



HILLINGDON
LONDON



External Services Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Devi Radia (Vice-Chairman)
Councillor Simon Arnold
Councillor Darran Davies
Councillor Heena Makwana
Councillor Peter Money (Opposition Lead)
Councillor June Nelson

Date: THURSDAY, 7 OCTOBER
2021

Time: 6.30 PM

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

**Meeting
Details:** Members of the Public and
Media are welcome to attend.
This meeting will also be
broadcast live.

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Contact: Nikki O'Halloran

Tel: 01895 250472

Email: nohalloran@hillington.gov.uk

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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External Services Select Committee

This Committee has an external mandate and reviews the performance and accountability of local service providers other than the Council. It also has statutory responsibilities to scrutinise the local health sector and community safety partnership.

Membership

7 Councillors appointed on a proportional basis.

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.

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 - 15 September 2021	1 - 8
5	Mount Vernon Cancer Centre Strategic Review Update	9 - 14
6	Health Updates	15 - 20
7	Work Programme	21 - 26

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.

8 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

15 September 2021



HILLINGDON
LONDON

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

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Heena Makwana, Stuart Mathers (In place of Peter Money) and June Nelson</p> <p>Also Present: Chief Superintendent Peter Gardner, Chief Superintendent, West Area BCU - Metropolitan Police Service Sergeant Allyson Keith, Safer Schools Team, Metropolitan Police - Youth Partnership Roy Parsons, Chair, Hillingdon Neighbourhood Watch Jacqui Robertson, Service Manager for Community Safety</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
18.	<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 Simon Arnold, Darran Davies and Peter Money (Councillor Stuart Mathers was present as his substitute).</p>
19.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
20.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>It was noted that the first half of Agenda Item 7 would be held in public and that the second half of that item would be held in private.</p>
21.	<p>MINUTES OF THE PREVIOUS MEETING - 20 JULY 2021 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 July 2021 be agreed as a correct record.</p>
22.	<p>CHILDREN'S DENTAL SERVICES DRAFT FINAL REPORT (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed Councillor Sue O'Brien, Cabinet Member for Families, Education and Wellbeing, to the meeting.</p> <p>It was noted that the recommendations included in the draft final report on children's dental services in Agenda B reflected the recommendations that had been agreed by Members at their last meeting on 20 July 2021. The Chairman advised that he had spoken to partners about the proposed recommendations which had been well received. He had also spoken to the relevant Council officers and Cabinet Members</p>

	<p>who had all provided positive feedback.</p> <p>Councillor O'Brien noted that the Committee's report had been highlighted at the Hillingdon Health and Wellbeing Board meeting on 14 September 2021 as the issue of children's oral health sat within the Child Healthy Weight Action Plan. With the schools now reopened for the new academic year, the report was thought to be timely as actions could now be rolled out. It was noted that there had been absolute buy in from partners.</p> <p>Councillor O'Brien recognised that the review had started before the pandemic and that there had been a change of Members involved over the course of the review. She thanked all of the Members that had been involved for their hard work on the review and for a fantastic report.</p> <p>It was thought that the two most important recommendations would be those in relation to ongoing oversight by the Select Committee and the Health and Wellbeing Board.</p> <p>RESOLVED: That the final report be agreed.</p>
23.	<p>WORK PROGRAMME (<i>Agenda Item 6</i>)</p> <p>The Chairman noted that Councillor Arnold had previously requested that the Committee receive an update on the progress of the Hillingdon Hospital development at this meeting. As there had been little information currently available, it had been agreed that a brief update would be provided as part of the health updates at the meeting on 7 October 2021 and that a more detailed discussion could take place at the meeting on 27 January 2022.</p> <p>It was proposed that the health partners attending the meeting on 7 October 2021 be asked to focus on two main issues (alongside any other issues that they wanted to raise):</p> <ol style="list-style-type: none"> 1. What action had been taken to prepare for winter pressures? 2. What action was being taken to deal with the backlog that had arisen since the start of the pandemic? <p>In addition, it was agreed that health partners be asked to provide actual numbers in relation to any backlog that had arisen. It was also agreed that The Hillingdon Hospitals NHS Foundation Trust be asked to provide an update on action taken in relation to infection prevention and control following the improvement plan that had been put in place.</p> <p>RESOLVED: That the Work Programme be agreed.</p>
24.	<p>SAFER HILLINGDON PARTNERSHIP PERFORMANCE REPORT (<i>Agenda Item 7</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p>Sergeant Allyson Keith advised that she led ten police officers (Safer Schools Officers (SSOs)) that made up the Safer Schools Team in the West Area. The Team worked with secondary school head teachers in the Borough in relation to safeguarding, diversionary and preventative actions. Each of the ten officers on Sgt Keith's team were designated to work with three schools and also worked with the Council and other partners. Each secondary school in the Borough had a named officer contact within the Schools Team.</p>

The role of SSOs was to break down barriers and build relations with young people. The SSOs maintained a presence in the schools, routinely giving presentations and working in partnership. This had resulted in the creation of mutually trusting relationships whereby young people would proactively reach out to the SSOs.

