such as Healthwatch Hillingdon, Hillingdon CCG, NW London Integrated Care System, Hillingdon Local Authority, Brunel University London and Central and NW London Community Healthcare Trust. Feedback from the Trust's Council of Governors, as well as patient panels fed into the evidence that was used to inform the qualitative assessment of options.

The Business as Usual option was considered unviable as it would ultimately lead to the closure of the hospital.

Option a) involving part refurbishment and part rebuild of the current hospital, has higher capital costs (at £1.2b), fewer benefits and would take longer to deliver (13 years) than the full redevelopment (new build) options.

Option b) involving a new build on the current Hillingdon Hospital site was considered favourable to option c) involving a new build on the BUL site as:

- It has a shorter time to delivery – 5 years compared with 8 years for the BUL site option, therefore benefits can be realised sooner
- It has much lower risks to delivery. A new build on the BUL site presents a significant delivery risk due to the need to seek planning permission on greenbelt land when there is a viable brownfield site alternative. In addition, mitigations to flood risks on the BUL site would require development as part of the design. Finally, the Trust does not own the land on the BUL site and there is no agreed way forward on the land transaction
- It has lower capital costs - £805m compared with £888m for the BUL site option

A new build on the Hillingdon Hospital site was therefore identified as the preferred way forward as it performed best of both the financial and qualitative appraisal.

4. The preferred way forward

The preferred way forward involves a re-build of Hillingdon Hospital with c.569 beds, measuring 68,200 m² on the current site. This is an increase from the current c.510 beds, which will give the hospital the capacity required (in conjunction with development of integrated community and primary care services) to meet forecast population growth and deliver the clinical services strategy that was developed in the context of national and local strategies. Subject to the final actual size and design of the hospital, up to 47,000m² of land could be freed up for alternative uses including key worker accommodation and other health and social care services. The Trust will engage with partners in primary, community and social care during the Outline Business Case stage to review the use of this land.

The scheme has a provisional capital cost of £805m and an expected completion date of September 2025.

The specifics above reflect the position based on work undertaken to date and may be subject to alteration as more detailed planning is progressed. It should also be noted that activity at Mount Vernon Hospital is not affected by this scheme.

It is planned to provide the same range of services that are currently available at the hospital, but in a high quality, 21st century state of the art hospital and in designing this, the Trust will work with system partners to improve the integration of care across Hillingdon. Reconfiguration of the site in the preferred way forward will provide potential opportunities for further integrated development of the site with primary, community and social care.

Other key design issues that will be addressed in the Outline Business Case include future pandemic planning, ensuring lessons learned are reflected in plans and that the new hospital has flexible space and emergency preparedness built in.

A summary of the key benefits is provided below:

- A more attractive environment for staff and patients, improving their experience
- Full compliance with the latest safety standards
- Better connectivity between departments making it easier for patients to move through the hospital
- Greater adoption of digital technologies to enhance patient care and safety
- Improved privacy with significantly more side rooms
- A more efficient building that is environmentally friendly
- Inclusion of areas to benefit the wider community, including green spaces
- Flexibility to adapt facilities in response to potential future pandemics
- Improved ability to recruit and retain a high calibre workforce
- Potential for other health and social care facilities to be provided on the site in the future to create a health and social care hub
- Sufficient capacity for the future and further expansion potential

In taking forward the preferred option the Trust will work closely with Brunel University London and will explore opportunities to develop further the relationship, particularly in relation to the education and development of health care professionals.

A new build on the Hillingdon Hospital site can be completed alongside the continued delivery of existing services. Site enabling works would be undertaken in advance including decommissioning of old buildings and safe site clearance. This would ensure that once the main works commence, the existing hospital is unaffected and can safely provide services to patients. It is proposed to set up a haul road to ensure construction traffic minimises disruption. Construction traffic would also be managed to avoid congestion build up in the local area. Carefully engineered procedures would be adopted to ensure the noise, vibration and dust is contained and minimised.

The preferred way forward has the full support of the North West London Integrated Care System and North West London CCGs.

5. Next steps

Subject to approval of the Strategic Outline Case by regulators, the scheme will progress to Outline Business Case stage, during which a shortlist of options will be considered that includes the full rebuild on the current site (the preferred way forward), alongside Business As Usual and Do Minimum options as mandated by the business case process. For the preferred way forward, options will be considered around the phasing and procurement route. It is planned to submit the Outline Business case to regulators for approval in April 2021 with a view to seeking approval by July 2021.

From August 2020, the Trust will be engaging further with the community, patients and stakeholders to seek feedback, test thinking and develop plans further (see section 7). The Trust will remain open to considering any new options for the redevelopment of the hospital that were not considered at Strategic Outline Case stage, should these emerge.

6. Involving the public

As there is no intention to change the range of services offered or the site of the hospital, it is not currently planned to undertake a formal public consultation exercise. However, it is planned to undertake extensive engagement with the public and staff on the Trust's plans and to involve them, alongside the HESSC and other interested parties, in many aspects of the proposal including the design.

A communications and engagement plan has been developed outlining the approach to sharing information with, and seeking views from, staff, patients, residents and stakeholders as plans progress. The Trust will work collaboratively with Hillingdon CCG and Hillingdon Health and Care Partners to access existing communications channels and ensure joined up messaging.

During the Strategic Outline Case stage, the Trust has worked with its Governors and patient panels (both adults and young people) and has engaged with Healthwatch throughout. This has informed the assessment of options.

The public website for the redevelopment, launched on 4th August 2020, includes information on the process and initial plans. It also provides a feedback form to enable the Trust to understand early levels of support and interest and receive suggestions and questions from the public. Social media activity has been undertaken and contact has been made with community groups, places of worship, councillors, council officials, MPs and residents' associations. In addition, a conversation has begun using the 'Next Door' neighbourhood app

and feedback has been sought from the 500 Hillingdon residents recruited to the North West London Citizen Panel run by the CCGs.

From August 2020 onwards, the focus will be on reaching out across the community and listening to what people have to say. The Covid-19 pandemic creates some constraints as some of the traditional methods of community engagement, such as town hall events or feedback booths in the high street, cannot safely be undertaken. However, the Trust is working with community groups across the borough, as well as with Hillingdon CCG to ensure that there is effective engagement across all corners of the community, taking full advantage of digital opportunities. The plan recognises the importance of reaching out to people, including those people that will not be able to engage digitally, as well as ensuring clear feedback routes.

From September 2020 onwards, it is planned to establish a number of patient panels linked to the Clinical Working Groups that are driving the design of the new hospital and to strengthen further the lay representation in the governance arrangements for the programme.

The approach to feedback is simple, but essential. Every piece of feedback will be shared with, and considered by, the project team. A summary of the feedback received and how it has helped to shape plans will subsequently be shared on the website, used to update FAQs and will appear in the monthly newsletter.



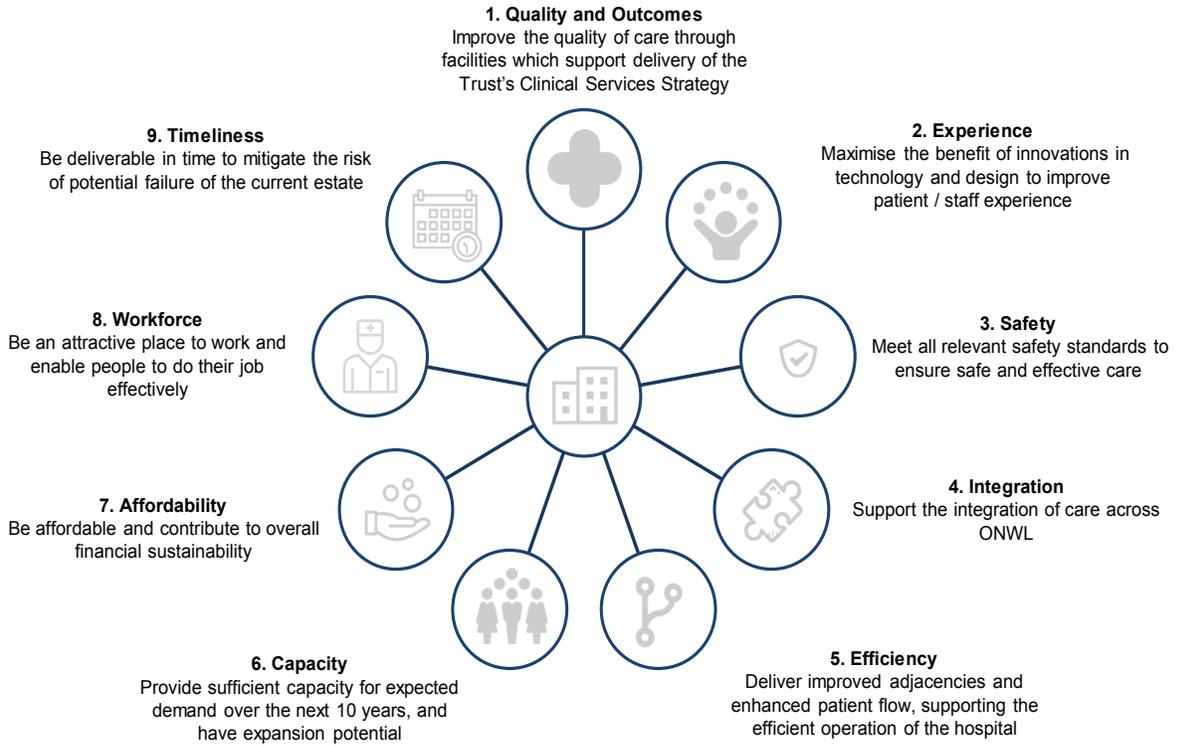
The engagement that will be undertaken over the coming months with different audiences is outlined at **Appendix 2**. Suggestions from the committee of further local opportunities are welcomed.