It was noted that a lot of the work undertaken by the SSOs was in relation to safeguarding. The team worked hard to divert young people away from crime rather than criminalising them. To this end, two clubs had been set up for these young people which were each staffed by two of Sgt Keith's team with links to other agencies. These clubs covered a number of schools but were resource intensive so the creation of additional clubs was not possible within existing resources.

Over the summer holidays, the team had been working with young people to reduce truancy from school. They had also been working with police cadets in the Borough to undertake underage test purchases of alcohol from off licence premises (as there were links between this behaviour and child criminal exploitation (CCE)).

Members were aware of diversionary activity that had taken place within the Borough and noted how effective this had been. Sgt Keith advised that the team had links with Designated Safeguarding Leads (DSLs) and looked at what the schools could do to help those young people that had been identified. The team also worked with the Youth Offending Service, Social Care and other agencies once the school had brought a young person to their attention. Action was then taken to map out the young person's contacts to get a clearer picture of how to help them.

In terms of preventing a young person from being involved in criminal activity, it was noted that the Schools Team was reliant on the DSL flagging young people with early indicators such as persistent disruptive behaviour. At the request of Members, Sgt Keith agreed to look at what effective preventative action was taken in other Boroughs to identify any gaps in the Hillingdon provision and forward this information on to the Democratic Services Manager.

Sgt Keith advised that the amount of information provided varied from school to school. However, all schools valued the service provided by the team. For example, although it was not thought that there was an issue in Hillingdon, schools welcomed weapons screening as they saw it as the police supporting schools by taking preventative action.

Prior to the pandemic, the "Your Life, You Choose" programme had been running. This was a multi agency drop down event for Year 7 pupils which covered a number of issues including knife crime, grooming, drugs, the court system, child sexual exploitation (CSE) and CCE. This programme was now back up and running and was available for all secondary schools. In addition, the team was available to have chats, deliver presentations and hold assemblies in secondary schools on issues such as cyber bullying, personal safety and robbery, drugs, sexual offences, knife crime and gangs.

Sgt Keith confirmed that the Youth Engagement Team worked with primary schools in the Borough and provided a transition session for those young people moving from Year 6 (primary school) into Year 7 (secondary school). All DSLs were also able to contact Sgt Keith for signposting.

Chief Superintendent Peter Gardner, Commander for the West Area Basic Command Unit (BCU), advised that there were a number of measures of success. The team's

productivity was monitored with regard to the number of presentations and engagements undertaken. Although the ultimate measurement would be the overall levels of violence, it was important to also look at the activities that had been undertaken by SSOs.

C/Supt Gardner advised that it had been a very busy period for the Metropolitan Police Service (MPS) and for the West Area BCU. Over the summer, police officers had moved to 12 hour shifts to cope with the increase in demand on the service from things like the bank holiday weekend and Extinction Rebellion protests (which had drawn police resources from across the whole of London). Officers were tired but continued to work hard.

It was noted that the country was fast moving into the “Autumn Nights” period where there was a routine increase in the number of burglaries undertaken. The campaign to provide information to residents on how to protect their homes would again be run this year in partnership with the Council.

With regard to the performance of the Safer Hillingdon Partnership (SHP), it was thought more representative to compare the current figures with 2019 rather than 2020 which had been significantly affected by the pandemic. It was noted that, between 2019 and 2021:

- Offences overall had reduced by 14% in Hillingdon (3,700 fewer offences);
- Burglary had reduced by 39% (989 fewer offences);
- Robbery had reduced by 44.7% (355 fewer offences);
- Violence with injury had reduced by 14.6% (370 fewer offences);
- Total gun crime had reduced by 40.4% (19 fewer offences);
- Total knife crime had reduced by 42.7% (155 fewer offences);
- Knife injury victims (U25 non-DA) had reduced by 24.1% (7 fewer offences);
- Shoplifting had reduced by 27.4% (428 fewer offences);
- Theft from a person had reduced by 40.3% (213 fewer offences); and
- Anti Social Behaviour calls had reduced by 12.6% (1,681 fewer calls).

Although the police had been able to sustain these reductions so far, there was concern that there had been a 4.3% increase in domestic abuse (128 more offences). There had also been increases the number of reports of rape (+10%) and sexual offences (+26% - more than half of which had been in familial / domestic settings). It was thought that there may have been an increase in reporting following the murder of Sarah Everard.

Insofar as sexual offences were concerned, there had been an increase in incidents such as sexting and touching over clothes. The MPS had relaunched the Ask Angela campaign and had been raising awareness of it amongst staff in restaurants and bars across the Borough. Police patrols had been increased in high footfall areas and a pilot was being undertaken whereby female officers would be taking a group of women out along transport routes to talk about how safe they felt.

The last 18 months had been a difficult period and had shown that inter agency working had never been more useful or more valued. It was noted that an additional 50 officers were expected to join the West Area BCU in the next few months.