7. Recommendations

The HESSC is asked to:

- Note the progress to date on the development of proposed plans for the redevelopment of Hillingdon Hospital, and provide feedback on the proposed redevelopment plans and the approach to involving the public in the development of these
- Provide feedback on how the HESSC would like to be involved in the development of plans and kept informed of progress

Appendix 1 – Investment Objectives for redevelopment of Hillingdon Hospital



Appendix 2 – Planned engagement summary August 2020 – July 2021 (phase 1)

Audience	Channel	Summary
Public	Social media Website Engagement Print and online media Resident associations Forum for local residents Schools	<ul style="list-style-type: none"> • Invite to engagement sessions online and via social media • Outreach work to include seldom heard groups and those with protected characteristics • Review opportunities for face to face engagement • Launch website • Feedback form on website • Press releases • Journalist sit downs • Updates to all resident associations • Explore option for a schools competition • Updates on 'Next Door' platform • Information for PTA newsletters/Facebook groups • Specific approach to residents in surrounding roads
Patients	Patient panels Appointment letters Waiting room information	<ul style="list-style-type: none"> • Run further patient panels, virtually in the first instance • Explore whether information can be added to patient appointment letters – short paragraph and link to website on reverse • Posters and pop ups in waiting areas • Explore whether information can be added to page when you log in to hospital wifi or in waiting room for virtual appointments • Explore adding information to welcome to hospital digi screen
Healthwatch, lay reps	Hillingdon Healthwatch Hospital membership NW London Citizen Panel	<ul style="list-style-type: none"> • Early meetings to share planned approach and gain feedback • Expressions of interest to help develop public materials • Updates and questions via citizen panel
Community, voluntary, faith and third sector organisations	Newsletters Engagement	<ul style="list-style-type: none"> • Provide information for newsletters and websites • Request invites to engagement events and opportunities to speak to those groups • Virtual briefings

Audience	Channel	Summary
Hospital staff	Team Bulletin Chief exec blog Intranet Screensavers Staff rooms	<ul style="list-style-type: none"> • Regular updates on progress through blog and bulletin • Q&A sessions • Posters in staff rooms • Use of informal communications • Display in canteens – to be explored
Hospital Governors and NEDs	Newsletters Meetings	<ul style="list-style-type: none"> • Regular updates and progress reports • Provision of information to share with their own local networks • Opportunities to assist with engagement
GPs and their surgery staff	Network and federation meetings Practice Manager forums	<ul style="list-style-type: none"> • Information sent to all GPs in core catchment area • Clear and concise messages in case patients ask them questions • Provide detail to go on their websites
Political stakeholders – MPs, Councillors, Assembly Members	Meetings HESSC JHOSC Health and Wellbeing Board	<ul style="list-style-type: none"> • Regular updates to HESSC and involvement of members in development of plans as required • Update to JHOSC as appropriate • Regular updates to local politicians • Request invite to their ward forums/community meetings • Request feedback on engagement opportunities
NHS stakeholders	HCCP CCGs Meetings & updates	<ul style="list-style-type: none"> • Share progress and plans as part of assurance process including Redevelopment Partnership Board • Meeting with CCG engagement leads to discuss opportunities • Support conversations around Integrated Care System opportunities in new hospital.

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EXTERNAL SERVICES SELECT COMMITTEE - SAFER HILLINGDON PARTNERSHIP PERFORMANCE REPORT

Committee name	External Services Select Committee
Officer reporting	Jacqueline Robertson, Residents Services
Papers with report	Appendix A – Quarter 1
Ward	n/a

HEADLINES

To enable the Committee to comment on performance to date towards the objectives in the 2020/21 Safer Hillingdon Partnership Plan.

RECOMMENDATION

That the External Services Select Committee notes the contents of the report and asks questions in order to clarify matters of concern in the Borough.

SUPPORTING INFORMATION

This report presents a summary of performance highlights for the Safer Hillingdon Partnership using data to the end of Quarter 1 2020/21. It should be noted that, while there have been some increases, for example Domestic Abuse, there has in general been a reduction in the number of crimes reported to the Police. This is likely to be as a result of the restrictions imposed by COVID-19.

A direction of travel (comparing quarter on quarter performance) has been provided. Using a straight-line projection, a RAG rating has also been provided for anticipated annual performance. At the time the targets were being set for 2020/21, it was difficult to judge what impact the pandemic would have on crime rates. Therefore, the targets from 2019/20 have been rolled forward into 2020/21. These targets will be reviewed throughout the year.

Theme 1 Burglary

- There have been 289 **residential burglaries** in Q1 2020/21. This is below the quarterly target of 456 and less than Q4 2019/20 outturn of 446. Trend across the quarter indicates a positive direction of travel and a decrease of 35.2%. A straight line for the first three months (and projecting this across the year) suggests that performance will hit target giving a RAG rating of green.
- There have been 98 **non-residential** burglaries in Q1 2020/21. Compared with Q4 2019/20 (122), Q1 2020/21 has seen a 19.7% decrease. Based on current projection, the service should hit the full year target for this year.

Theme 2 reduce violence

- **Violence with injury** has decreased between Q4 2019/20 (598) and Q1 2020/21 (554) by 7.4%. Trend across this quarter indicates a positive direction of travel. The straight-line

projection suggests that the performance over the year will hit target, producing a green RAG rating.

- **Violence without injury** (1,279) has exceeded the quarterly target of 1,100 by 16.3% and has exceeded Q4 2019/20 figure of 1,133 by 12.9%. The straight-line projection suggests that performance over the year will exceed full year target.
- **Personal property robbery** has decreased by 41.5% between Q4 2019/20 (135) and Q1 2020/21(79). Q1 is below the quarterly target of 156. Based on current projection, the service should hit the target for this year.
- **Knife crime with injury** stands at 21 for Q1 2020/21, which is below the quarterly target of 28 and is less than Q4 2019/2020 outturn of 23. The straight-line projection suggests that performance for the overall year will hit target producing a green RAG rating.
- **Theft from motor vehicles** for Q1 2020/21 (538) has decreased by 27.3% when compared with Q4 2019/20 (740). Trend across the first quarter indicates a positive direction of travel and a straight-line projection suggests that overall performance for the year will hit target.
- **Theft of motor vehicles** has decreased by 36% between Q4 2019/20 (231) and Q1 2020/21 (149) where trend across the quarter indicates a positive direction of travel. Based on current projection, performance over the year will hit the target.
- **Drug related stop and searches**- Drugs stop and searches have increased by 48.3% between Q4 2019/2020 (1,404) and Q1 2020/21 (2,082). There has also been an increase in weapon stop and searches (50%) and other stop and searches (29%) which includes stolen property, fireworks and psychoactive substances.