Ms Jacqui Robertson, Community Safety Manager, advised that the Council had been working alongside the police. She would be attending an event on 17 September 2021 in West Drayton and another on 19 October 2021 in Botwell where she would be

talking to women about safety, health and wellbeing. Monthly targeted problem solving days had also been arranged where leaflet drops were undertaken. However, it was thought that printed materials could not replace the value of face to face contact with residents with things like information stalls.

C/Supt Gardner advised that, if an allegation was made to an officer, they were duty bound to put a crime report on the system. The community policing model had been based around ward officers and in each ward there should be two dedicated police officers and a PCSO. These officers would then hold workshops and ward panel meetings which were key ways of getting information. The Online Watch Link (OWL) network was also retained here.

The OWL network was thought to help keep communities safe, reduce crime and keep people informed of what was going on locally by targeting messages at specific geographical areas. It was a secure platform for the public and shared with the police and Council to maximise the potential of schemes such as Neighbourhood Watch and Business Watch. Approximately 17,000 Hillingdon residents had signed up to OWL which was the highest subscription rate in London. It was thought that OWL could be better used in getting messages back out to local subscribers with feedback on how the information that residents had provided had resulted in positive outcomes.

Insofar as ward panels were concerned, it was recognised that their effectiveness varied. C/Supt Gardner hoped that the ward officers would flag it if they thought that their panel meetings were not going as well as they should. He met with neighbourhood policing teams on a monthly basis.

It was noted that the Council paid for additional officers in the Borough and it was queried whether Hillingdon was getting value for money if local police officers were being diverted to deal with issues such as Extinction Rebellion protests. C/Supt Gardner advised that the officers paid for by the Council were ringfenced and would not be redeployed elsewhere apart from for extreme aid days. He would provide figures on this issue to the Democratic Services Manager. Joint tasking and working with the local authority had added significant value locally.

C/Supt Gardner advised that very few instances of hate crime had been motivated by protected characteristics. However, there had been an increase in the number of aggravated hate crimes which tended to follow things like increased reporting of issues around immigration in the media. C/Supt Gardner would provide the Democratic Services Manager with exact figures.

It was noted that some residents had reported crimes such as car thefts, catalytic converter thefts or burglaries to the police and had received a CAD number. However, there had not been any subsequent police presence at the scene or follow up contact made by the police. C/Supt advised that there were not enough police officers to send out to each report of crime. If a crime was reported to an officer at the scene, that officer would undertake a primary investigation. If the crime was reported online or via the telephone, the report would be logged and an initial assessment undertaken. If it was thought that there were enough leads, the report would be passed to police officers for further investigation.

C/Supt Gardner advised that, following the report of a crime, residents were supposed to receive a letter. If this was not happening, he would need to investigate the reason as there was a requirement for officers to keep residents updated on the progress of an open investigation.

Although C/Supt Gardner understood that residents were upset when they became the victim of crime, youth violence was currently being prioritised. His priority for the West Area BCU was preventing individuals from being stabbed and preventing serious sexual assault. That said, information gathering about issues as important. If a catalytic converter theft was reported, any information about the thief's vehicle registration number was logged and could help to identify and prosecute the perpetrator. With regard to reports of anti social behaviour, if officers were unable to respond immediately, they might look to put a tasking team into the area.

It was recognised that low level incidents could resonate into violent crime. Concern was expressed that, if there was no police presence following the report of low-level crimes, how could residents be confident that there would be a response to reports of higher-level crimes. C/Supt Gardner advised that there were well understood links between drugs and crime. The West Area had led the MPS in action against drugs through the Drugs Focus Desk model which had now been rolled out across London. Levels of gun and knife crime had subsequently been halved as a result of the work undertaken in relation to drugs.

Concern was expressed in relation to public confidence and satisfaction with the 101 service (the non-emergency contact number for the police) which varied across the Borough. C/Supt Gardner recognised that there had been challenges but that there had been some improvement in the service.

It was noted that information was being circulated and available to those residents that had subscribed to OWL and were digitally connected. C/Supt Gardner advised that engaging with those that were not digitally connected had proved more challenging. Although police officers would attend community meetings and events when they could, the MPS did not have the resources to do regular leaflet drops and larger public meetings had been paused during the pandemic.

Members were advised that all parts of the Borough were policed based on their needs. Areas of deprivation did not have fewer resources allocated to them than more affluent areas. Resources, and discretionary effort, were targeted at areas with high demand / high crime.

Members suggested that Ward Councillors and local community leaders would often have a profile with community groups across the Borough and could be used to signpost towards assistance that could be provided. In one instance, there had been a slight increase in burglaries in a particular area which hadn't appeared significant. However, Councillors had been able to flag that the fear of crime had increased as the nature of the burglaries had changed to aggravated burglaries. C/Supt Gardner noted that they all wanted the same thing so any assistance would be welcomed by the police.