Theme 3 reduce ASB and raise confidence

- Q1 2020/21 has seen an increase of 196.4% in **ASB reported to the police** with 5,976 reports compared with Q4 2019/20 where there were 2,016. There were 436 incidents of **community and neighbourhood nuisance** for Q1 2020/21, which is a 103.7% increase from Q4 2019/20 where 214 incidents occurred. An increase in ASB incidents may be due to more residents spending more time at home resulting in individuals being aware of noises from their neighbours. An increase in ASB reported to the Police can be attributed to members of the public reporting non-compliance with the Government guidance with regards to COVID-19. Straight-line projections for both indicators suggests that overall performance will exceed target.
- **Flytipping** has seen a decrease of 20.2% between Q1 2020/21(257) and Q4 2019/20 (322). However, a straight-line projection suggests that overall performance for the year will exceed target giving a red RAG rating.
- There was an increase in **arson** incidents in Q1 2020/21 (108) when compared to Q4 2019/20 (43). This may be as a result of more residents following public health advice to stay at home during the COVID-19 pandemic. The trend for this quarter indicates a negative direction of travel and, based on current projection, performance for the overall year will exceed target giving a red RAG rating.
- Less **fire visits** took place in Q1 2020/21 (94) compared with Q4 2019/20 (510). This is due to the COVID-19 pandemic. Therefore, trend across this quarter indicates a negative direction of travel and the straight-line projection suggests that performance for the overall year will not hit target producing a red RAG rating.
- **Hate crimes**: Compared with Q4 2019/20, for Q1 2020/21: disability, domestic abuse and transgender hate crimes have all increased.

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

- **Reduce repeat victims of DV by 5%** - There has been an increase of 8.5% in repeat victims of domestic violence reported in Q1 2020/21 (51) when compared with Q4 2019/20 (47). Based on current projection, performance for the year will hit target giving a green RAG rating.

Witnesses

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

- Metropolitan Police Service
- Community Safety Team, LBH

BACKGROUND PAPERS

None.

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Safer Hillingdon Partnership - Performance Scorecard Summary