Mr Roy Parsons, Chairman of Hillingdon Neighbourhood Watch (HNW), advised that HNW was comprised of around 500 Watches, the coordinators of which were vetted. Typically, each covered 40-100 properties. Although some of the residents did not have access to the Internet at home, a message could possibly be sent out to them via their coordinator if there was an issue that they needed to be alerted to. Mr Parsons advised that HNW maintained an excellent relationship with the police but that HNW would appreciate more Police information being circulated.

It was noted that HNW had been supporting the police and providing advice to

residents for around 20 years. The scheme received a small grant from MOPAC and was managed by the Council with an office at Manor Farm House. As well as producing a newsletter, HNW was able to answer some questions on behalf of the police and provide information about CCTV and crime prevention.

HNW had a steering group and had developed a good working relationship with the Council's Community Safety Team where information could be exchanged. HNW was networked the Police across London as well as with Forces in surrounding areas such as Hertfordshire and Thames Valley.

OWL had been introduced in Hillingdon in May 2018. The system had been adopted by about half of all London authorities and was part funded by councils and part funded by MOPAC. It was noted that OWL could be used to send out messages to subscribers and could be accessed by an app that had recently been launched and could be downloaded.

Mr Parsons advised that OWL membership was currently higher in the north of the Borough so action was being taken to increase sign up in the south. He would let the Democratic Services Manager know the minimum age that an individual could sign up for OWL membership.

HNW had been working with the Community Safety team to identify venues in the south of the Borough such as libraries where local residents could be signed up for OWL on the spot. The Leader of the Council had also been supportive and had agreed to include information about HNW and OWL in Hillingdon People.

With the increasing accessibility of domestic CCTV, sign up to CCTV Watch was also being promoted as it provided the police with additional resources. It was estimated that this facility saved the MPS around £½m-£1m per year.

As well as a strong relationship with the police where information was collected and shared, HNW had also received support from the community and local MPs. However, although OWL brought tangible and significant benefits to the areas that it covered, the future funding of the system was uncertain and this could have a negative impact on the future of Neighbourhood Watch. The loss of OWL would also mean the loss of contact details for all of those residents that had signed up to the service.

Members were advised that OWL was privately run by a small organisation as a not-for-profit business. The police valued OWL for its operational value and residents valued it for its communication value. It was thought important that the Borough not lose the networking and information sharing facilitated by OWL.

Mr Parsons advised that, if a resident wanted to set up a Neighbourhood Watch in their area, they would need to email the HNW office (all@hillingdonnhw.co.uk), stating their name and where they lived. Leaflets would then be sent out and checks done on the person making the enquiry to confirm their identity.

RESOLVED: That:

- 1. Sgt Keith provide the Democratic Services Manager with information about effective preventative action taken in other Boroughs;**
- 2. C/Supt Gardner to provide the Democratic Services Manager with figures on the redeployment of the ringfenced officers paid for by the Council;**
- 3. C/Supt Gardner provide the Democratic Services Manager with exact figures on hate crime in the Borough motivated by each of the protected**

	<p>characteristics and the number of aggravated hate crimes;</p> <p>4. Mr Parsons let the Democratic Services Manager know the minimum age that an individual could sign up for OWL membership; and</p> <p>5. the discussion be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.44 pm.</p>

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

EXTERNAL SERVICES SELECT COMMITTEE - MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW UPDATE

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Services and Transformation
Papers with report	Appendix A
Ward	n/a

HEADLINES

To enable the Committee to keep up to date on the progress of the review of services at the Mount Vernon Cancer Centre.

RECOMMENDATION:

That the External Services Select Committee notes the update on the Mount Vernon Cancer Centre review.

SUPPORTING INFORMATION

The NHS in the East of England and in North London is working together to review the services at Mount Vernon Cancer Centre (MVCC). MVCC is run by East and North Hertfordshire NHS Trust and delivered from Mount Vernon Hospital which is managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre and primarily serves a population of over 2 million people in Hertfordshire, South Bedfordshire, North West London and Berkshire. The patient pathways involve a large number of other hospitals and arrangements with several other NHS trusts.

MVCC is the largest single site non-surgical cancer facility in the South East of England and treats around 6,000 new patients per year. More than 4,500 patients a year have radiotherapy treatment and around 1,500 patients receive chemotherapy. MVCC prides itself on being at the forefront of the latest technology and research, with many patients being offered clinical trials. Patients from across the country may be referred to the centre for specialist treatment which may not be available to them locally.

The population using MVCC comes from a large geographical area:

Geographical Area	2017-18	2018-19	%
Herts Valleys CCG	3,509	3,359	27%
East and North Herts CCG	1,611	2,186	17%
Hillingdon CCG	1,805	1,750	13%
Harrow CCG	1,099	1,076	8%
Bedfordshire CCG	660	711	6%
Buckinghamshire CCG	733	624	6%
Luton CCG	550	539	5%
Brent CCG	508	491	4%

Geographical Area	2017-18	2018-19	%
East Berkshire CCG	394	375	3%
Ealing CCG	388	397	3%
Barnet CCG	246	215	2%
All other CCGs	526	704	5%

The services at MVCC are commissioned by NHS England's Specialised Commissioning team and local Clinical Commissioning Groups. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards.