Theme	Target	2019/20 Q4 target	Q4 outturn	2020/21 Q1 target	Q1 outturn	2020/21 full year target	2020/21 Full Year Projection	RAG against full year target	Direction of travel (Q1 vs Q4)	Commentary against performance
Theme 1	Reduce residential burglary by 1% per annum for the next three years (2020/21 to 2022/23)	456	446	456	289	1824	1156		😊	Residential burglary has decreased by 35.2% between Q4 (446) 2019/20 & Q1 (289) 2020/21.
	Reduce non-residential burglary by 1% per annum for the next three years (2020/21 to 2022/23)	115	122	115	98	460	392		😊	Non-residential burglary has decreased by 19.7% between Q4 (122) 2019/20 & Q1 (98) 2020/21.
Theme 2	Reduce violence with injury by 5% per annum for the next three years (2020/21 to 2022/23)	633	598	633	554	2530	2216		😊	Violence with injury has decreased by 7.4% between Q4 (598) 2019/20 & Q1 (554) 2020/21.
	Reduce violence without injury by 5% per annum for the next three years (2020/21 to 2022/23)	1100	1133	1100	1279	4401	5116		😞	Violence without injury has increased by 12.9% between Q4 (1133) 2019/20 & Q1 (1279) 2020/21.
	Reduce personal property robbery by 5% per annum for the next three years (2020/21 to 2022/23)	156	135	156	79	622	316		😊	Personal property robbery has decreased by 41.5% between Q4 (135) 2019/20 & Q1 (79) 2020/21.
	Reduce Business property robbery by 5% per annum for the next three years (2020/21 to 2022/23)	18	27	18	12	72	48		😊	Business property robbery has decreased by 55.6%.
	Reduce knife crime with injury by 5% per annum for the next three years (2020/21 to 2022/23)	28	23	28	21	112	84		😊	knife crime with injury has reduced by 8.7% between Q4 (23) 2019/20 & Q1 (21) 2020/21.
	Theft from motor vehicle	No target	740	No target	538	No target	2152		😊	Theft from motor vehicles have decreased by 27.3% between Q4 (538) 2019/20 & Q1 (740) 2020/21.
	Theft of motor vehicle	No target	231	No target	149	No target	596		😊	Theft of motor vehicles have decreased by 36% between Q4 (231) 2019/20 & Q1 (149) 2020/21.
	Increase drugs stop searches	No target	1404	No target	2082	No target	8328		😊	Drugs stop and searches have increased by 48.3% between Q4 2019/20 & Q1 2020/21.
	increase weapons stop and searches	No target	192	No target	288	No target	1152		😊	Weapons stop and searches have increased by 50% between Q4 2019/20 & Q1 2020/21.
	Increase stop and searches for Other category	No target	269	No target	347	No target	1388		😊	There has been an increase in stop and searches for 'Other' category by 29% in Q1 (347) 2020/21.
	To maintain current level of recorded Violence against the Person recorded against young people receiving a criminal justice disposal	18	8	18	6	74	24		😊	In Q1, there has seen a decrease of 25% compared to Q4.
To maintain current level of recorded Possession with Intent offences recorded against young people receiving a criminal justice disposal	3	0	3	0	10	0		😞	There were no recorded possession with intent for Q1 2020/21.	
Page 20 Theme 3	Reduce ASB reported to the police by 5% per annum for the next three years (2020/21 to 2022/23)	1947	2016	1947	5976	7788	23904		😞	There were 5976 ASB reported to the police for Q1 2020/21.
	Reduce community and neighbourhood nuisance reports by 5% against the 2018/19 figure	269	214	269	436	1075	1744		😞	There were 436 incidents of community and neighbourhood nuisance for Q1 2020/21.
	Reduce incidents of fly tipping reported to Council ASBIT by 5% against the 2018/19 figure.	221	322	221	257	883	1028		😊	Fly tipping has seen a decrease of 20.2% between Q4 (322) and Q1 (257) 2020/21.
	Conduct 2640 fire home visits	330	510	330	94	2640	376		😞	There was a decrease in the number of fire visits that took place in Q1 (94) 2020/21 compared with Q4 (510) 2019/20. This was due to the COVID-19 pandemic.
	Record maximum of 181 arson incidents	45	43	45	108	181	432		😞	In Q1, there has been an increase in arson incidents (108).
	Increase in awareness and reporting of disability hate crime	No target	2	No target	5	No target	20		😊	In Q1 there was an increase for awareness and reporting of disability hate crime.
	Increase in awareness and reporting of domestic abuse hate crime	No target	760	No target	868	No target	3472		😊	There was an increase for awareness and reporting of domestic abuse hate crime by 14.2% between Q4 (760) 2019/20 & Q1 (868) 2020/21.
	Increase in awareness and reporting of faith hate crime.	No target	19	No target	14	No target	56		😞	There was a decrease for awareness and reporting of faith hate crime by 26.3% between Q4 2019/20 (19) & Q1 (14) 2020/21.
	Increase in awareness and reporting of trans gender crime.	No target	0	No target	2	No target	8		😊	There was an increase for awareness and reporting of trans gender crime in Q4 (0) 2019/20 and Q1 (2) 2020/21.
	75% of those referred to CR MARAC have their vulnerability score reduced.	75%		75%		75%				The recording arrangements for this measure are subject to review.
	Agree the police treat everyone fairly regardless of who they are -increase by 2% by 31/03/2021	79%	79%	79%	81%	79%	N/A	N/A	😊	In Q1, 81% agreed that the police treat everyone fairly regardless of who they are.
	Agree the police can be relied upon to be there when needed-increase by 2% by 31/03/2021	71%	66%	71%	64%	71%	N/A	N/A	😞	The number of individuals who agreed that the police can be relied upon to be there when needed decreased by 3% between Q4 (66%) 2019/20 & Q1 (64%) 2020/21.
	Agree the police are dealing with the things that matter to this community-increase by 2% by 31/03/2021	63%	57%	63%	59%	63%	N/A	N/A	😊	The number of individuals who agreed that the police are dealing with the things that matter to this community increased by 3.5% between Q4 (57%) 2019/20 & Q1 (59%) 2020/21.
	Agree the police listen to the concerns of local people-increase by 2% by 31/03/2021	68%	57%	68%	59%	68%	N/A	N/A	😊	The number of individuals who agreed that the police listen to the concerns of local people increased by 3.5% between Q4 (57%) 2019/20 & Q1 (59%) 2020/21.
	Feel well informed about local police activities over the last 12 months-increase by 2% by 31/03/2021	43%	34%	43%	39%	43%	N/A	N/A	😊	In Q1, 39% felt well informed about local police activities.
Know how to contact their local ward officer-increase by 2% by 31/03/2021	15%	13%	15%	17%	15%	N/A	N/A	😊	The number of individuals who know how to contact their local ward officer increased by 30.8% between Q4 (13%) 2019/20 & Q1(17%) 2020/21.	
Police do a good job in the local area-increase by 2% by 31/03/2021	61%	54%	61%	57%	61%	N/A	N/A	😊	The number of individuals who believe that the police do a good job in the local area increased by 5.6% between Q4 (54%) 2019/20 & Q1 (57%) 2020/21.	
Theme 4	Reduce repeat victims of domestic abuse by 5%	283	47	283	51	1130	204		😞	This measure is subject to review to ensure that both the data and the target are robust.
	Increase number of cases per 10,000 population from 18 to Safe lives recommended rate of 40 over 3 years (by April 2021)*	10	47	10	48	40	48		😊	There was an increase in the number of cases by 2.1% between Q4 (47) 2019/20 & Q1 (48) 2020/21.
	Increase number of repeat cases heard from 14% to the safe lives recommendation of 28% over 3 years (by April 2021)	28-100%	23%	28-100%	26%	28-100%	26%		😊	There was an increase in the number of cases by 13% between Q4(23%) 2019/20 and Q1(26%) 2020/21.
	Identify victims of domestic abuse and making referrals	60% - 75%	19%	60% - 75%	20%	60% - 75%	20%		😊	In Q1, police identified 20% of victims who were domestically abused who were then referred by the police.

** RAG rating at or better than target is Green, within 10% of target is Amber, greater than 10% from target = Red

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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. agrees to change the start time of meetings to 6.30pm for the remainder of the municipal year; and**
- 2. considers the Work Programme at Appendix A and agrees any amendments.**

SUPPORTING INFORMATION

1. The Committee's meetings have previously started at 6pm. Members are asked to agree a change the start time of Committee meetings to 6.30pm for the remainder of the municipal year, to provide those attending straight from work with a little extra time to arrive. Should the need arise, the Committee will be able to vary the start time on an ad hoc basis.
2. The meeting dates for the 2020/2021 municipal year were agreed by Council on 16 January 2020 and are as follows (with the proposed 6.30pm start time):

Meetings	Room
Thursday 11 June 2020 CANCELLED	GR6
Thursday 2 July 2020, 6.30pm (Private / Informal)	VIRTUAL
Tuesday 8 September 2020, 6.30pm	VIRTUAL
Thursday 8 October 2020, 6.30pm	?? CR5
Tuesday 10 November 2020, 6.30pm	?? CR5
Tuesday 12 January 2021, 6.30pm	?? CR6
Tuesday 9 February 2021, 6.30pm	?? CR5
Tuesday 23 March 2021, 6.30pm	?? CR5
Wednesday 28 April 2021, 6.30pm	?? CR5
Thursday 29 April 2021, 6.30pm	?? CR5

3. Further details of the issues to be discussed at each meeting can be found at Appendix A.

Topics to be Scheduled into the Work Programme

4. 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).
5. The Committee received an update from NHS England (NHSE) / NHS Improvement (NHSI) at its meeting on 9 October 2019 in relation to the review of the Mount Vernon Cancer Centre. Following a period of engagement, expressions of interest were sought and evaluated and a recommendation has been made to NHSE. The Chairman of the Committee attended a site visit and workshop at Mount Vernon Hospital on Tuesday 4 February 2020. Representatives from a number of organisations attended including: East and North Hertfordshire NHS Trust, NHSE, University College London Hospitals NHS Foundation Trust (UCLH), The Hillingdon Hospitals NHS Foundation Trust (THH), Healthwatch Hillingdon, East and North Hertfordshire CCG and Hillingdon CCG. Representatives of NHSE had been invited to attend the Select Committee meeting on 26 March 2020 to provide Members with an update but this meeting did not take place.
6. It is anticipated that all Members of the health scrutiny committees at the London Borough of Hillingdon and Hertfordshire County Council will be invited to attend a subsequent site visit which has yet to be arranged. Members should note that, given that there are a large number of Health Scrutiny Committees that may want to scrutinise proposals for the future of cancer services at Mount Vernon Cancer Centre, a Joint Health Overview and Scrutiny Committee (JHOSC) is likely to be established. The Committee will be kept apprised of any developments with regard to this issue.
7. Members have previously stated that they would like to hold a special meeting to specifically focus on the challenges faced by The Hillingdon Hospitals NHS Foundation Trust (THH). It is suggested that this issue be considered at the meeting on 8 October 2020. Although Members have previously requested that the meeting be preceded by a site visit to Hillingdon Hospital, this is not currently advisable.