NHS England / Improvement has been working with the staff at Mount Vernon, with other local hospitals and commissioners, and with the local Cancer Alliances to look at how we can best meet the needs of local people, and develop options that will build on the services, research and patient experience the Centre already delivers.

The paper attached at Appendix A provides Members with an update on the progress of the review.

BACKGROUND PAPERS

None.

Mount Vernon Cancer Centre Strategic Review: Update for Hillingdon External Services Select Committee

Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England
7th October 2021

1.0 Introduction

Members have previously received briefings on proposals to re-provide the Mount Vernon Cancer Centre on the Watford General Hospital site following an Independent Clinical Review into concerns about the clinical sustainability and infrastructure of services at its current location in Northwood.

Watford was identified as being the only site that met the clinical, travel and access criteria for the whole 2.4m population the cancer centre serves, (which extends from Ealing to Bedford, and from Aylesbury to Hertford). Approximately 14% of patients (around 1,700 a year) are from the Hillingdon area.

UCLH has been identified as the new provider of the cancer centre (subject to satisfactory completion of a due diligence process), following the recommendation of the Independent Review that the centre should be run by a specialist cancer hospital rather than a District General Hospital. The centre is currently run by East and North Hertfordshire NHS Trust on the site owned by Hillingdon Hospitals NHS Foundation Trust).

In developing these plans, a substantial number of patient focus groups have been held to understand the impact of this change on patients, and ongoing patient and public working groups have been established to enable people to input into the plans as they develop.

The programme and the preferred option to re-provide the cancer centre in Watford, has gained widespread support from stakeholders, including the six main Integrated Care Systems referring patients to Mount Vernon. The extent to which alternatives of doing nothing, doing minimum or dispersing the service could address the complex clinical, estates, access and inequalities challenges the Mount Vernon Cancer Centre currently faces, is still being explored in detail.

There has also been interest from local MPs, including David Simmonds, MP for Ruislip, Northwood and Pinner, who has recently spent time at the site discussing the challenges and need for change with clinicians.

The main obstacle to the preferred option remains securing the capital funding required to build the new cancer centre.

NHS England and NHS Improvement



2.0 Current position

On Thursday 9th September UCLH submitted an expression of interest for the new Mount Vernon Cancer Centre to become one of eight new hospital schemes added to the Government's health infrastructure plan. This would give the Mount Vernon Cancer Centre access to New Hospitals Programme funding. The process for selecting the eight schemes is expected to last several months with a final decision announced in the Spring 2022. If the Mount Vernon Cancer Centre becomes one of the becomes eight new hospital schemes, public consultation on the proposals will then take place.

The developing Business Case for this preferred option suggests a funding requirement of £229.2m excluding VAT, £272m including VAT. For the Expression of Interest, the finances were required to be calculated differently, using specific price points and as such the bid has been valued at £260m which includes VAT but not inflation. The difference in figures is due to how they are calculated – the underlying cost of the proposal has not changed.

The Mount Vernon Cancer Centre catchment area contains some notable areas of high deprivation, diverse populations and low cancer survival rates. To understand more about these populations and the impact of a change to cancer services, a health equality impact assessment has been completed on the proposed option. Together with patient and public feedback, this has helped create proposals that play a significant contribution to the levelling up of disadvantaged areas.

In depth work has taken place in Luton, where cancer survival rates are lowest, with NHS, Local Authority, third sector and patient representatives working together to understand the reasons for poor cancer outcomes and the steps that need to be taken. This work is now being used to look at other areas of deprivation or poor outcomes within the Mount Vernon Cancer Centre area.

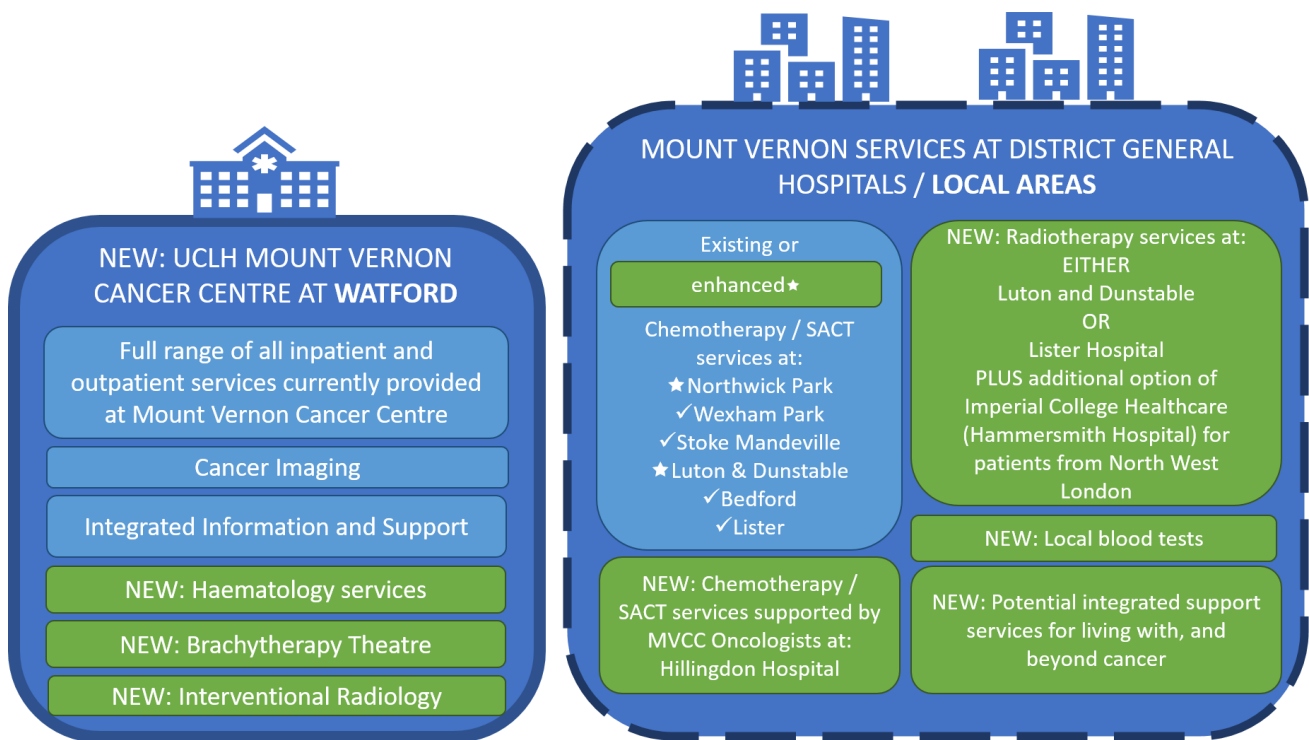
The programme team has been working with clinicians, patients and the public to develop proposals that are designed to meet the needs of the population, address inequalities, increase access, and improve outcomes, not simply design a new building. Under the proposals:

- The new Mount Vernon Cancer Centre at Watford would include all of the services currently provided at the cancer centre. Haematology services for Mount Vernon Cancer Centre patients (currently provided at UCLH), would also be provided in the new Cancer Centre at Watford, along with a Brachytherapy Theatre and Interventional Radiology service, services that cannot be provided at the current site.

NHS England and NHS Improvement



- Hillingdon Hospital would have a new Chemotherapy Unit (chemotherapy patients currently travel to Mount Vernon Cancer Centre at Northwood for treatment).
- Luton and Dunstable Hospital, or Lister Hospital would have a networked radiotherapy unit, reducing travelling times for daily treatment for the patients with the longest journeys, and there would be additional radiotherapy provision at Imperial College Healthcare for patients living in South Hillingdon and Ealing.
- New clinical protocols, IT systems and improved communication would enable patients to have blood tests and other minor tests and procedures required for their cancer treatment, carried out locally instead of at the main cancer centre as they do now.
- Improvements to Acute Oncology services in local hospitals to reduce the need for patients to attend the specialist cancer centre.



3.0 Next Steps

We expect to hear if we are on the long-list of additional new hospital schemes by Christmas and should hear next Spring (2022) whether we have been successful. In the meantime, we continue to develop the business case and work with patients and local people to develop the preferred option.

NHS England and NHS Improvement

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EXTERNAL SERVICES SELECT COMMITTEE - HEALTH UPDATES

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Services and Transformation
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

RECOMMENDATIONS:

That the External Services Select Committee notes the presentations.

SUPPORTING INFORMATION

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It delivers high quality healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people.

Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency, inpatients, day surgery, and outpatient clinics. Some services are also provided at the Mount Vernon Hospital in co-operation with the East & North Hertfordshire NHS Trust.

Currently work is underway to develop plans for a new Hillingdon Hospital on the existing site.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide integrated healthcare (more than 300 different health services) across 150 sites and in many other community settings. Types of services include:

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.

- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.
- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

On 1 February 2021, it was announced that Royal Brompton & Harefield NHS Foundation Trust had officially joined Guy's and St Thomas' NHS Foundation Trust, bringing together world-leading expertise in the care and research of heart and lung disease.

The merger of the two NHS foundation trusts was approved by the Boards and Councils of Governors of both organisations in December 2020 and came into effect on 1 February 2021. This merger saw the creation of a newly expanded Guy's and St Thomas' NHS Foundation Trust, with Royal Brompton and Harefield forming a new Clinical Group within the Trust.

Since 2017, Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trusts have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for adults and children with heart and lung disease. This merger is a key step towards achieving these ambitions. To begin with, the merger will mean clinicians and teams working more closely together, building on the partnership work over the last three years, but generally providing services to the same patients and in the same places as they do now.

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around five to six years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well. There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

Members were assured at their meeting on 10 November 2020 that the proposed merger would not change what happened at Harefield Hospital and that there might actually be potential for expansion at Harefield if costs of a new build in central London proved prohibitive. This could also be married with the possible transfer of cancer services from Mount Vernon Cancer Centre. Proposals for a new build in central London would take at least 10-15 years to become a reality.