Live Broadcasting of Meetings

8. 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, all formal 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.
9. Although this meeting is being held virtually, it is being live streamed and recorded.

Reviews

10. 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.

11. At its meeting on 18 December 2019, the Committee agreed the scoping report for its next review in relation to children's dental health. A Select Panel was set up to undertake this review. However, following changes made to Cabinet at Council on 16 January 2020, it should be noted that Councillor Jane Palmer has been replaced on the Select Panel by Councillor Ian Edwards.
12. Due to the COVID-19 pandemic, meetings of the Select Panel have been put on hold for the time being. It is hoped that these will resume in the near future.

BACKGROUND PAPERS

None.

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**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
11 June 2020 <i>Report Deadline: 3pm Monday 1 June 2020</i>	CANCELLED
2 July 2020 <i>Report Deadline: 3pm Monday 22 June 2020</i>	VIRTUAL INFORMAL MEETING
8 September 2020 <i>Report Deadline: 3pm Thursday 27 August 2020</i> <i>Previously scheduled for 2 September 2020</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) Hillingdon Hospital Development Update To receive an update on the progress of proposals for a new Hillingdon Hospital.
8 October 2020 <i>Report Deadline: 3pm Monday 28 September 2020</i>	THH Update To question representatives from The Hillingdon Hospital NHS Foundation Trust (THH) on current issues facing the organisation and its future.
10 November 2020 <i>Report Deadline: 3pm Thursday 29 October 2020</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
12 January 2021 <i>Report Deadline: 3pm Wednesday 30 December 2020</i>	Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • GP Pressures

Meeting Date	Agenda Item
<p>9 February 2021</p> <p>Report Deadline: 3pm Thursday 28 January 2021</p>	
<p>23 March 2021</p> <p>Report Deadline: 3pm Thursday 11 March 2021</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>28 April 2021</p> <p>Report Deadline: 3pm Thursday 15 April 2021</p>	<p>Health (1)</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>29 April 2021</p> <p>Report Deadline: 3pm Friday 16 April 2021</p>	<p>Health (2)</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>June 2021</p> <p>Report Deadline: TBA</p>	
<p>July 2021</p> <p>Report Deadline: TBA</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

Meeting Date	Agenda Item
September 2021 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <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
October 2021 <i>Report Deadline: TBA</i>	
November 2021 <i>Report Deadline: TBA</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. MPS: Serenity Integrated Monitoring Officer
January 2022 <i>Report Deadline: TBA</i>	
February 2022 <i>Report Deadline: TBA</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 9. London Borough of Hillingdon 10. Metropolitan Police Service (MPS) 11. Safer Neighbourhoods Team (SNT) 12. London Fire Brigade 13. London Probation Area 14. British Transport Police 15. Hillingdon Clinical Commissioning Group (HCCG) 16. Public Health
March 2022 <i>Report Deadline: TBA</i>	

Meeting Date	Agenda Item
April 2022 <i>Report Deadline: TBA</i>	Health (1) Quality Account reports, performance updates and updates on significant issues: <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
April 2022 <i>Report Deadline: TBA</i>	Health (2) Quality Account reports, performance updates and updates on significant issues: <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
Possible future single meeting or major review topics and update reports	
<ul style="list-style-type: none"> • 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 (SELECT PANEL)

Members of the Select Panel:

- Councillors John Riley (Chairman), Ian Edwards, Vanessa Hurhangee, Kuldeep Lakhmana and June Nelson

Topic: Children's Oral Health

Meeting	Action	Purpose / Outcome
ESSC: 18 December 2019	Agree Scoping Report	Information and analysis
Select Panel: 1st Meeting - 12 February 2020	Introductory Report / Witness Session 1	Evidence and enquiry
Select Panel: 2nd Meeting - 11 March 2020 CANCELLED	Witness Session 2	Evidence and enquiry
Select Panel: 2nd Meeting - Date TBA	Witness Session 2	Evidence and enquiry
Select Panel: 3rd Meeting - Date TBA	Witness Session 3	Evidence and enquiry
Select Panel: 4th Meeting - Date TBA	Witness Session 4	Evidence and enquiry
Select Panel: 5th Meeting - Date TBA	Consider Draft Recommendations	Agree recommendations
Select Panel: 6th Meeting - Date TBA	Consider Draft Final Report	Agree final draft report
ESSC: Date TBA	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: Date 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.

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