The London Ambulance Service NHS Trust (LAS)

The LAS is the busiest emergency ambulance service in the UK and provides healthcare that is free to patients at the time they receive it. It is also the only London-wide NHS trust. The LAS has around 5,000 staff who work across a wide range of roles based in 70 ambulance stations and serve more than eight million people who live and work in the London area. The service

operates over an area of approximately 620 square miles, from Heathrow in the west to Uxminster in the east, and from Enfield in the north to Purley in the south.

The LAS' main role is to respond to emergency 999 calls, providing medical care to patients across the capital, 24 hours a day, 365 days a year. Other services offered include providing pre-arranged patient transport and finding hospital beds. Working with the police and the fire service, the LAS is prepared for dealing with large-scale or major incidents in the capital.

As the mobile arm of the health service in London, the LAS' main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. The majority of patients, however, do not have serious or life-threatening conditions and they don't need to be sent an ambulance on blue lights and sirens. Often, they can receive more appropriate care somewhere other than at hospital.

Hillingdon Health and Care Partners (HHCP)

Hillingdon Health and Care Partners (HHCP) has been formed as an integrated care partnership (ICP) that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. The HHCP is an innovative, joined-up approach to improving care for older people in Hillingdon, bringing together hospital services, GPs, community and voluntary services to provide more seamless care for older people in Hillingdon. Its aim is to prevent hospital admissions and ensure that, where possible older people are looked after in their own homes, through care connection teams. Admission to hospital is also avoided through the use of early intervention.

The HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs).

North West London Clinical Commissioning Group (NWL CCG)

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. Following the engagement period, the recommendation to governing bodies was to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

From the 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, a key step towards an ICP in this part of London. The role of the NWL CCG will be to work together with ICS partners to plan, deliver and improve health and care for local people and develop Primary Care Networks across the eight boroughs.

Jo Ohlson, Accountable Officer for NWL CCG says: “Working as a single organisation will enable us to better tackle our biggest challenges together in the NHS; the recovery of services following the pandemic, reducing health inequalities and better joining up care to improve the patient experience for local people.”

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers’ views are represented locally and nationally-led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a

whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased, and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Witnesses

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

- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RBH)
- The London Ambulance Service NHS Trust (LAS)
- Hillingdon Health and Care Partners (HHCP)
- North West London Clinical Commissioning Group (NWL CCG)
- Healthwatch Hillingdon (HH)
- Hillingdon Local Medical Committee (LMC)

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EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Corporate Services and Transformation
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 considers the Work Programme at Appendix A and agrees any amendments.

SUPPORTING INFORMATION

1. Committee meeting will usually start at 6.30pm. 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 2021/2022 municipal year were agreed by Council on 25 February 2021 and are as follows:

Meetings	Room
Wednesday 16 June 2021, 6.30pm	CR6
Tuesday 20 July 2021, 6.30pm	CR6
Wednesday 15 September 2021, 6.30pm	CR6
Thursday 7 October 2021, 6.30pm	CR6
Tuesday 23 November 2021, 6.30pm	CR6
Thursday 27 January 2022, 6.30pm	CR6
Tuesday 22 February 2022, 6.30pm	CR5
Tuesday 22 March 2022, 6.30pm	CR5
Wednesday 27 April 2022, 6.30pm	CR6

Live Broadcasting of Meetings

3. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future select committee meetings would be broadcast live on YouTube. As such, all formal External Services Select Committee meetings will be broadcast live.

Topics to be Scheduled into the Work Programme

4. To fulfil its statutory health scrutiny role, it should be noted that the Committee is required to meet with the local health trusts at least twice each year. To fulfil its statutory role to scrutinise the local crime and disorder reduction partnership (CDRP), the Committee is also required to scrutinise the work of the Safer Hillingdon Partnership (SHP).

Classification: Public

External Services Select Committee – 7 October 2021

5. At its meeting on 16 June 2021, Members agreed to look at journalism and local democracy at its meeting on 23 November 2021. At the meeting, Members would look to establish the role of journalism and online discussion forums in the Borough with regard to local democracy and look at how journalism has changed. Possible key lines of enquiry could include: How can journalism help residents to become more engaged in the local democratic process? How can democracy be promoted amongst young people?
6. A representative from the Local Democracy Reporting Service (LDRS), which is a public service news agency funded by the BBC, provided by the local news sector and used by qualifying partners (it's like a franchise where different companies with different approaches use common editorial standards and all publish into the same system), would be invited to attend the meeting. Possible additional witnesses could include: Brunel journalism students, the Council's Communications Team and representatives from local radio and Nextdoor.

BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME**

NB – all meetings start at 6.30pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
<p>8 September 2020</p> <p>Report Deadline: 3pm Thursday 27 August 2020</p> <p><i>Previously scheduled for 2 September 2020</i></p>	<p>Crime & Disorder 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) <p>Hillingdon Hospital Development Update To receive an update on the progress of proposals for a new Hillingdon Hospital.</p>
<p>8 October 2020</p> <p>Report Deadline: 3pm Monday 28 September 2020</p>	<p>Mount Vernon Cancer Centre Update To receive an update on the progress of the review of the services provided at Mount Vernon Cancer Centre.</p>
<p>10 November 2020</p> <p>Report Deadline: 3pm Thursday 29 October 2020</p>	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection and Hospital Development 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
<p>12 January 2021</p> <p>Report Deadline: 3pm Wednesday 30 December 2020</p>	<p>Great Western Rail Line Issues relating to British Transport Police, Network Rail and Crossrail.</p>

Meeting Date	Agenda Item
<p>9 February 2021</p> <p>Report Deadline: 3pm Thursday 28 January 2021</p>	<p>Post Offices An update on the provision post office services in the Borough.</p> <p>COVID-19 Vaccination Update Members to receive an update on the roll out of the COVID-19 vaccination programme as well as information on BAME COVID-related deaths and hospital admissions.</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • GP Pressures <p>SEPARATE BRIEFING NOTE REQUESTED FOR (to be circulated outside of meeting):</p> <ul style="list-style-type: none"> • Hillingdon Clinical Commissioning Group (HCCG) – Update on the effectiveness of the flu vaccination programme • Hillingdon Hospital redevelopment update
<p>23 March 2021</p> <p>Report Deadline: 3pm Thursday 11 March 2021</p>	<p>Crime & Disorder 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)
<p>28 April 2021</p> <p>Report Deadline: 3pm Thursday 15 April 2021</p>	<p>Mount Vernon Cancer Centre Review Update on the review of services provided by the Mount Vernon Cancer Centre.</p> <p>The Hillingdon Hospitals NHS Foundation Trust (THH) Update on performance and the infection prevention and control measures put in place at Hillingdon Hospital.</p> <p>Update on the development of the new hospital.</p>
<p>29 April 2021</p> <p>Report Deadline: 3pm Friday 16 April 2021</p>	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. Central & North West London NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. North West London Clinical Commissioning Group 4. Hillingdon Health and Care Partners 5. Healthwatch Hillingdon
<p>16 June 2021</p> <p>Report Deadline: 3pm Friday 4 June 2021</p>	<p>Children’s Dental Health Review of children’s dental health services in the Borough (meeting 1 of 2).</p>

Meeting Date	Agenda Item
<p>20 July 2021</p> <p>Report Deadline: 3pm Thursday 8 July 2021</p>	<p>Children’s Dental Health Review of children’s dental health services in the Borough (meeting 2 of 2).</p> <p>Phlebotomy Services To receive an update on phlebotomy services in Hillingdon.</p>
<p>15 September 2021</p> <p>Report Deadline: 3pm Friday 3 September 2021</p>	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough, specifically: the coverage and effectiveness of OWL and Neighbourhood Watch in helping to achieve the targets as set out in the Safer Hillingdon Partnership (SHP) Plan.</p> <p>Children’s Dental Services Consideration of the draft final report in relation to children’s oral health in Hillingdon.</p>
<p>7 October 2021</p> <p>Report Deadline: 3pm Monday 27 September 2021</p>	<p>Mount Vernon Cancer Centre Review Update on the review of services provided by the Mount Vernon Cancer Centre.</p> <p>Health Updates 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. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon
<p>23 November 2021</p> <p>Report Deadline: 3pm Thursday 11 November 2021</p>	<p>Journalism & Local Democracy To scrutinise the role of journalism and internet forums in local democracy in Hillingdon.</p>
<p>27 January 2022</p> <p>Report Deadline: 3pm Monday 17 January 2022</p>	<p>The Hillingdon Hospitals NHS Foundation Trust (THH) Update on the development of the new hospital.</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • GP Pressures
<p>22 February 2022</p> <p>Report Deadline: 3pm Thursday 10 February 2022</p>	<p>Hillingdon Health & Care Partnership (HHCP) / Integrated Care System (ICS) To receive an update on the work and effectiveness of HHCP and the ICS.</p>

Meeting Date	Agenda Item
22 March 2022 Report Deadline: 3pm Thursday 10 March 2022	Crime & Disorder To scrutinise the work of the Safer Hillingdon Partnership.
27 April 2022 Report Deadline: 3pm Wednesday 13 April 2022	Health Updates 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. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon
June 2022 Report Deadline: TBA	TBA

Possible future single meeting or major review topics and update reports
<ol style="list-style-type: none"> 1. Preventative health – this could be in relation to obesity, childhood immunisations, cancer screening, etc; 2. Apprenticeships and adult learning; 3. Environment Agency – work undertaken in Hillingdon with regard to river maintenance and upkeep (not canals or water treatment) to possibly include input from organisations such as Colne Valley Landscape Partnerships; and 4. Digital Connectivity – to scrutinise the issue of digital connectivity in the Borough with regard to the impact on the community and local economy, and assess community buy in to introducing a more advanced technology infrastructure.